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 Chamber of Commerce
Name of the individual in control of the expenditure(s) Stephen G. Roberts
Email address sroberts@wvchamber.com Telephone 304-342-1115
Name of the custodian of the booksJohn M. Canfield
Principal place of business and address (Only if the person making the expenditure is not an individual) 1624 Kanawha BoulevardEast, Charleston WV 25311
Electioneering communication expenditures of more than \$1,000 (as required by WV Code §3-8-2b)
Refers to: (candidate name)State Senator Mitch Carmichael Support
Paid to Majority Strategies LLC, 12854 Kenan Drive, Suite 145, Jacksonville FL 32258 Amount of expenditure \$ 5189.28 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
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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 Occupation of contributor (if applicable):	Date the contributor exceeded \$250	
Value of the contribution		
City:		
Name of contributor Occupation of contributor (if applicable):		
Value of the contribution		
City:		
Name of contributor Occupation of contributor (if applicable):	Date the contributor exceeded \$250	
Value of the contribution		
City:		
Name of contributor Occupation of contributor (if applicable):	Date the contributor exceeded \$250	
Value of the contribution	Description of contribution	
City:	State and Zip Code:	
OATHORAFFIRMATION		
STATE OF WEST LIBERAIN	, swear or affirm that the attached statement is true and corre ansactions occurring within the period covered by this statement.	
Office Use Only COAS LICOAS LAW 9103	Signature Stephen Facolity, pres. Date May 2, 20 16	
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prior to the close of business to be accepted on that date.