

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 AFL-CIO Committee on Political Education Treasury Account		3. FEC Identification Number C
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 815- 16th St, NW #7075		
(c) City, State and ZIP Code Washington, DC 20006		
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
 July 15 Quarterly Report
 24-Hour Report
 October 15 Quarterly Report
 January 31 Year-End Report 48-Hour Report

b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

05 10 2010
THROUGH
05 10 2010

6. TOTAL CONTRIBUTIONS **00**

7. TOTAL INDEPENDENT EXPENDITURES **14,870.39**

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 any 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
Liz H. Shuler	<i>Elizabeth H. Shuler</i>	5-11-10

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 800-424-8530, Local 202-694-1100

10030324838

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 1 OF 4
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)
AFL-CIO Committee on Political Education Treasury
Account

Full Name (Last, First, Middle Initial) of Payee
O'Neill, Colleen M.
Mailing Address
283 College Manor Drive
City State Zip Code
Arnold MD 21012

Date
05 16 2010
Amount
2250

Purpose of Expenditure
Flier Production Expense
Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Office Sought: House Senate President
State: AR
District: _____
Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
2250

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
O'Neill, Colleen M.
Mailing Address
283 College Manor Drive
City State Zip Code
Arnold MD 21012

Date
05 10 2010
Amount
2250

Purpose of Expenditure
Flier Production Expense
Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure:
Blanche Lincoln

Office Sought: House Senate President
State: AR
District: _____
Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
2250

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Lexicon
Mailing Address
10300 Farnham Drive
City State Zip Code
Bethesda MD 20814

Date
05 10 2010
Amount
22500

Purpose of Expenditure
Flier Production Expense
Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Office Sought: House Senate President
State: AR
District: _____
Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
34750

Disbursement For: Primary General
 Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	37000
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

10030324839

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF FILER (In Full)
AFL-CIO Committee on Political Education Treasury Account

Full Name (Last, First, Middle Initial) of Payee Lexicon		Date 05 10 2010
Mailing Address 10300 Farnham Drive		Amount 325.00
City Bethesda	State MD	
Purpose of Expenditure Flier Production Expense	Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Blanche Lincoln		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 347.50		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Vlasley Albert		Date 05 10 2010
Mailing Address P.O. Box 325		Amount 1474.87
City Osceola	State AR	
Purpose of Expenditure Flier Printing Expense	Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Halter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1822.37		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Vlasley Albert		Date 05 10 2010
Mailing Address P.O. Box 325		Amount 1474.88
City Osceola	State AR	
Purpose of Expenditure Flier Printing Expense	Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Blanche Lincoln		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1822.38		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	3274.75
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

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SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 4
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)
AFL-CIO Committee on Political Education Treasury *Account*

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date 05 10 2010
Mailing Address 815 - 16 th Street, NW		Amount 553782
City Washington, DC	State DC	
Purpose of Expenditure SALARY EXPENSES		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Category/Type 001		State: AR
Name of Federal Candidate Supported or Opposed by Expenditure: Blanche LINCOLN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 736020		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date 05 10 2010
Mailing Address 815 - 16 th Street NW		Amount 553782
City Washington, DC	State DC	
Purpose of Expenditure SALARY EXPENSES		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Category/Type 001		State: AR
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Halter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 736019		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date 05 10 2010
Mailing Address 815 - 16 th Street NW		Amount 7500
City Washington, DC	State DC	
Purpose of Expenditure Flier Production Expense		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
Category/Type 004		State: AR
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Halter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 743519		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	1115064
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

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SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 OF FORM 5

NAME OF FILER (in Full)
AFL-CIO Committee on Political Education Treasury Account

Full Name (Last, First, Middle Initial) of Payee AFL - CIO		Date 05 15 2010
Mailing Address 815 - 16th Street, NW		Amount 75.00
City Washington, DC	State DC	
Purpose of Expenditure Flier Production Expense	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Blanche Lincoln		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 743520	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
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) _____	

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
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.....	75.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	14,870.39

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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.

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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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<input type="checkbox"/> USPS Priority Mail	Postmarked
	Delivery Confirmation™ Label <input type="checkbox"/>

<input type="checkbox"/> USPS Express Mail	Postmarked
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<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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