

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation <b>AFL-CIO COMMITTEE ON POLITICAL EDUCATION TREASURY FUND</b>		3. FEC Identification Number <b>C C90016106</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 815 16TH ST. NW		
(c) City, State and ZIP Code WASHINGTON DC 20006		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

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

b) Is this Report an amendment?  No  Yes, it amends the report filed on

M M	/	D D	/	Y Y Y Y

5. COVERING PERIOD:

FROM 

M M	/	D D	/	Y Y Y Y
07		31		2024

THROUGH 

M M	/	D D	/	Y Y Y Y
07		31		2024

6. TOTAL CONTRIBUTIONS.....

0.00
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7. TOTAL INDEPENDENT EXPENDITURES .....

47375.11
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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.

**TYPE OR PRINT NAME OF PERSON COMPLETING FORM**

**SIGNATURE**

**DATE**

Redmond, Fredrick, , ,

Redmond, Fredrick, , ,

08/02/2024

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. §30109.

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
AFL-CIO COMMITTEE ON POLITICAL EDUCATION TREASURY FUND

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2024	
Mailing Address 815 Black Lives Matter Plz NW		Amount 37620.57	
City Washington	State DC	Zip Code 20006	Transaction ID : 500126902
Purpose of Expenditure Staff time spent on 'Labor for Harris' video conference	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Harris, Kamala, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 47375.11		Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee Colleen Oneill-Yanchulis		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2024	
Mailing Address 283 College Manor Dr		Amount 90.00	
City Arnold	State MD	Zip Code 21012-1819	Transaction ID : 500126847
Purpose of Expenditure Proofreading services	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Harris, Kamala, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 47375.11		Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee Zoom Video Communications, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2024	
Mailing Address 55 Almaden Blvd Fl 6		Amount 2639.40	
City San Jose	State CA	Zip Code 95113-1608	Transaction ID : 500126899
Purpose of Expenditure Video communication services.	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Harris, Kamala, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 47375.11		Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	40349.97
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
AFL-CIO COMMITTEE ON POLITICAL EDUCATION TREASURY FUND

Full Name (Last, First, Middle Initial) of Payee Zoom Video Communications, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2024	
Mailing Address 55 Almaden Blvd Fl 6		Amount 4325.14	
City San Jose	State CA	Zip Code 95113-1608	
Purpose of Expenditure Video conferencing services.		Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Harris, Kamala, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 47375.11		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name (Last, First, Middle Initial) of Payee Zoom Video Communications, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2024	
Mailing Address 55 Almaden Blvd Fl 6		Amount 2700.00	
City San Jose	State CA	Zip Code 95113-1608	
Purpose of Expenditure Video conferencing services.		Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Harris, Kamala, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 47375.11		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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.....	▶	7025.14
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	47375.11