

# 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 AN		3. FEC Identification Number <b>C</b> C90011172
(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. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Individual filers only</b>	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 

M	M
0	9

 / 

D	D
1	5

 / 

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
1	0

 / 

D	D
0	1

 / 

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS ..... 

.00
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7. TOTAL INDEPENDENT EXPENDITURES..... 

200000.00
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Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution 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		10/01/2010

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

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

AMERICAN FEDERATION OF STATE COUNTY AN

Full Name (Last, First, Middle Initial) of Payee  
SHORR JOHNSON MAGNUS

Date

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

Mailing Address  
1831 CHESTNUT STREET  
SUITE 602

Amount

200000.00

City State Zip Code  
PHILADELPHIA PA 19103

Purpose of Expenditure  
TV AD RUNNING AGAIN

Category/  
Type

Office Sought:  House State: WA  
 Senate  
 President District: \_\_\_\_\_

Name of Federal Candidate Supported or Opposed by Expenditure:  
DINO ROSSI

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 200000.00

Disbursement For:  Primary  General  
2010  
 Other (specify) \_\_\_\_\_

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

200000.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....

(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

200000.00