

# State of West Virginia Electioneering Communications Report

(Must be filed when \$5,000 or more is spent on "Electioneering Communications" as detailed in WV Code §3-8-2b)

Name of person making expenditure SEIU District 1199 PAC

Name of the individual in control of the expenditure(s) Sherri McKinney

Email address charshman@hcands.com Telephone (304) 522-2871

Name of the custodian of the books Connie Figgins

Principal place of business and address (Only if the person making the expenditure is not an individual)

2200 Adams Ave. Huntington, WV 25704

## Electioneering Communication expenditures more than \$1,000 (as required by WV Code §3-8-2b)

Refers to: (candidate name) Doug Reynolds and Dale Stevens, House of Delegate 16th District

Paid to The Compass Media Group, 1415 N. Dayton, Suite 1S, Chicago, IL 60622

Amount of expenditure 4649.71 Date the expenditure was made 10/24/2006

Election year 2006 Made within (check one):

30 days prior to the Primary Election

60 days prior to the General Election

Refers to: (candidate name) \_\_\_\_\_

Paid to \_\_\_\_\_

Amount of expenditure \_\_\_\_\_ Date the expenditure was made \_\_\_\_\_

Election year \_\_\_\_\_ Made within (check one):

30 days prior to the Primary Election

60 days prior to the General Election

Refers to: (candidate name) \_\_\_\_\_

Paid to \_\_\_\_\_

Amount of expenditure \_\_\_\_\_ Date the expenditure was made \_\_\_\_\_

Election year \_\_\_\_\_ Made within (check one):

30 days prior to the Primary Election

60 days prior to the General Election

Refers to: (candidate name) \_\_\_\_\_

Paid to \_\_\_\_\_

Amount of expenditure \_\_\_\_\_ Date the expenditure was made \_\_\_\_\_

Election year \_\_\_\_\_ Made within (check one):

30 days prior to the Primary Election

60 days prior to the General Election

**Contributors totaling more than \$1,000 from the previous calendar year to date**  
(as required by West Virginia Code §3-8-2b)

Name of contributor \_\_\_\_\_ Date the contributor exceeded \$250 10/24/2006  
 Occupation of contributor (if applicable): \_\_\_\_\_  
 Value of the contribution \_\_\_\_\_ Description of contribution \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State and Zip Code: \_\_\_\_\_

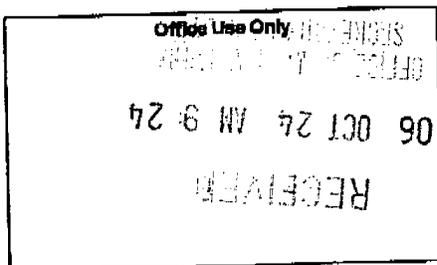
Name of contributor \_\_\_\_\_ Date the contributor exceeded \$250 \_\_\_\_\_  
 Occupation of contributor (if applicable): \_\_\_\_\_  
 Value of the contribution \_\_\_\_\_ Description of contribution \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State and Zip Code: \_\_\_\_\_

Name of contributor \_\_\_\_\_ Date the contributor exceeded \$250 \_\_\_\_\_  
 Occupation of contributor (if applicable): \_\_\_\_\_  
 Value of the contribution \_\_\_\_\_ Description of contribution \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State and Zip Code: \_\_\_\_\_

Name of contributor \_\_\_\_\_ Date the contributor exceeded \$250 \_\_\_\_\_  
 Occupation of contributor (if applicable): \_\_\_\_\_  
 Value of the contribution \_\_\_\_\_ Description of contribution \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State and Zip Code: \_\_\_\_\_

**OATH OR AFFIRMATION**

I, Sherril McKinney, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement.



Signature Sherril McKinney / gH  
 Date 10.24 2006

**This form must be received in the Secretary of State's Office by the close of business to be accepted on that date.**