

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00011114 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report	<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 12 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee THE CAMPAIGN WORKSHOP		Date <div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 10 / 12 / 2012 </div>
Mailing Address 1129 20th Street NW Suite 200		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">23198.24</div>
City Washington State DC Zip Code 20036	Transaction ID : SE.271304	
Purpose of Expenditure Mail Piece 'AME1204_Working'	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">006</div>	Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DANIEL J BENISHEK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">256734.84</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City State Zip Code	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Purpose of Expenditure		Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	23198.24
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	23198.24

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

LAURA REYES
 Signature [Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
10 / 23 / 2012