

# 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<br><b>AFL-CIO COMMITTEE ON POLITICAL EDUCATION TREASURY FUND</b> |  | 3. FEC Identification Number<br><b>C</b> C90016106 |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported<br>815 16TH ST. NW |  |  |
| (c) City, State and ZIP Code<br>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 | Y | Y |
|---|---|---|---|---|---|---|---|---|---|---|---|

5. COVERING PERIOD:

FROM 

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|---|---|

THROUGH 

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|---|---|

|   |         |
|---|---------|
| 6. TOTAL CONTRIBUTIONS.....             | 0.00    |
| 7. TOTAL INDEPENDENT EXPENDITURES ..... | 2571.87 |

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**

*[Electronically Filed]*

Shuler, Elizabeth, , ,

*Shuler, Elizabeth, , ,*

10/22/2016

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

**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<br>Anne Lewis Strategies, LLC                 |                          | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>10 / 21 / 2016  |                                 |
| Mailing Address<br>1140 19th St., NW<br>Ste. 300   |                          | Amount<br>2571.87  |                                 |
| City<br>Washington   | State<br>DC              | Zip Code<br>20036  | Transaction ID : F57.4283       |
| Purpose of Expenditure<br>Online Advertising   | Category/<br>Type<br>004 | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input checked="" type="checkbox"/> President               | State: _____<br>District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>CLINTON, HILLARY RODHAM, , , |                          | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |                                 |
| Calendar Year-To-Date Per Election<br>for Office Sought<br>82591.63                            |                          | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><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/<br>Type | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President               | State: _____<br>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<br>for Office Sought        |                   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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/<br>Type | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President               | State: _____<br>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<br>for Office Sought        |                   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____ |                                 |

|  |   |         |
|--|---|---------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....                                    | ▶ | 2571.87 |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....                                 | ▶ |         |
| (c) <b>TOTAL</b> Independent Expenditures.....<br>(carry total from last page forward to Line 7) | ▶ | 2571.87 |