REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) American Federation of State, Cnty & Municipal Employees

ADDRESS (number and street) ___ Check if different than previously reported

1625 L St. NW

CITY, STATE and ZIP CODE

Washington, DC 20036

2. FEC IDENTIFICATION NUMBER

C00011114

3. ___ This committee qualified as a multicandidate committee **DURING THIS** Reporting Period on _____ (date)

4. TYPE OF REPORT

(a) ___ April 15 Quarterly Report

___ July 15 Quarterly Report

___ October 15 Quarterly Report

___ January 31 Year End Report

___ July 31 Mid Year Report (Non-election Year Only)

___ Termination Report

Monthly Report Due On:

___ February 20	___ June 20	___ October 20
___ March 20	___ July 20	___ November 20
___ April 20	___ August 20	___ December 20
X May 20	___ September 20	___ January 31

___ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

___ Thirtieth day report following the General Election on _____ in the State of _____.

(b) Is this Report an Amendment? ___ YES X NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period April 1, through April 30, 1993		
6. (a) Cash on Hand January 1, 1993		$ 902,339.98
(b) Cash on Hand at Beginning of Reporting Period	$ 1,144,501.98	
(c) Total Receipts (from Line 19)	$ 193,072.14	$ 908,206.07
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 1,337,574.12	$1,810,546.05
7. Total Disbursements (from Line 30)	$ 212,480.90	$ 685,452.83
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 1,125,093.22	$1,125,093.22
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

For further information contact: Federal Election Commission, 999 E Street, NW, Washington, DC 20463, Toll Free 800-424-9530, Local 202-376-3120

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

Type or Print Name of Treasurer: William Lucy

Signature of Treasurer: William Lucy

Date: 5/20/93

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

FEC FORM 3X

(revised 1/1/91)

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