

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 WV Building & Construction Trades PAC

Name of the individual in control of the expenditure(s) DAVID EFAW

Email address daveefaw@wvstb.org Telephone 304-346-1367

Name of the custodian of the books David E Faw

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

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

Refers to: (candidate name) Marshall, Fleishauer, Cook, & Barill 44th Dist

Paid to The Phillips Group

Amount of expenditure 5038.40 Date the expenditure was made 10-27-10

Election year 2010 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 _____
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, DAVID A EFAW, 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.

Office Use Only
 2010 OCT 27 AM 9:44
 RECEIVED

Signature 

Date 10-27-10 200

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

To assist you we have listed reminders for the Motor Voter Program:

- ✓ Keep all your declination forms in your office for at least 22 months.
- ✓ Name of your agency must be on outside of your return envelope in order for the Secretary of State's Office to give your agency credit and for contact information in case of a problem with voter registration applications.
- ✓ Provide registrant with the red "What happens next?" card. This will help prevent incomplete cards.
- ✓ Make sure the application is COMPLETE before it is accepted. All incomplete cards forwarded to the Secretary of State's Office must be returned to the client to be completed.
- ✓ Stamp all voter registration applications at the time they are accepted.

When you are in need of additional supplies please contact the Secretary of State's Office at (304) 558-6000 or complete the request form below and fax to (304) 558-8386.

Number of Supplies needed:

_____ Prepaid envelopes
500 Declination forms
 _____ "What happens next" cards
 _____ Voter registration applications
 _____ Date hand stamps

Name and address of agency CABELL COUNTY WIC PROGRAM

5187 US RT. 60 EAST

SUITE 12

HUNTINGTON, WV 25705

PHONE: 304-302-2013 FAX: 304-302-2074