

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 AFL-CIO		3. FEC Identification Number C C90011172
(b) Address (number and street) ☐ 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? ☐ Yes ☐ No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year-End Report
- ☒ 24-Hour Report
☐ 48-Hour Report

b) Is this Report an amendment? Yes ☒ No ☐

5. COVERING PERIOD: FROM

M M	/	D D	/	Y Y Y Y Y Y
10		13		2012

THROUGH

M M	/	D D	/	Y Y Y Y Y Y
10		24		2012

6. TOTAL CONTRIBUTIONS

.00

7. TOTAL INDEPENDENT EXPENDITURES

109449.70

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

[Electronically Filed]

RODNEY MOSBY

RODNEY MOSBY

11/02/2012

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 EXPENDITURESPAGE 2 OF 3
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

AMERICAN FEDERATION OF STATE COUNTY AND MUNICIPAL EMPLOYEES AFL-CIO

Full Name (Last, First, Middle Initial) of Payee
NEW PARTNERS CONSULTING, INC

Date

M M / D D / Y Y Y Y Y Y
10 / 23 / 2012Mailing Address
1250 EYE STREET, NW
SUITE 200

Amount

13869.70

Transaction ID : F57.000001

Purpose of Expenditure
MAILER - POSITIVE BIOCategory/
Type 004Office Sought: ☐ House State: VA
☒ Senate District: _____
☐ PresidentCheck One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
TIMOTHY KAINECalendar Year-To-Date Per Election
for Office Sought 13869.70Disbursement For: ☐ Primary ☒ General
2012
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee
THE CAMPAIGN GROUP

Date

M M / D D / Y Y Y Y Y Y
10 / 23 / 2012Mailing Address
1600 LOCUST STREET

Amount

80000.00

Transaction ID : F57.000002

Purpose of Expenditure
RADIO ADS - CONTRASTCategory/
Type 004Office Sought: ☒ House State: MN
☐ Senate District: 08
☐ PresidentCheck One: ☐ Support ☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
CHIP CRAVAACKCalendar Year-To-Date Per Election
for Office Sought 754000.00Disbursement For: ☐ Primary ☒ General
2012
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee
THE CAMPAIGN GROUP

Date

M M / D D / Y Y Y Y Y Y
10 / 23 / 2012Mailing Address
1600 LOCUST STREET

Amount

5000.00

Transaction ID : F57.000003

Purpose of Expenditure
PRODUCTION COSTS - CONTRASTCategory/
Type 004Office Sought: ☒ House State: MN
☐ Senate District: 08
☐ PresidentCheck One: ☐ Support ☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
CHIP CRAVAACKCalendar Year-To-Date Per Election
for Office Sought 754000.00Disbursement For: ☐ Primary ☒ General
2012
☐ Other (specify) ▶

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

98869.70

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

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

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3 OF 3
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

AMERICAN FEDERATION OF STATE COUNTY AND MUNICIPAL EMPLOYEES AFL-CIO

Full Name (Last, First, Middle Initial) of Payee AFSCME INTERNATIONAL		Date MM / DD / YYYY 10 / 23 / 2012	
Mailing Address 1625 L STREET		Amount 10580.00	
City WASHINGTON	State DC	Zip Code 20036	
Purpose of Expenditure PHONEBACK CALLS		Category/ Type 004	Office Sought: ☐ House State: FL ☐ Senate District: _____ ☒ President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought 358762.62		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Office Sought: ☐ House State: _____ ☐ Senate District: _____ ☐ President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: ☐ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Office Sought: ☐ House State: _____ ☐ Senate District: _____ ☐ President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: ☐ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Office Sought: ☐ House State: _____ ☐ Senate District: _____ ☐ President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: ☐ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	10580.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	109449.70