West Virginia Ethics Commission

Received

Lobbyist Activity Report Form

Lobbyist certification - Please read and sign below.

SEP 05 2017

2017-02

My Ethics Commission

Late reporting fine - \$10 per business day past the due date (\$250 maximum)

West Virginia Ethics Commission Attn: Lobbyist Registrar 210 Brooks St., Ste. 300 Charleston, WV 25301 304-558-0664 No faxed copies

For office use only:

Postmark _____ Rec'd ____ Days late ____ Fine ____

Name and contact information										
Name Joshua D Sword						Phone _	Phone 304-344-3557			
Address 501 Leon Sullivan Way							Email jsword@wvaflcio.org			
Address										
Charlester MAY 25304										
City, State Zip Charleston, WV 25301										
2. Reporting period for which this activity report is being filed										
Check	Report	Period	Due Date							
х	2017-2	5/1/17-8/31/17	9/15/2017							
				是政治差别						
3. Li	st all employers/organizations that you represent as a lobbyist Use additional reporting forms if necessary.									
	West Virginia AFL-CIO 4									
2.	2 5									
3.	36									
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."										
All issues pertaining to the health and welfare of working people										
All locates pertaining to the fleath and working people										
5. Expenditures										
If no expenditures, including campaign contributions, mark here: If you spent money on any public official, employee or member of his or her immediate family, list the amounts spent in each of the following										
							the amounts sp	ent in each of t	he following	
		h employer you re			T		5 1 5	I = 1 = 6	Total Formation	
_	diture Categ		Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended	
A.		Beverages	\$0	\$	\$	\$	\$	\$	\$0	
B.	Lodging		\$0	\$	\$	\$	\$	\$	\$0	
C.	Advertising		\$0	\$	\$	\$	\$	\$	\$0	
D.	Travel		\$0	\$	\$	\$	\$	\$	\$0	
E.	Gifts		\$0	\$	\$	\$	\$	\$	\$0	
F.	Other Expenses		\$0	\$	\$	\$	\$	\$	\$0	
G.	Group Expenditures		\$0	\$	\$	\$	\$	\$	\$0	
H.	00.110.00							\$0		
1.		all expenditures	\$0	\$	\$	\$	\$	\$	\$0	
If you :	sponsored o	r contributed to ar	ny group event	or shared expe	nses, list the tot	al expended in c	ategory 5G imn	nediately above	e. Complete and	
attach a Schedule B for each event.										

To the best of my knowledge, the information contained hereon and on any attached materials is true, correct and complete. I understand that it is