

# 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 COPE Treasury</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 Street 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

MM / DD / YYYY

5. COVERING PERIOD:

FROM MM / DD / YYYY  
10 / 26 / 2018

THROUGH MM / DD / YYYY  
10 / 26 / 2018

6. TOTAL CONTRIBUTIONS..... 0.00

7. TOTAL INDEPENDENT EXPENDITURES ..... 25353.37

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, , ,

10/27/2018

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 COPE Treasury

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date of Public Distribution/Dissemination 10 / 26 / 2018	
Mailing Address 815 16th St NW		Amount 952.71	
City Washington	State DC	Zip Code 20006-4101	Transaction ID : VTDBCAAT2E7
Purpose of Expenditure Digital advertisement	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: AZ District: 08
Name of Federal Candidate Supported or Opposed by Expenditure: Tipirneni, Hiral, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 25353.37		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Anne Lewis Strategies, LLC		Date of Public Distribution/Dissemination 10 / 26 / 2018	
Mailing Address 650 Massachusetts Ave NW Ste 505		Amount 20000.00	
City Washington	State DC	Zip Code 20001-3796	Transaction ID : VTDBCAAT230
Purpose of Expenditure Digital advertisement	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: AZ District: 08
Name of Federal Candidate Supported or Opposed by Expenditure: Tipirneni, Hiral, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 25353.37		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Edge Studio, LLC		Date of Public Distribution/Dissemination 10 / 26 / 2018	
Mailing Address 7720 Wisconsin Ave		Amount 3534.96	
City Bethesda	State MD	Zip Code 20814-3529	Transaction ID : VTDBCAAT297
Purpose of Expenditure Digital advertisement	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: AZ District: 08
Name of Federal Candidate Supported or Opposed by Expenditure: Tipirneni, Hiral, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 25353.37		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	24487.67
(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 COPE Treasury

Full Name (Last, First, Middle Initial) of Payee Talent Paymaster, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2018	
Mailing Address 4905 Del Ray Ave Ste 401		Amount 865.70	
City Bethesda	State MD	Zip Code 20814-2557	Transaction ID : VTDBCAAT271
Purpose of Expenditure Digital advertisement	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: AZ District: 08
Name of Federal Candidate Supported or Opposed by Expenditure: Tipirneni, Hiral, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 25353.37		Disbursement For: 2018 <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	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/Type	Office Sought:	State: _____ 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 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:	State: _____ 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 for Office Sought		Disbursement For: _____ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	865.70
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	25353.37