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

Commonwealth of Massachusetts Office of Campaign and Political Finance

Of Massachus	otto	AND VARY 22 A IA			
	etor paign and Political Finance n Place, Room 411		48	File with C	Municipal Activity City or Town Cler ection Commissio
	Réporting Pe	riod: from: 01/01/2015 to (MM/DD/YYYY)	: 12/31/2015 (MM/DD/YYYY)		
Type of Repo	ort: 8th day preceding primary	/preliminary 8th day preceding elect	tion 30th day after election	July 20th] January 20th
On behalf of:	⊠ State / County Candidat	es, PACs & Party Committees or	Municipal Candidates		···
Name of Ass	ociation or Group: American I	ederation of Teachers Solidarity [AFT So	olidarity]		
Name & Title	e of Principal Officers: Lorretta Jol	nnson, Secretary-Treasurer			
Mailing Add	ross: 555 New Jersey Ave, NW	City / Stat	te / Zip: Washington	DC	20001
Determinatio	n of incidental threshold:	1. Total gross revenues of previous cale	endar year:		\$12,319,700
		\$ 15,000			
		3. Total expenditures, donations to com-	mittees and liabilities incurred d	aring calendar year:	\$0
	If line :	3 exceeds line 2, reports are required fo		,	
POLITICAL	EXPENDITURES AND CONTRI	BUTIONS TO CANDIDATES/COMMIT	TEES (attach additional pages is	necessary):	
Date Paid	To Whom Paid (Alphabetical listing)	Address	Purpose (Check box if Inkind C		Amount or Value*
	N/A				
			Total expenditures/contrib	utions on this report:	0
		1	Fotal expenditures/contributions		
			Total expenditures/c		

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

LIABILITIES*:

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

- * 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.

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:

Signature of Officer

Date:

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LORRETTA JOHNSON

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 <u>all</u> 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 and County Candidates or Committees: If contributions or expenditures are made to support or oppose state or county candidates or committees this form should be filed with OCPF.

Municipal Candidates or Committees: If contributions or expenditures are made to support or oppose municipal candidates or committees 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.mass.gov/ocpf. Call OCPF at (617) 979-8300 or (800) 462-OCPF.