

Received

JUN 14 2019

WV Ethics Commission
210 Brooks St., Ste 300.
Charleston WV 25301
(304) 558-0664

(GR-1)

WV Ethics Commission

Grass Roots Campaign Sponsor Registration

Report number _____
Filing Date: _____
Is this your final report? _____

- ✓ If the sponsored campaign has ended and no further activity will take place, this will be the only Registration/Report required for this specific campaign. This Sponsor Registration is to record **all** contributions and expenditures made on behalf of the campaign.
- ✓ If this campaign will continue over time, Periodic Activities Reports must be filed on the same schedule as individual lobbyist reports until the campaign terminates. (May 15, September 15, January 15)

1. Campaign and Sponsor Identification (type or print clearly)

Name of CAMPAIGN: Stop Mith Camichad's attack on public education
Date CAMPAIGN originated: 6/14/19
Sponsor's name: WV AFL-CIO Phone: (304) 344-3557
Address: 501 Leon Sullivan Way Chas, WV 25301
Business or Occupation of Sponsor: Labor Organization

2. Campaign Purpose

Explain the purpose of the campaign, including the specific legislation, rules, rates, standards or proposals that are the subject matter of the campaign.

Protect public education from out-of-state corporate interests
Omnibus education bill, charter schools, ESAs, etc.

3. Persons Controlling Sponsor

If the SPONSOR is not an individual, list the names, addresses, and titles of the controlling persons responsible for managing the sponsor's affairs.

Name: Joshua D. Sword Title: President
Address: 501 Leon Sullivan Way Chas, WV 25301
Name: _____ Title: _____
Address: _____
Name: _____ Title: _____
Address: _____

4. Organization / Management of campaign (attach additional pages if necessary)

List names, addresses, businesses or occupations of all persons organizing and managing the campaign, or hired to assist the campaign and terms of compensation for each (Include Public Relations or Advertising Firms)

Name: WV AFL-CIO ~~501 Leon Sullivan Way Chas, WV 25301~~ ~~501 Leon Sullivan Way Chas, WV 25301~~
Business or Occupation: Labor Organization
Address: 501 Leon Sullivan Way Chas, WV 25301
Terms of compensation: _____
Name: AFL-CIO
Business or Occupation: Labor Organization
Address: 915 16th St. NW Washington, D.C. 20006
Terms of compensation: _____

Hand Delivered

5. Contributors of \$25 or more (attach additional pages if necessary)

List the names and addresses of persons contributing \$25 or more to the campaign and the aggregate [total] amount contributed

Name	<u>AFL-CIO</u>	Address:	<u>815 16th St. N.W. Washington, D.C. 20006</u>	\$ <u>\$21,500</u>
Name	_____	Address:	_____	\$ _____
Name	_____	Address:	_____	\$ _____
Name	_____	Address:	_____	\$ _____
Name	_____	Address:	_____	\$ _____
Name	_____	Address:	_____	\$ _____
Name	_____	Address:	_____	\$ _____

6. Contributions

Total contributions this report \$ \$21,500 (If none indicate "none" or 0)

7. Expenditures

Include all campaign expenditures by sponsor, or another on sponsor's behalf.

Entertainment (including	
Meals & Beverages)	\$ _____
Advertising	
Newspaper	\$ _____
Radio	\$ _____
TV	\$ _____
Other - Digital	\$ <u>\$6,000</u>
Contributions	\$ _____
Office Expenses	
Rent	\$ _____
Staff Salaries	\$ _____
Consultant Compensation	\$ _____
Printing, Mailing	\$ _____
* <u>Celling</u>	\$ <u>\$5,500</u>
* <u>Phone</u>	\$ <u>10,000</u>
TOTAL	\$ <u>\$21,500</u>

* provide brief explanation of expense)

8. Notice of Termination of Grass Roots Campaign

Has the Campaign been terminated?

Yes ☒ No ☐

If yes, date of termination:

6/21/19

Will this be the final report filed for this campaign? Yes ☒ No ☐

←Note: The value of office expenses contributed or volunteered must be included as expenditures in #7. Attach any additional information if necessary.

9. Signature Certification of Filing Grass Roots Registration/Report

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 a violation of WV Code 6B-3-9 to willfully and knowingly file a false or incomplete report. I further understand that if I am convicted of such an act, I can be fined, sentenced to jail, or both.

Signature: [Signature] Date: 6/14/19
Type or print name and position: Joshua D. Sword President Phone: (304) 344-3557