PAGE 1/4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. American Federation of Teachers, AFL-CIO Committee on Political Education 555 New Jersey Avenue, NW ADDRESS (number and street) (Check if address is changed) Washington 20001 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS aftfec@aft.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2020 C00028860 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. INGRAM, FEDRICK, C,, Type or Print Name of Treasurer INGRAM, FEDRICK, C,, [Electronically Filed] 10 02 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. FEC FORM 1 (Revised 06/2012)

	Office			For further information contact:
.	Use			Federal Election Commission
				Toll Free 800-424-9530
	Only			Local 202-694-1100

г	EC Ec	m 1 (Pavisad 02/2000)	Page <b>2</b>
		m 1 (Revised 02/2009)  DMMITTEE	raye <b>Z</b>
Can	didate	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
Name Cand			
Cand Party	lidate Affiliatio	Office Sought: House Senate President	State District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Com	mittee:	
(d)			Democratic, Republican, etc.) Party
Poli	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is
. ,		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Comi	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

	_				
	FEC <b>Form 1</b> (Revised (	02/2009)			Page <b>3</b>
V	/rite or Type Committee Name	· :			<u> </u>
A	American Federa	tion of Teachers, AFL-C	IO Committ	ee on F	Political Education
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint	Fundraising Repres	sentative, or	Leadership PAC Sponsor
Α	MERICAN FEDERATI	ON OF TEACHERS, AFL-CIO (	COMMITTEE O	N POLIT	ICAL EDUCATION
L					
	Mailing Address	555 NEW JERSEY AVENUE, NW			
	3				
		WASHINGTON		DC	20001
		CITY		STATE	ZIP CODE
	Relationship: Connected	d Organization 🗶 Affiliated Committee	Joint Fundraising R	epresentativ	e Leadership PAC Sponso
	Custodian of Records: Ider books and records.	ntify by name, address (phone number c	optional) and position	of the pers	son in possession of committee
	Full Name	Jermaine, , ,			
	Mailing Address	555 New Jersey Ave, NW		1 1 1 1	
	Walling Address	12th Floor			
		Washington		DC	20001
	Title or Position	CITY	S	TATE	ZIP CODE
	Accountant		Telephone numbo	er 202	2 - 879 - 4400
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the assistant treasurer).	ne treasurer of the co	ommittee; ar	nd the name and address of
	Full Name INGRAM, Full Name of Treasurer	FEDRICK, C, ,			
	Mailing Address	555 New Jersey Ave, NW			
		11th Floor			<u> </u>
		Washington		DC	20001
	Title or Desition	CITY	S	TATE	ZIP CODE
	Title or Position Secretary Treasurer		Telephone numbe	202 er	2 - 879 - 4400

FEC Form	1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
	CITY STATE ZI	IP CODE
Title or Position		1 1
	Telephone number	
B.1 -	Annual Manual Annual An	
Name of Bank, D	SunTrust Bank PO BOX 622227 ORLANDO FL 32862	
	SunTrust Bank PO BOX 622227 ORLANDO FL 32862	IP CODE
	SunTrust Bank PO BOX 622227 ORLANDO FL 32862 CITY STATE Z	IP CODE
Mailing Address	SunTrust Bank PO BOX 622227 ORLANDO FL 32862 CITY STATE Z	IP CODE
Mailing Address	SunTrust Bank PO BOX 622227 ORLANDO CITY STATE Z Depository, etc.	IP CODE
Mailing Address  Name of Bank, D	SunTrust Bank PO BOX 622227 ORLANDO CITY STATE Z Depository, etc.	IP CODE
Mailing Address  Name of Bank, D	SunTrust Bank PO BOX 622227 ORLANDO CITY STATE Z Depository, etc.	IP CODE