## FEC FORM 5 REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

(b) Address (number and street)       check if different than previously reported         (c) City, State and ZIP Code       . FEC Identification Number         (c) City, State and ZIP Code       DC       20006         (c) Coupation and Name of Employer (for Individual Filers Only)       C       Cooperation State (for Individual Filers Only)         (a) April 15 Quarterly Report       24-Hour Report       C       Cooperation State (for Individual Filers Only)         (a) April 15 Quarterly Report       24-Hour Report       January 31 Year-End Report       January 31 Year-End Report         (b) Is this Report an amendment?       No       Yes, it amends the report filed on       (for 7)       2020         5. COVERING PERIOD:       FROM       10       07       2020       (for 7)       2020         7. TOTAL CONTRIBUTIONS	1. (a) Name of Individual, Organization or Corporation AFL-CIO Committee on Political Education Treasur	y Fund					
Washington       DC       20006       3. FEC Identification Number         2. Occupation and Name of Employer (for Individual Filers Only)       C       6. TYPE OF REPORT (check appropriate boxes): <ul> <li>(a)</li> <li>April 15 Quarterly Report</li> <li>(b)</li> <li>(c)</li> <li(c)< li=""> <li(c)< li="">             &lt;</li(c)<></li(c)<></ul>		reported					
Washington       DC       20006         2. Occupation and Name of Employer (for Individual Filers Only)       C       C00016106         4. TYPE OF REPORT (check appropriate boxes): <ul> <li>(a)</li> <li>April 15 Quarterly Report</li> <li>Quarterly Report</li> <li>Prove Report an amendment?</li> <li>No</li> <li>Yee, it amends the report filed on</li> <li>Yee OF TAL CONTRIBUTIONS</li> </ul> Urder persuby of perjury Locatify that the Independent expenditures reported barein yees not made in cooperation, consultation, or concert with, or at the request or suggestion of different report is agent.           Urder persuby of perjury Locatify that the Independent expenditures reported barein yees not made in cooperation, consultation, o	(c) City, State and ZIP Code		2. EEC Identification Number				
2. Cucopation and Health Sit Employer (of Horindolar Heals Only)      4. TYPE OF REPORT (check appropriate boxes):     (a) April 15 Quarterly Report     July 15 Quarterly Report     Quarterly Report     Quarterly Report     July 15 Quarterly Report     Quarterly Report     January 31 Year-End Report     January 31 Year-End Report     January 31 Year-End Report     Joint () 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,	Washington DC	20006	3. FEC Identification Number				
(a) April 15 Quarterly Report Quarterly Report	2. Occupation and Name of Employer (for Individual Filers Only)		C C90016106				
7. TOTAL INDEPENDENT EXPENDITURES       56779.15         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         Shuler, Elizabeth, , ,       DATE         []       10/09/2020	<ul> <li>(a) April 15 Quarterly Report</li> <li>July 15 Quarterly Report</li> <li>October 15 Quarterly Report</li> <li>January 31 Year-End Report</li> <li>b) Is this Report an amendment? No</li> <li>Yes, it</li> <li>5. COVERING PERIOD:</li> <li>FROM</li> </ul>	B-Hour Report amends the report filed on					
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         Shuler, Elizabeth, , ,       Shuler, Elizabeth, , ,       10/09/2020							
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         Shuler, Elizabeth, , ,       Shuler, Elizabeth, , ,       10/09/2020			56779.15				
Shuler, Elizabeth, , ,       [Electronically Filed]         Shuler, Elizabeth, , ,       10/09/2020							
10/09/2020	TYPE OR PRINT NAME OF PERSON COMPLETING FORM						
	Shuler, Elizabeth, , ,	Shuler, Elizabeth, , ,	10/09/2020				
	NOTE: Submission of false, erroneous or incomplete information may su	bject the person signing this repo					

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

## SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AFL-CIO Committee on Political Education Treasu	ry Fund					
Full Name (Last, First, Middle Initial) of Payee				Date of Pu	blic Distribution	/Dissemination
AFL-CIO						Y Y Y Y
Mailing Address 815 16th St NW				10	07	2020
815 16th St NW				Amount		
City	State	Zip Code				2124.11
Washington	DC	20006-4101		Transacti	on ID : VTDBC	
Purpose of Expenditure Staff time - Production and packaging of placar	ds and buttons	Category/ Type 006	3 O	ffice Sought:	House Senate	State:
Name of Federal Candidate Supported or Opp		liture:			× President	District:
Biden, Joseph, R., , Jr.	Josed by Experio	iture.	CI	heck One:	Support	Oppose
Calendar Year-To-Date Per Election for Office Sought		56779.15	Di	sbursement Fo 2020 Other		<b>x</b> General
Full Name (Last, First, Middle Initial) of Payee	1		I	Date of Pu	blic Distribution	/Dissemination
AFL-CIO				M M	/ D - D /	YYYYY
Mailing Address 815 16th St NW				10	07	2020
S 15 16(1) SUNW				Amount		
City	State	Zip Code				17643.63
Washington	DC	20006-4101		Transacti	on ID : VTDBCA	
Purpose of Expenditure		Category/	0	ffice Sought:	House	State:
Shipping - placards and buttons		Type 006			Senate	
Name of Federal Candidate Supported or Opp	oosed by Expend	liture:			× President	District:
Biden, Joseph, R., , Jr.			С	heck One:	× Support	Oppose
Calendar Year-To-Date Per Election for Office Sought	1 1 4 1	56779.15	Di	sbursement Fo 2020 Other		<b>★</b> General
Full Name (Last, First, Middle Initial) of Payee				Date of Pu	ublic Distribution	/Dissemination
AFL-CIO				10	/ D D / 07	2020
Mailing Address 815 16th St NW						
				Amount		
City	State	Zip Code				700.00
Washington	DC	20006-4101		Transacti	on ID : VTDBCA	AET900
Purpose of Expenditure		Category/ 006	Of	fice Sought:	House	State:
Estimated cost of shipping - placards and butto	115	Туре	<b></b>		Senate	District:
Name of Federal Candidate Supported or Opp	oosed by Expend	liture:			× President	
Biden, Joseph, R., , Jr.			Cł	neck One:	X Support	Oppose
Calendar Year-To-Date Per Election for Office Sought		56779.15	Di	sbursement Fo 2020 Other		X General
(a) SUBTOTAL of Itemized Independent Exper	nditures		)			20467.74
(b) SUBTOTAL of Uniternized Independent Exp	penditures					
(c) TOTAL Independent Expenditures						
(carry total from last page forward to			······ J			

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FOR LINE 7 OF FORM 5

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## Image# 202010099285098786

## SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AFL-CIO Committee on Political Education Treasu	ry Fund		
Full Name (Last, First, Middle Initial) of Payee			Date of Public Distribution/Dissemination
Kelly Press			
Mailing Address 1701 Cabin Branch Dr			10 07 2020
			Amount
City	State	Zip Code	1537.00
Cheverly	MD	20785-3895	Transaction ID : VTDBCAESSM3
Purpose of Expenditure Printing - Campaign buttons		Category/ Type 006	Office Sought: House State:
Name of Federal Candidate Supported or Opp Biden, Joseph, R., , Jr.	oosed by Expend	liture:	Check One:
Calendar Year-To-Date Per Election for Office Sought		56779.15	Disbursement For: Primary General
Full Name (Last, First, Middle Initial) of Payee			Date of Public Distribution/Dissemination
Kelly Press			M M / D D / Y Y Y Y
Mailing Address 1701 Cabin Branch Dr			10 07 2020
			Amount
City	State	Zip Code	33920.00
Cheverly	MD	20785-3895	Transaction ID : VTDBCAESSS2
Purpose of Expenditure		Category/	Office Sought: House State:
Printing - placards		Type 006	Senate District:
Name of Federal Candidate Supported or Opp Biden, Joseph, R., , Jr.	oosed by Expend	liture:	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		56779.15	Disbursement For: Primary General
Full Name (Last, First, Middle Initial) of Payee			Date of Public Distribution/Dissemination
Uline Mailing Address 700 Liling Way			10 / Y Y Y Y 2020
700 Uline Way			Amount
City	State	Zip Code	
Allentown	PA	18106-9083	854.41
Purpose of Expenditure		Category/	Transaction ID : VTDBCAESST0           Office Sought:         House         State
Supplies for shipping placards and buttons	and her Freedow	Type 006	Senate District:
Name of Federal Candidate Supported or Opp Biden, Joseph, R., , Jr.	oosea by Expend	alture:	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	1 1 1	56779.15	Disbursement For: Primary ★ General 2020 Other (specify)
(a) SUBTOTAL of Itemized Independent Exper	ditures		> 36311.41
(b) SUBTOTAL of Uniternized Independent Exp	penditures		····· •
(c) TOTAL Independent Expenditures (carry total from last page forward to			> 56779.15

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