

**REPORT OF COMMUNICATION COSTS
BY CORPORATIONS AND MEMBERSHIP ORGANIZATIONS**

(See reverse side for instructions)

RECEIVED
FEDERAL ELECTION COMMISSION

1. (a) NAME OF ORGANIZATION American Federation of State, County and Municipal Employees

2. IDENTIFICATION NUMBER (Assigned by FEC) 100000120

(b) ADDRESS (Number and Street) 1625 L St. NW

3. TYPE OF ORGANIZATION (Check Appropriate Box)

Corporation Trade Association

Labor Organization Cooperative

Membership Organization 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 _____ (date)

January 31 Year End Report

(b) Is this Report an Amendment? YES NO

5. THIS REPORT COVERS THE PERIOD Aug. 1, THROUGH Aug. 31, 1994

SUMMARY OF COMMUNICATION COSTS

| Type of Communication | Class or Category Communicated With | Detail 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 William Lucy Signature and Title of Person Designated to Sign This Report 9/20/94 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
1225 K Street, N.W.
Washington, D.C. 20463

FOR FURTHER INFORMATION CONTACT:
Federal Election Commission
Toll Free: 800-424-9630
Local: 202-527-4089

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