

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation American Federation of State County and Municipal Employees		3. FEC Identification Number C C00000000
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1625 L Street NW		
(c) City, State and ZIP Code Washington DC 20036		
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Individual filers only Name of Employer _____ Occupation _____		

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 24-Hour Notice 48-Hour Notice

July 15 Quarterly Report

October Quarterly Report

January 31 Year-End Report

(b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM ^M0^M5 / ^D14 / ^Y2010

THROUGH

^M0^M5 / ^D25 / ^Y2010

6. TOTAL CONTRIBUTIONS00

7. TOTAL INDEPENDENT EXPENDITURES..... 955000.00

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Stephen Graham	_____	05/26/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C 437g.

For further information, contact:
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

10030340540

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
American Federation of State County and Municipal Employees

Full Name (Last, First, Middle Initial) of Payee
Adelstein/Liston

Date

M 0 5 / D 2 5 / Y 2 0 1 0

Mailing Address
222 West Ontario Street
Suite 600

Amount

855000.00

City State Zip Code
Chicago IL 60610

Purpose of Expenditure
Television ad Movers

Category/
Type

Office Sought: House State: AR
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Blanche L Lincoln

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 855000.00

Disbursement For: Primary General
2010
 Other (specify) Runoff

Full Name (Last, First, Middle Initial) of Payee
Mundy Katowitz Media Inc

Date

M 0 5 / D 2 5 / Y 2 0 1 0

Mailing Address
223 Rosa Parks Boulevard
Suite 300

Amount

100000.00

City State Zip Code
Nashville TN 37203

Purpose of Expenditure
Radio ads Some Facts + All Over

Category/
Type

Office Sought: House State: AR
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
William A Halter

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 100000.00

Disbursement For: Primary General
2010
 Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 955000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures 955000.00
(carry total from last page forward to Line 7)

10030340541

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark


Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): **Webform # 438** Date of Receipt or Postmarked
5/26/10

 **5/26/10**
 PREPARER DATE PREPARED

10030340542