

## NOTES

### 1. Political Party:

**D**=Democrat, **R**=Republican, **I**=Independent, **O**=Other, **U**=Unknown

### 2. Amount Sign:

Default is plus sign (+). Use negative sign (-) if correcting errors from prior file.

*Note: this is for reporting purposes only.*

### 3. Amount Contributed:

Five-position numeric field. Two decimal positions are assumed; therefore, do not include the decimal point.

### 4. Pay Frequency:

**W**=weekly, **B**=bi-weekly, **T**=twice monthly, **M**=monthly, **Q**=quarterly, **S**=semi-annual, **Y**=yearly.

### 5. Staff Code:

**Y**=Staff member, **N**=Rank & file

### 6. Member Type:

**MEMB**=Member, **RET**=Retiree, **CNST**=Affiliate Staff, **INT**=International Staff.

### 7. EID:

Employee Identification Number; unique member number/payroll number for an employee.

### 8. EIN:

Employer Identification Number.

### 9. Incentive:

First year incentive distributed by the affiliate: MVP jacket = H.

### 10. Incentive Size:

Jacket size; S=small, M=medium, L=large, XL=1X, XXL=2X, 3X, 4X, 5X, 6X, 7X

### 11. Incentive Sent Date:

Date that the incentive was delivered/mailed to the contributor.



#### Contact information:

Walter Blair  
202-429-5078  
peopleaccounting@afscme.org

#### AFSCME PEOPLE

1625 L Street, NW  
Washington, DC 20036

## POLITICAL ACTION FUND

### Payroll Deduction Electronic Transfer Instructions

**Attention Employers:** Please share this information with your payroll department. This document contains important instructions regarding the submission of contributions to the AFSCME PEOPLE account. Questions regarding this process should be directed to Walter Blair (202) 429-5078, or sent via e-mail to: peopleaccounting@afscme.org.

**Attention AFSCME Affiliates:** To comply with federal law, you must transmit all PEOPLE contributions to the International within 30 days of your receipt of those contributions, along with required contributor information. Any single contribution of more than \$50 must be transmitted to the International within 10 days of your receipt of that contribution.

Please see inside for the two easy steps to follow for electronic transfer of AFSCME PEOPLE dollars.



## STEP 1: Wire the money to the AFSCME PEOPLE bank account.

Money wire transfers from affiliates or employers to AFSCME PEOPLE, a federal Political Action Committee bank account, should be made as follows:

**Name of Bank:** Amalgamated Bank of New York  
**Account Name:** AFSCME PEOPLE Deposit Account  
**Account Number:** 84-600925  
**ABA Number:** 026003379

**Bank Address:** 275 Seventh Avenue  
 14th Floor – 25th/26th Street  
 New York, NY 10001-6708

**Bank Contact:** Ms. Lucia Nazianzeno, Vice President (212) 895-4425

*Please note:* In the ACH file that is sent to the bank, please enter descriptive information in the following fields in the Company/Batch Header Record. Please indicate the state or locality, the employer and affiliate in order to provide AFSCME PEOPLE with sufficient information on whom is depositing the funds.

### • Field 3 – Company Name

- Contents are: Alphanumeric
- Field length is: 16 characters
- Position is: 5 – 20
- A sample description would be: *PA Public Emp*

### • Field 7 – Company Entry Description

- Contents are: Alphanumeric
- Field length is: 10 characters (therefore the description will be abbreviated)
- Position is: 54 – 63
- A sample description would be: *PA CN 13*

## STEP 2: E-mail the contribution records that match the deposit to: [peopleaccounting@afscme.org](mailto:peopleaccounting@afscme.org).

In addition to the money transfer, AFSCME PEOPLE needs the documentation that lists contributors for each pay period. The Federal Election Commission requires PACS like AFSCME PEOPLE to maintain and track the following information: name, address, phone, council and local, date, amount, occupation, employer and annual aggregate of employee contributions. For this reason, AFSCME PEOPLE requests you to send, via e-mail, a fixed length text file containing this information to [peopleaccounting@afscme.org](mailto:peopleaccounting@afscme.org).

If you have technical questions regarding the file format you may send your questions to [enterprise@afscme.org](mailto:enterprise@afscme.org). Below is the desired format of the file.

*Please note:* All numeric fields should be right-justified, left-zero filled. All alpha fields should be left-justified, right-space filled. If the file covers more than one pay period, there should be one record per pay period for each member making a contribution.

FIELD NAME	POSITION	LENGTH & FORMAT
Last Name	1-15	A/N
First Name	16-30	A/N
Middle Initial	31	A/N
Sex	32	A/N - M, F, U
Suffix	33-35	A/N
Addr1	36-63	A/N
Addr2	64-91	A/N
City	92-106	A/N
State	107-108	A/N
Zip	109-113	N
Zip4	114-117	N - zero filled

FIELD NAME	POSITION	LENGTH & FORMAT
<b>A*</b> Council/Retiree Chapter	118-121	N
<b>A*</b> Local/Subchapter	122-125	N
<b>A*</b> Sub Local	126-129	N
Social Security#	130-138	N
Telephone #	139-148	N - area code & number
Employer	149-168	A/N
Occupation	169-188	A/N
<b>A*(1)</b> Political Party	189	A/N
(2) Amount Sign	190	A/N - plus (+) or neg. (-)
(3) Amount Contributed	191-195	N
(4) Pay Frequency	196	A/N - W,B,T,M
Pay Date	197-204	A/N - MMDDYYYY
<b>A*(5)</b> Staff Code	205	A/N
<b>A*(6)</b> Member Type	206-209	A/N
<b>E*</b> (7) EID	210-234	A/N
<b>E*</b> (8) EIN	235-259	A/N
<b>A*</b> (9) Incentive	260	A/N
<b>A*</b> (10) Incentive Size	261-263	A/N
<b>A*</b> (11) Incentive Sent Date	264-271	A/N - MMDDYYYY

**A\*** = Applies to Affiliate Unions only    **E\*** = Applies to Employer only

**Please see notes 1-11 on back page.**