

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation <b>Coalition of Black Trade Unionists</b>		3. FEC Identification Number <b>C</b> C90016528
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1155 Conneticut Ave. Suite 500		
(c) City, State and ZIP Code Washington DC 20036		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report  24-Hour Report
- October 15 Quarterly Report  48-Hour Report
- January 31 Year-End Report

b) Is this Report an amendment?  No  Yes, it amends the report filed on  /  /

5. COVERING PERIOD: FROM  /  /  07 / 01 / 2016  
THROUGH  /  /  09 / 30 / 2016

6. TOTAL CONTRIBUTIONS..... 126708.00  
7. TOTAL INDEPENDENT EXPENDITURES ..... 7500.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Talley, Pierrett, , ,	Talley, Pierrett, , ,	10/13/2016

[Electronically Filed]

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)  
Coalition of Black Trade Unionists

<b>A. Full Name (Last, First, Middle Initial)</b> For Our Future			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2016		
Mailing Address 888 16th St. NW Suite 650			<b>Transaction ID : F56.000001</b>		
City Washington	State DC	Zip Code 20006	Amount of Each Receipt this Period 126708.00		
FEC ID number of contributing federal political committee. C					
Name of Employer			Occupation		

<b>B. Full Name (Last, First, Middle Initial)</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y		
Mailing Address					
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C					
Name of Employer			Occupation		

<b>C. Full Name (Last, First, Middle Initial)</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y		
Mailing Address					
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C					
Name of Employer			Occupation		

<b>D. Full Name (Last, First, Middle Initial)</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y		
Mailing Address					
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C					
Name of Employer			Occupation		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	126708.00
<b>TOTAL</b> This Period (last page carry total to Line 6) .....	126708.00

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
Coalition of Black Trade Unionists

Full Name (Last, First, Middle Initial) of Payee JVA Campaigns		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2016	
Mailing Address 240 N. 5th St.		Amount 3750.00	
City Columbus	State OH	Zip Code 43215	Transaction ID : F57.000001
Purpose of Expenditure Design & Printing	Category/ Type 006	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Clinton, Hillary, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought _____ .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee JVA Campaigns		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2016	
Mailing Address 240 N. 5th St. #360		Amount 3750.00	
City Columbus	State OH	Zip Code 43215	Transaction ID : F57.000002
Purpose of Expenditure Design & Printing	Category/ Type 006	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Strickland, Ted, , ,		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought _____ .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	7500.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	7500.00