

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

Office of Campaign and Political Finance P 1: 05

For State or County Activity:

For Municipal Activity:

	aign and Political Finance Place, Room 411			or Local Ele	City or Town Clerk ection Commission		
9	Reporting Perio	d; from: 11/26/2013 to:	12/31/2013				
			(MM/DD/YYYY)				
Type of Repo	Type of Report: 8th day preceding primary/preliminary 8th day preceding election 30th day after election January						
On behalf of:	State / County Candidates,	PACs & Party Committees or	Municipal Candidates				
Name of Asso	ociation or Group: American Fed	eration of State, County and Municipal I	imployees				
Name & Title	of Principal Officers: Lee Saunders	- President, Laura Reyes - Secretary Tre	surer				
Mailing Addre	ess: 1625 L Street, NW	City / State	/Zip: Washington,	DC	20036		
Determination	of incidental threshold:	. Total gross revenues of previous calend	lar year:		\$		
	2	2. 10% of line 1 or \$15,000, whichever is	less:		\$		
	3	. Total expenditures, donations to comm	ittees and liabilities incurred	during calendar year:	\$		
	If line 3 e	xceeds line 2, reports are required for	the stated calendar year.				
POLITICAL E	EXPENDITURES AND CONTRIBUTO Whom Paid (Alphabetical listing)	TIONS TO CANDIDATES/COMMITT	EES (attach additional pages Purpos (Check box if Inkind	e	Amount or Value*		
			Total expenditures/contri	outions on this report:	0		
na Roja stalini komuni		To	tal expenditures/contribution	s previously reported:	175,318		
			Total expenditures	contributions to date:			

^{*}Inkind contributions (donations of goods or services) should be included in this list.

Date							
Incurred	To Whom	Due	Addres	ss	Pu	pose	Amount
					:		
				Tract 15-f-1544		l liabilities on this report;	0
				rotai naoinnes pre		nd currently outstanding: 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:

Xauch Reises	Date:	01/15/2014	Name:	Laura Reyes	
Signature of Officer	_	(MM/DD/YYYY)		5	

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.

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