

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 AFL-CIO COMMITTEE ON POLITICAL EDUCATION TREASURY FUND		
(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		3. FEC Identification Number C C90016106
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
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5. COVERING PERIOD:

FROM	M M /	D D /	Y Y Y Y
	08 /	19 /	2024
THROUGH	M M /	D D /	Y Y Y Y
	08 /	19 /	2024

6. TOTAL CONTRIBUTIONS.....

0.00

7. TOTAL INDEPENDENT EXPENDITURES

1979.75

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, , ,

08/19/2024

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 08 / 19 / 2024	
Mailing Address 815 Black Lives Matter Plz NW		Amount 150.91	
City Washington	State DC	Zip Code 20006	Transaction ID : 500127185
Purpose of Expenditure Payment for shipping of placards	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 51010.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee Cinch Design & Communications		Date of Public Distribution/Dissemination 08 / 19 / 2024	
Mailing Address 98 Bridger Spring Trl		Amount 1147.50	
City Bozeman	State MT	Zip Code 59715-3590	Transaction ID : 500126995
Purpose of Expenditure Design services of logos and signage	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 51010.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee Cinch Design & Communications		Date of Public Distribution/Dissemination 08 / 19 / 2024	
Mailing Address 98 Bridger Spring Trl		Amount 135.00	
City Bozeman	State MT	Zip Code 59715-3590	Transaction ID : 500127037
Purpose of Expenditure Design services - placards	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 51010.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	1433.41
(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 K&R Industries		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 19 / 2024	
Mailing Address 14110 Sullyfield Cir Ste D		Amount 546.34	
City Chantilly	State VA	Zip Code 20151-1665	
Purpose of Expenditure Buttons		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 51010.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Transaction ID : 500127067

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
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) ▶ _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
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.....	▶	546.34
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	1979.75