

Form CPF 111: REPORT OF ASSOCIATION OR OTHER GROUP MAKING CONTRIBUTIONS TO OR EXPENDITURES ON BEHALF OF CANDIDATES, PACS OF PARTY COMMITTEES

Office of Campaign and Political Finance

For State or County Activity:
File with Director
Office of Campaign and Political Finance
One Ashburton Place, Room 411

For Municipal Activity: File with City or Town Clerk or Local Election Commission

Boston, MA 0	1 Place, Room 411 2108			
	Reporting Pe		0/18/2013 //M/DD/YYYY)	
Type of Rep	ort: 8th day preceding prima	ary/preliminary 🔀 8th day preceding ele	ction 30th day after election	January 20th
On behalf of:	State / County Candidat	es, PACs & Party Committees or	Municipal Candidates	·
Name of Ass	ociation or Group: American I	rederation of State, County and Municipal Er	nployees	
Name & Titl	e of Principal Officers: Lee Saunde	ers - President, Laura Reyes - Secretary Treas	urer	
Mailing Add	ress: 1625 L Street, NW	City / State /	Zip: Washington I	OC 20036
Determination	n of incidental threshold:	Total gross revenues of previous calenda	ar vear	<u>.</u>
		2. 10% of line 1 or \$15,000, whichever is 1	·	Ψ <u></u>
			tees and liabilities incurred during calendar	Vear \$
-	If line (3 exceeds line 2, reports are required for the	_	усаг, ф
POLITICAL	EXPENDITURES AND CONTRI	BUTIONS TO CANDIDATES/COMMITTE	ES (attach additional pages is necessary):	
Date Paid	To Whom Paid (Alphabetical listing)	Address	Purpose (Check box if Inkind Contribution)	Amount or Value*
10/16/2013	AFSCME	1625 L Street, NW, Washington, DC 20036	Payment for inkind staff to the Working America Independent Expenditure PAC	7,586
10/18/2013	American Working Families	107 South West Street, Suite 527, Alexandria, VA 22314	Contribution	50,000
			Total expenditures/contributions on this	report: 57,586
		Tota	al expenditures/contributions previously rep	orted: 0
			Total expenditures/contributions to	o date: 57,586

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Date Incurred	To Whom Due	Address	Purpose	Amount
			·	
1511				
			Total liabilities on this report:	0
		Total liabiliti	es previously reported and currently outstanding:	0
			Total outstanding liabilities**:	0

I certify that this report is a true statement of the amount or value of every gift, payment, expenditure or contribution or promise to give, pay, expend or contribute, together with the date, purpose, and full name and address of the person to whom it was made.

Signed under the penalties of perjury:

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1 00	Cellio Llas
Signature of Off	icer

Date: 10/25/2013

Name: Lee Saunders

(MM/DD/YYYY)

WHO NEEDS TO FILE THIS FORM?

Once an organization has made political contributions or expenditures or incurred liabilities to support candidates or political committees in excess of the "incidental threshold" (i.e., \$15,000 or 10% of such organization's gross revenues for the previous year, whichever is less), a duly qualified officer must file this report. The report must disclose all contributions and expenditures made and liabilities incurred during the calendar year. The obligation to file a report continues for each year thereafter until the year after a year in which the incidental threshold is not reached.

WHERE SHOULD THIS FORM BE FILED?

State, county and municipal candidates and committees who file with OCPF: If contributions or expenditures are made to support or oppose candidates or committees who file with OCPF, this form should be filed with OCPF.

Municipal candidates and committees who do not file with OCPF: If contributions or expenditures are made to support or oppose candidates or committees who file with local election officials, this form should be filed with the city or town clerk or election commission.

WHERE CAN I GET MORE INFORMATION?

You can view or download OCPF Interpretive Bulletin IB-88-01 from the Legal Resources section of OCPF's website at www.ocpf.us.

Call OCPF at (617) 979-8300 or (800) 462-OCPF.

^{*} A liability exists and must be reported if the association or group has received a good or service that it has not paid for, even if the association or group has not received a bill or invoice. If the amount of the liability has not been determined or is in dispute, the liability should be estimated or reported as "to be determined" or "in dispute."

^{**} The final report must show zero liabilities.