

REPORT OF COMMUNICATION COSTS BY CORPORATIONS AND MEMBERSHIP ORGANIZATIONS

(See reverse side for instructions.)

FEC Form 7 (4/80)

1. (a) NAME OF ORGANIZATION American Federation of State, County and Municipal Employees	2. IDENTIFICATION NUMBER (Assigned by FEC) C0000120 JUL 24 1995						
(b) ADDRESS (Number and Street) 1625 L Street NW	3. TYPE OF ORGANIZATION (Check Appropriate Box) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Trade Association</td> </tr> <tr> <td><input checked="" type="checkbox"/> Labor Organization</td> <td><input type="checkbox"/> Cooperative</td> </tr> <tr> <td><input type="checkbox"/> Membership Organization</td> <td><input type="checkbox"/> Corporation without capital stock</td> </tr> </table>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trade Association	<input checked="" type="checkbox"/> Labor Organization	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Membership Organization	<input type="checkbox"/> Corporation without capital stock
<input type="checkbox"/> Corporation		<input type="checkbox"/> Trade Association					
<input checked="" type="checkbox"/> Labor Organization	<input type="checkbox"/> Cooperative						
<input type="checkbox"/> Membership Organization	<input type="checkbox"/> Corporation without capital stock						
(c) CITY, STATE AND ZIP CODE Washington, DC 20036							

4. TYPE OF REPORT (Check One):

(a) April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report

12 Day Pre-General Election Report held on _____ in the State of _____

January 31 Year End Report

(b) Is this Report an Amendment? YES NO

5. THIS REPORT COVERS THE PERIOD **June 1,** THROUGH **June 30, 1995**

SUMMARY OF COMMUNICATION COSTS

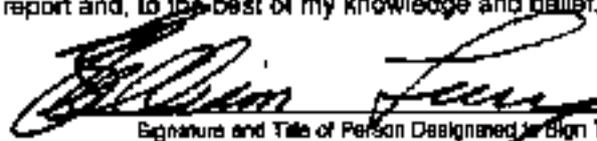
Type of Communication	Class or Category Communicated With	Date(s) of Communication	Check One		Identify Candidate, Office Sought, District and State, and Whether for Primary or General Election	Cost of Communication (Per Candidate)
			Support	Oppose		
<input type="checkbox"/> Direct Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Telegram <input type="checkbox"/> Other: (Specify) _____	<input type="checkbox"/> Executive/Administrative Personnel <input type="checkbox"/> Stockholders <input type="checkbox"/> Members				NO ACTIVITY THIS PERIOD	
<input type="checkbox"/> Direct Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Telegram <input type="checkbox"/> Other: (Specify) _____	<input type="checkbox"/> Executive/Administrative Personnel <input type="checkbox"/> Stockholders <input type="checkbox"/> Members					

(NOTE: For additional communications, attach separate sheets containing the same information as above.)

TOTAL COMMUNICATION COSTS FOR THIS PERIOD \$ _____

I certify that I have examined this report and, to the best of my knowledge and belief, it is true, correct and complete.

William Lucy
Type or Print Name


Signature and Title of Person Designated to Sign This Report

July 19, 1995
Date

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

WHERE TO FILE:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

FOR FURTHER INFORMATION CONTACT:
Federal Election Commission
Toll Free: 800-424-9530
Local: 202-219-3420

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

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PREPARER

7-24-95

DATE PREPARED

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