

State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2016 Election Year

IF YOUR ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES," YOU CANNOT USE THIS FORM. YOU MUST USE THE LONG FORM (FORM F-7) TO FILE YOUR CAMPAIGN FINANCE REPORT.

1. Has your committee received any loans ?
2. Has your committee held any fundraisers?
3. Has your committee received any miscellaneous receipts, such as refunds or checking account interest?
4. Does your committee have any unpaid bills?
5. Have you or anyone else given an in-kind contribution to your campaign?
6. Has your committee given or received a transfer of excess campaign funds?

| | | | |
|--|-------------------|--|---|
| Candidate or Committee Name Painters District 53 | | Candidate or Committee's Treasurer Brian Stanley | |
| Political Party (for candidates) | | Treasurer's Mailing Address (Street, Route or P.O. Box) 1010 Lewis St. | |
| Office Sought (for candidates) | District/Division | City, State, Zip Code Charleston WV 25301 | Daytime Phone # (304)343-8250 |

Election Cycle Reporting Period (check one):

- | | | |
|--|---|--|
| <input type="checkbox"/> Primary - First Report Due March 26 - April 1, 2016 | <input type="checkbox"/> Pre-Primary Report Due April 25 - 29, 2016 | <input type="checkbox"/> Post-Primary Report Due May 23 - June 21, 2016 |
| <input checked="" type="checkbox"/> General - First Report Due September 26 - 30, 2016 | <input type="checkbox"/> Pre-General Report Due October 24 - 28, 2016 | <input type="checkbox"/> Post-General Report Due Nov. 21 - Dec. 19, 2016 |

Check if Applicable:

- Amended Report**
You must also check box of appropriate reporting period
- Final Report**
Zero balance required. PAC must also file Form F-6 Dissolution

Non-Election Cycle Reporting Period:

- Annual Report Due In _____ Calendar Year**
Due last Saturday in March or within 6 days thereafter

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

| | | | |
|--|---|-----------|------------------|
| Beginning Balance (ending balance from previous report) 1. | | | 20,943.74 |
| Total Contributions (from Page 2) 2. | + | 8,109.97 | |
| Subtotal (lines 1+2) 3. | = | 29,053.71 | |
| Total Expenditures (from Page 2) 4. | - | 13,250.00 | |
| Ending Balance (lines 3-4) | = | 15,803.71 | |
| *Cannot have a negative ending balance | | | |

**TOTAL CONTRIBUTIONS
ELECTION YEAR-TO-DATE
(Add line 2 from all reports)**

26,199.05

**TOTAL EXPENDITURES
ELECTION YEAR-TO-DATE
(Add line 4 from all reports)**

22,200.00

CONTRIBUTORS OF:

\$250 or Less

More than \$250

| Date | Full Name | Amount | Date | Full Name | Amount |
|------|--------------------------------|--------------------|------|--|--------------------|
| 6/13 | Local 91 Membership Cont. | 115. ⁶⁷ | 6/13 | DC 53 Combined Funds Address: 1010 Lewis St. Charleston, WV Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) | 2696 ¹¹ |
| 6/13 | Sate Employees Membership Cont | 90. ⁰⁰ | 4/13 | DC 53 Employees Address: 1010 Lewis St. Charleston, WV Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) | 625 ⁰⁰ |
| 8/10 | Local 91 Membership Cont. | 172. ⁷¹ | 8/10 | DC 53 Employees Address: 1010 Lewis St. Charleston, WV Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) | 630 ⁰⁰ |
| 8/10 | Local 91 Membership Cont. | 135. ⁶³ | 8/10 | Combined Funds Address: 1010 Lewis St. Charleston, WV Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) | 3554 ⁸⁶ |

Total Contributions:
(add both columns)

8109.97

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

| Date | Full name, residence address (if person); business address (if firm) | Purpose | Amount |
|------|--|--------------|-------------------|
| 9/7 | Ronnie D Jones Sor House 136 Estes Ave Weirton WV 26062 | Contribution | 250 ⁰⁰ |
| 9/7 | Phillip W. Diserio Sor House 623 Wabash Dr. Follansbee, WV 26037 | Contribution | 250 ⁰⁰ |
| 9/7 | Shawn Floharty Sor House 42 Walnut Ave Wheeling, WV 26003 | Contribution | 250 ⁰⁰ |
| 9/7 | Erikka Storch Sor House 5 Edgewood St. Wheeling, WV 26003 | Contribution | 250 ⁰⁰ |
| 9/7 | Mike Ferro Sor House 32 Ninth St. McMechen, WV 26040 | Contribution | 250 ⁰⁰ |

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.

Total Expenditures:

OATH OR AFFIRMATION

I, Brian Stanley, swear or affirm that the attached statement is true and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

[Signature]

Signature of Candidate, Agent, or Treasurer

Date 9/29, 2016

| |
|--------------------|
| Office Use Only |
| Received By: _____ |

CONTRIBUTORS OF:

\$250 or Less

More than \$250

| Date | Full Name | Amount | Date | Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) | Amount |
|------|-----------|--------|------|--|--------|
| | | | | Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) | |
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| | | | | Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) | |

Total Contributions:
(add both columns)

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ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

| Date | Full name, residence address (if person); business address (if firm) | Purpose | Amount |
|------|--|--------------|-------------------|
| 9/7 | Dave Bethel Sor House P.O. Box 990 Hundred, WV 26575 | Contribution | 250 ⁰⁰ |
| 9/7 | Mark Harper Sor House 509 Alkine Hill Rd, Cairo, WV 26337 | Contribution | 500 ⁰⁰ |
| 9/7 | J Morgan Leach Sor House 902 29th St. Vienna, WV 26105 | Contribution | 250 ⁰⁰ |
| 9/7 | Bill Merriman Sor House 625 Market St. Parkersburg, WV 26101 | Contribution | 250 ⁰⁰ |
| 9/7 | James L Crowder Sor House 7217 Charleston, WV 25286 | Contribution | 250 ⁰⁰ |

MAKE AS MANY COPIES
OF THIS PAGE AS YOU NEED.

Total Expenditures:

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OATH OR AFFIRMATION

I, Brian Stanley, swear or affirm that the attached statement is true and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Brian Stanley

Signature of Candidate, Agent, or Treasurer

Date 9/29, 2016.

| |
|--------------------|
| Office Use Only |
| Received By: _____ |

CONTRIBUTORS OF:

\$250 or Less

More than \$250

| Date | Full Name | Amount | Date | Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) | Amount |
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Total Contributions:
(add both columns)

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

| Date | Full name, residence address (if person); business address (if firm) | Purpose | Amount |
|------|---|---------------|-------------------|
| 9/7 | Missy Morris Sor House 614 Stanton Lane Ridey, WV 25271 | Contributions | 250 ⁰⁰ |
| 9/7 | Scott Brewer Sor House P.O. Box 981 New Haven, WV 25265 | Contributions | 500 ⁰⁰ |
| 9/7 | Samantha Ann Foxe Sor House 2222 Mt. Vernon Ave Point Pleasant, WV 25530 | Contributions | 250 ⁰⁰ |
| 9/7 | Sean Hornbuckle Sor House 1420 Charleston Ave. Huntington, WV 25701 | Contributions | 250 ⁰⁰ |
| 9/7 | Billy J Chassin II Sor House P.O. Box 651 Barboursville WV 25504 | Contribution | 250 ⁰⁰ |

Total Expenditures:

MAKE AS MANY COPIES
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OATH OR AFFIRMATION

I, Brian Stanley, swear or affirm that the attached statement is true and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Brian Stanley

Signature of Candidate, Agent, or Treasurer

Date 9/29, 2016.

| |
|--------------------|
| Office Use Only |
| Received By: _____ |

CONTRIBUTORS OF:

\$250 or Less

More than \$250

| Date | Full Name | Amount | Date | Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) | Amount |
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Total Contributions:
(add both columns)

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ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

| Date | Full name, residence address (if person); business address (if firm) | Purpose | Amount |
|------|--|---------------|-------------------|
| 9/7 | Ken Hicks Sor House 742 4th Ave Huntington, WV 25704 | Contributions | 250 ⁰⁰ |
| 9/7 | Justin J. Marcum Sor House P.O. Box 2531 Williamson, WV 25661 | Contribution | 250 ⁰⁰ |
| 9/7 | Phyllis Bisse white Sor House P.O. Box 1992 Gilbert, WV 25621 | Contribution | 250 ⁰⁰ |
| 9/7 | Jess Eldridge Sor House 4754 Coal River Rd Alum Creek, WV 25003 | Contribution | 250 ⁰⁰ |
| 9/7 | Ricky Mays Sor House 125 Waterbug Lane Crab Orchard, WV 25827 | Contribution | 250 ⁰⁰ |

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Total Expenditures:

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OATH OR AFFIRMATION

I, Brian Stanley, swear or affirm that the attached statement is true and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Brian Stanley

Signature of Candidate, Agent, or Treasurer

Date 9/29, 2016.

| |
|--------------------|
| Office Use Only |
| Received By: _____ |

CONTRIBUTORS OF:

\$250 or Less

More than \$250

| Date | Full Name | Amount | Date | Full Name: Address: | Amount |
|------|-----------|--------|------|--|--------|
| | | | | Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) | |
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Total Contributions:
(add both columns)

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

| Date | Full name, residence address (if person); business address (if firm) | Purpose | Amount |
|------|--|--------------|-------------------|
| 9/7 | Mick Bates Sor House P.O. Box 844 Beckley, WV 25801 | Contribution | 250 ⁰⁰ |
| 9/7 | Kristen E Ross Sor House 316 Prudential Dr. Beckley, WV 25801 | Contribution | 250 ⁰⁰ |
| 9/7 | Mr. Shirley Love Sor House P.O. Box 1173 Oak Hill, WV 25901 | Contribution | 250 ⁰⁰ |
| 9/7 | David A Walker Sor House 1056 Elk River Rd North, Clendenin, WV 25045 | Contribution | 500 ⁰⁰ |
| 9/7 | Melissa Riags Hussman Sor House 1978 Patterson Dr. Elkview, WV 25011 | Contribution | 500 ⁰⁰ |

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Total Expenditures:

OATH OR AFFIRMATION

I, Brian Stanley, swear or affirm that the attached statement is true and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Brian Stanley

Signature of Candidate, Agent, or Treasurer

Date 9/29, 2016

| |
|--------------------|
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| Received By: _____ |

CONTRIBUTORS OF:

\$250 or Less

More than \$250

| Date | Full Name | Amount | Date | Full Name: Address: | Amount |
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Total Contributions:
(add both columns)

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

| Date | Full name, residence address (if person); business address (if firm) | Purpose | Amount |
|------|---|--------------|-------------------|
| 9/7 | Adam R Young Sor House 853 Kentucky Rd Summersville WV 26651 | Contribution | 250 ⁰⁰ |
| 9/7 | Bill Hartman Sor House 222 Harpertown Rd. Elkins, WV 26241 | Contribution | 250 ⁰⁰ |
| 9/7 | Dana L Lynch Sor House 176 Woodplant Rd Webster Springs, WV 26288 | Contribution | 250 ⁰⁰ |
| 9/7 | Ken Auvil Sor House 581 S. Crim Ave Belington, WV 26250 | Contribution | 250 ⁰⁰ |
| 9/7 | Richard J. Jaspinta Sor House 139 Vermont Ave Clarksburg, WV 26301 | Contribution | 250 ⁰⁰ |

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Total Expenditures:

OATH OR AFFIRMATION

I, Brian Stanley, swear or affirm that the attached statement is true and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Brian Stanley

Signature of Candidate, Agent, or Treasurer

Date 9/29, 2016.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or Less

More than \$250

| Date | Full Name | Amount | Date | Full Name: Address: | Amount |
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| | | | | Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) | |

Total Contributions:
(add both columns)

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

| Date | Full name, residence address (if person); business address (if firm) | Purpose | Amount |
|------|--|--------------|-------------------|
| 9/7 | Tim Miley Sor House 229 West Main St Suite 400 Clarksburg, WV | Contribution | 500 ⁰⁰ |
| 9/7 | Mike Caputo Sor House P.O. Box 585 Rivesville, WV 26588 | Contribution | 250 ⁰⁰ |
| 9/7 | Barbara Evans Fleishauer Sor House 851 Bakers Ridge Rd Morgantown, WV 26508 | Contribution | 250 ⁰⁰ |
| 9/7 | Nancy Jamison Sor House P.O. Box 51 Maidsville, WV 26541 | Contribution | 250 ⁰⁰ |
| 9/7 | Kenneth Lemaster Jr Sor House 1129 Shepherdstown Rd Martinsburg, WV 25404 | Contribution | 250 ⁰⁰ |

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Total Expenditures:

OATH OR AFFIRMATION

I, Brian Stankly, swear or affirm that the attached statement is true and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Brian Stankly

Signature of Candidate, Agent, or Treasurer

Date 9/29, 2016

| |
|--------------------|
| Office Use Only |
| Received By: _____ |

CONTRIBUTORS OF:

\$250 or Less

More than \$250

| Date | Full Name | Amount | Date | Full Name: Address: | Amount |
|------|-----------|--------|------|--|--------|
| | | | | Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) | |
| | | | | Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) | |
| | | | | Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) | |
| | | | | Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) | |

Total Contributions: (add both columns)

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

| Date | Full name, residence address (if person); business address (if firm) | Purpose | Amount |
|------|--|--------------|-------------------|
| 9/7 | Andy Daniels Sor House 797 NE. England Ridge Rd Washington WV 26701 | Contribution | 250 ⁰⁰ |
| 9/7 | Peggy Donaldson ^{SMITH} Sor House 518 Center Ave, Weston, WV 26452 | Contribution | 250 ⁰⁰ |
| 9/7 | John Pino Sor House 300 Ayler Ave. Oak Hill, WV 25901 | Contribution | 250 ⁰⁰ |
| 9/7 | Margaret Anne Staggers Sor House 36 Barrington Hill Rd Fayetteville, WV 25840 | Contribution | 250 ⁰⁰ |
| 9/7 | Larry L Rove Sor House 202 Wayne Isaac Lane Malden, WV 25306 | Contribution | 250 ⁰⁰ |

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Total Expenditures:

OATH OR AFFIRMATION

I, Brian Stanley, swear or affirm that the attached statement is true and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Brian Stanley Signature of Candidate, Agent, or Treasurer

Date 9/29, 2016

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or Less

More than \$250

| Date | Full Name | Amount | Date | Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) | Amount |
|------|-----------|--------|------|--|--------|
| | | | | Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) | |
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| | | | | Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) | |

Total Contributions:
(add both columns)

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ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

| Date | Full name, residence address (if person); business address (if firm) | Purpose | Amount |
|------|--|--------------|-------------------|
| 9/7 | West Holden Sor House P.O. Box 13023 Sissonville WV 25360 | Contribution | 250 ⁰⁰ |
| 9/7 | Linda Longstreth Sor House 804 Ohio Ave Fairmont, WV 26554 | Contribution | 250 ⁰⁰ |
| 9/7 | Tim Manchin Sor House 1543 Fairmont Ave Fairmont, WV 26554 | Contribution | 250 ⁰⁰ |
| 9/7 | Isaac Sponaugle Sor House P.O. Box 578 Franklin, WV 26807 | Contribution | 250 ⁰⁰ |
| 9/7 | Jason Barrett Sor House 1126 W. King St, Martinsburg, WV 25401 | Contribution | 250 ⁰⁰ |

MAKE AS MANY COPIES
OF THIS PAGE AS YOU NEED.

Total Expenditures:

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OATH OR AFFIRMATION

I, Brian Skaley, swear or affirm that the attached statement is true and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Brian Skaley

Signature of Candidate, Agent, or Treasurer

Date 9/29, 2016

| |
|--------------------|
| Office Use Only |
| Received By: _____ |

CONTRIBUTORS OF:

\$250 or Less

More than \$250

| Date | Full Name | Amount | Date | Full Name: Address: | Amount |
|------|-----------|--------|------|--|--------|
| | | | | Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) | |
| | | | | Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) | |
| | | | | Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) | |
| | | | | Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) | |

Total Contributions:
(add both columns)

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ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

| Date | Full name, residence address (if person); business address (if firm) | Purpose | Amount |
|------|--|--------------|-------------------|
| 9/17 | Barbara Frankenberg Sor House P.O. Box 1306 Inwood, WV 25128 | Contribution | 250 ⁰⁰ |
| 9/17 | Red Snyder Sor House P.O. Box 1444 Shepherdstown, WV 25443 | Contribution | 250 ⁰⁰ |
| 9/17 | Nancy Guthrie Sor House 5300 Kanawha Ave Charleston, WV 25304 | Contribution | 250 ⁰⁰ |
| | | | |
| | | | |

MAKE AS MANY COPIES
OF THIS PAGE AS YOU NEED.

Total Expenditures: 13250⁰⁰

OATH OR AFFIRMATION

I, Brian Stanley, swear or affirm that the attached statement is true and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Brian Stanley Signature of Candidate, Agent, or Treasurer

Date 9/29, 2016.

Office Use Only

RECEIVED

2016 SEP 30 PM 1:13

Received By: _____