

Amended

Amended

State of West Virginia
Electioneering Communications and Last Minute
Independent Expenditure Form

(Must be filed when \$5,000 or more is spent on "electioneering communications" as detailed in WV Code §3-8-2b.
A "Last Minute" report will be due when \$1,000 is spent on "electioneering communications" within 15 days of an election.)

Name of person making expenditure West Virginia AFL-CIO

Name of the individual in control of the expenditure(s) Kenneth M. Perdue

Email address kperdue@wvaflcio.org Telephone 304-344-3557

Name of the custodian of the books Joshua D. Sword

Principal place of business and address (Only if the person making the expenditure is not an individual)
501 Leon Sullivan Way Charleston WV 25301

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

Form with four rows of input fields. Each row includes: Refers to: (candidate name), Paid to, Amount of expenditure, Date the expenditure was made, Election year, and Made within (check one) with options for 30 days prior to the Primary Election and 60 days prior to the General Election. The first row is filled with: Bill Cole; Chandler Swope; Greg Boso; Kenny Mann; Randy Smith; Ryan Weld; and Sue Cline; Bullseye Total Media; 21500.00; 10/22/16; 2016; and 60 days prior to the General Election.

Amended

**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 AFT WV Date the contributor exceeded \$250 11/1/16  
Occupation of contributor (if applicable): \_\_\_\_\_  
Value of the contribution 5000.00 Description of contribution Check  
Address: 1615 Washington St., E  
City: Charleston State and Zip Code: WV 25311

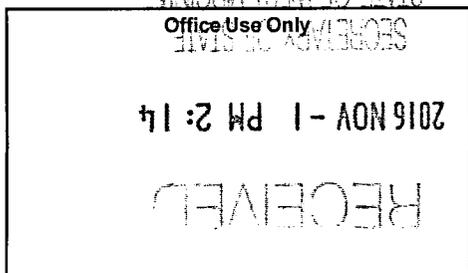
Name of contributor WVEA Date the contributor exceeded \$250 11/1/16  
Occupation of contributor (if applicable): \_\_\_\_\_  
Value of the contribution 2500.00 Description of contribution Check  
Address: 1558 Quarrier St.  
City: Charleston State and Zip Code: WV 25311

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: \_\_\_\_\_

**OATHORAFFIRMATION**

I, Joshua D. Sword, 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   
Date 11/1, 20 16

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