State of West Virginia Campaign Financial Statement (Long Form) in Relation to the 2008 Election Year

Candidate or Committee Name		Candidate or	Committee's Treasure	or	
AMFM PAC			R. JONES	71	
Political Party (for candidates)		Treasurer's N	lailing Address (Street	, Route o	r P.O. Box)
		240	CAPIRL ST.	SUITE	500
Office Sought (for candidates) Dist	rict/Division	City, State, Zi	h Code	Daytime	Phone#
		CHARL	ESTELLI, WV 75	3C/	304-344-1613
Election Cycle Reporting	Period (check			l	
Primary - First Report Pre-pi	rimary Report pril 28 - May 2, 20	☐ P	ost-primary Report ue May 26 - 30, 2008	Che	ck if Applicable: Amended Report You must also check
General - First Report Due Sept. 22- 26, 2008 Pre-g Due C	eneral Report Oct. 20- 24, 2008		ost-general Report ue Nov. 17 - 21, 2008		box of appropriate reporting period
Non-Election Cycle Reporting Period:	Annual Report d Due last Saturd days thereafter	lue inCa ay in March d	alendar Year or within 6		Final Report Zero balance required. PAC must also file Form F-6 Dissolution
	REPOR	RT TOTAL	S		
DECEMBE OF PLANS	ill in totals at the otals for this Pe		the report. CASH BALA	NCE	SUMMARY
Contributions (Page 3)	14,162.34	/ [Beginning Balance)	
Monetary Contributions from all Fund-Raising Events (Page 4) + Receipt of a Transfer of			(ending balance from previous report)		18,801.62
Excess Funds (Page 8) +		r>	Total Monetary		_
Total Manual Committee	14,162.36	╼┧┟	Contributions		+ 14,162.36
In-Kind Contributions (Page 5) +			otal Other Income		+ 55.19
Total Contributions: =	14,147.34		Subtotal:	a.	= 33,618.57
OtherIncome (Page 5)	55.19	To	talExpenditures(Page 7)	36,00
Loans Received (Page 6) +		1 1 1	tal Disbursements cess Funds (Pag		+
Total Other Income:	55.19	Re	payment of Loans	(Page 6)	+
OUTSTANDING LOANS & DE	BTS:	Su	btotal:		30 10
Unpaid Bills (Page 9)		- 00	ototar:	b.	= 36.60
Outstanding Loans (Page 6) +			Ending Balance):	
Total Debts:	ť		ubtotal a Subto *Cannot be negative bala	tal b.)	= 32,988.57
TOTAL CONTRIBUTION ELECTION YEAR-TO-DA (Add total contributions from a)	ATE	(A	TOTAL EXPE ELECTION YE dd total expenditu	AR-TO	D-DATE

Page 2.	Contributors of \$250 or Less	Check if additional pages have been attached.
DATE	CONTRIBUTOR'S FULL NAME OR COMMITTEE'S NAME	AMOUNT
	SEE ATTACHED LIST	
	,	

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED

Subtotal of contributors of \$250.00 or less:

2,247 50

AMFM, Inc. PAC Contributions of \$250 or less March 28, 2007 - March 27, 2008

Sandra Willis	250.00
Roy Howell	245.00
Chris Lattimer	240.00
Nina Rolfe	240.00
Shelda Cox	240.00
Ann Potter	240.00
Jamie Hass	240.00
Tammy Painter	240.00
Beth Fitzpatrick	157.50
Crystal Weaver	60.00
Kyle Webb	50.00
Theresa Lippoli	40.00

2,242.50

Total

Page 3.	Contributors of Check in More than \$250	f additional pages en attached.
DATE	INDIVIDUAL CONTRIBUTOR OR COMMITTEE'S NAME SEE FITHCHED LIST	AMOUNT
	Full Name:	
	Address: (residential and mailing if they are different)	
	Contributor's job: (individual contributor only)	
	Where contributor works: (individual contributor only)	
•	Affiliation: (political committee only)	
	Full Name:	
	Address: (residential and mailing if they are different)	
	Contributor's job: (individual contributor only)	
	Where contributor works: (individual contributor only)	
	Affiliation: (political committee only)	
	Full Name:	
	Address: (residential and mailing if they are different)	
	Contributor's job: (individual contributor only)	
	Where contributor works: (individual contributor only)	
	Affiliation: (political committee only)	
	Full Name:	
	Address: (residential and mailing if they are different)	
	Contributor's job: (individual contributor only)	
	Where contributor works: (individual contributor only)	
	Affiliation: (political committee only)	

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Full Name:

Full Name:

Address: (residential and mailing if they are different)

Where contributor works: (individual contributor only)

Address: (residential and mailing if they are different)

Where contributor works: (individual contributor only)

Contributor's job: (individual contributor only)

Contributor's job: (individual contributor only)

Affiliation: (political committee only)

Affiliation: (political committee only)

Subtotal of all contributors of more than \$250:

Subtotal of all contributors of \$250 or less (From page 2):

11,919 86

+ 2,242.50

Total Contributions:

14,16236

			Α	mount
1	Full Name:	Andy Elliot		
	Address:	1527 Bedford Road		
		Charleston WV 25314	\$	999.84
	Contributor's Job Title:	Director of Property Management		
	Where Contributor Works:	Commercial Holdings Incorporated		
2	Full Name:	Greg Elliot		
	Address:	PO Box 2425		
		Charleston WV 25329	\$	999.84
	Contributor's Job Title:	Director of Information Technology		
	Where Contributor Works:	Commercial Holdings Incorporated		
3	Full Name:			
	Address:	1516 Royal Oaks	Ì	
		Charleston WV 25314	\$	999.84
	Contributor's Job Title:			
		Commercial Holdings Incorporated		
4		Todd Jones		
	Address:	32 Westview Drive		
	_	Ripley WV 25271	\$	999.84
		Executive Vice President		
		Commercial Holdings Incorporated	_	
5		Shelia Clark		
	Address:	Rt. 1, Box 317 A		200.00
		Salem WV 26426	\$	600.00
	Contributor's Job Title:			
		American Medical Facilities Management		
6		Kista Hamrick		
	Address	785 Fitzwater Road Summersville WV 26651	S	600.00
	Contributoria lab Titla		*	000.00
		Vice President of Quality American Medical Facilities Management		
7		Robert Hay		
′		#2 Legg Avenue		
	Address.	Charleston WV 25312	\$	525.00
	Contributor's Job Title:		"	J_U.UU
		American Medical Facilities Management		
8	the second secon	Debra Cumpston	_	
U		Rd. #5, Box 46		
	Audiess	Cameron WV 26033	\$	480.00
	Contributor's Job Title:		•	
		American Medical Facilities Management		
9		Patricia Hoyle		
-		HC 78 Box 11F		
		Hinton WV 25951	\$	480.00
	Contributor's Job Title:	RN Accessment Coordinator		
		American Medical Facilities Management		
10		Kathryn Kutil	1	
-		: PO Box 381		
		Oak Hill WV 25901	\$	480.00
	Contributor's Job Title:	Executive Director		
	Where Contributor Works	: American Medical Facilities Management		

11 Full Name: Patty Lucas		
Address: Box 156	١.	
Big Sandy WV 24816	\$	480.00
Contributor's Job Title: Executive Director		
Where Contributor Works: American Medical Facilities Management	<u> </u>	
12 Full Name: Pam Shumate		
Address: Route 2 Box 315	1.	
Branchland WV 25506	\$	480.00
Contributor's Job Title: Quality Standards RN Assessment Coordinator		
Where Contributor Works: American Medical Facilities Management		
13 Full Name: Cynthia Tabor		
Address: HC 65, Box 110A		
Wayside WV 24985	\$	480.00
Contributor's Job Title: Activities Coordinator		
Where Contributor Works: American Medical Facilities Management		
14 Full Name: Michelle Bishop		
Address: 1500 Stewart St.		
Welch WV 24801	\$	480.00
Contributor's Job Title: Director of Nursing		
Where Contributor Works: American Medical Facilities Management		
15 Full Name: Doug Nossaman		
Address: 3804 Sleepy Hollow Drive		
Hurricane WV 25526	\$	400.00
Contributor's Job Title: Accounting Director		
Where Contributor Works: Commercial Holdings Incorporated	Ì	
16 Full Name: Bettie Clay		
Address: 1536 Fairview Road		
Webster Spring WV 26288	\$	360.00
Contributor's Job Title: Clinical Care Supervisor		
Where Contributor Works: American Medical Facilities Management		
17 Full Name: Beverly Landers		
Address: Rt. 1 Box 160		
Fayetteville WV 25840	\$	345.00
Contributor's Job Title: Clinical Care Supervisor		
Where Contributor Works: American Medical Facilities Management	L	
18 Full Name: Kristy Dickens		<u> </u>
Address: 212 Gilchrist Avenue		
Tornado WV 25202	\$	300.00
Contributor's Job Title: Administrative Director		
Where Contributor Works: Commercial Holdings Incorporated	\perp	
19 Full Name: Jo Hewitt		
Address: 487 West Roy Furman Hwy.		
Wind Ridge PA 15380	\$	300.00
Contributor's Job Title: Clinical Care Supervisor		
Where Contributor Works: American Medical Facilities Management	1	
20 Full Name: Robin Elkins		
Address: 10378 County Rd. 1		
Chesapeake OH 45619	\$	300.00
Contributor's Job Title: Quality Standards Nursing Coordinator	'	
Where Contributor Works: American Medical Facilities Management		

21	Full Name: P	atsy Webb				
	Address: P	O Box 29				
	В	Brenton	WV	24818	\$	288.00
	Contributor's Job Title: Q	Quality Standa	ards Nu	ursing Coordinator		
	Where Contributor Works: A	American Med	dical Fa	acilities Management		
22	Full Name: Ju	lulieann Chen	ig			
	Address: 13	136 Meadow L	_and C	ircle	1	
	Le	_ebanon	VA	24266	\$	280.00
	Contributor's Job Title: C	Corporate Die	titian			
	Where Contributor Works: A	American Med	dical Fa	acilities Management		
23	Full Name: D	Donna Blevins	s-Cople	ЭУ		
	Address: R	Rt. 1, Box 175	iΒ		ļ	
	S	Scarbro	WV	25917	\$	262.50
	Contributor's Job Title: R	RN Accessme	ent Coo	ordinator		
	Where Contributor Works: A	American Med	dical Fa	acilities Management		

Total Contributions \$11,919.86

Page	4.
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FUND-RAISING EVENTS

Check if additional pages
 have been attached.

All monetary contributions received at a fundraiser must be reported in the Event Summary below. If contributor's name and amount are not listed, the contribution must be turned over to the West Virginia General Revenue Fund.

The only exception to this rule may apply to political party executive committees. (WV Code §3-8-5a)

			EVENT	SUMMARY	o o ou,
Ty _l Nar	te of Event the of Event the of Place Held thress of Place Held	*		Total Monetary Contributions: Total Expenditures: (Itemized on page 7) NET RECEIPTS: Total In-Kind Contributions Related to the Fund-raiser (Itemized on page 5.)	
	Contributors of \$250	or less			
Date	Full Name	Amount	Date	Contributors of more than \$250	Amount
				Full Name: Address: (residential and mailing if they are different)	Amount
				Contributor's job: (Individual only)	
				Where contributor works: (Individual only)	
				Affiliation: (Political commmittee only)	
				Full Name: Address: (residential and mailing if they are different)	
				Contributor's job: (Individual only)	,
				Where contributor works: (Individual only)	
				Affiliation: (Political commmittee only)	
				Full Name: Address: (residential and mailing if they are different)	
			1	Contributor's job: (Individual only)	
			J	Where contributor works: (Individual only)	
				Affiliation: (Political commmittee only)	
				Full Name: Address: (residential and mailing if they are different)	
			0	Contributor's job: (Individual only)	
			1	Vhere contributor works: (Individual only)	
_				ffiliation: (Political commmittee only)	
_				ddress: (residential and mailing if they are different)	
			c	ontributor's job: (Individual only)	
			W	here contributor works: (Individual only)	
			Af	filiation: (Political commmittee only)	
				Subtotal of contributors of more than \$250:	ϵ

MAKE COPIES OF THIS PAGE TO LIST ADDITIONAL CONTRIBUTIONS. ATTACH ADDITIONAL PAGES TO REPORT.

\$250.00 or less:

Subtotal of contributors of

Subtotal of contributors of \$250 or less:

Total Contributions:

 ϵ

Page 5.

OTHER INCOME: INTEREST, REFUNDS, MISCELLANEOUS RECEIPTS

Date	Source	ofIncome	f Income Type of Receipt		
	588	AMACHED	1157		
			,		
heck if addition ave been attache	al pages			Total Other Income:	55.19

IN-KIND CONTRIBUTIONS

Date	Name and Contributor Information	Description of Contribution	Market Value
KEASMAN)	COPIES AS YOU NEED. Tot	alln-Kind Contributions:	.(-

AMFM, Inc. PAC Other Income - Interest March 28, 2007 - March 27, 2008

Date	Source of Income	Type	Amount
March 31, 2007 April 30, 2007 May 31, 2007 June 30, 2007 July 31, 2007 August 31, 2007 September 30, 2007 October 31, 2007 November 30, 2007 December 31, 2007 January 31, 2008 February 14, 2008 February 29, 2008	City National Bank	Interest Interest Interest Interest Interest Interest Interest Interest Interest Interest Interest Interest Interest Interest	3.78 3.92 4.33 4.46 4.87 5.12 4.77 4.52 4.52 4.9 5.08 2.36 2.56
		Total	55.19

Page	6.
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Chec	k if	additional	pages
 have	been	attached.	

West Virginia Code: §3-8-5f. Loans to candidates, organizations or persons for election purposes.

"Every candidate, financial agent, person or association of persons or organization advocating or opposing the nomination or election of any candidate or the passage or defeat of any issue or item to be voted upon may not receive any money or any other thing of value toward election expenses except from the candidate, his or her spouse or a lending institution. All loans shall be evidenced by a written agreement executed by the lender, whether the candidate, his or her spouse, or the lending institution. Such agreement shall state the date and amount of the loan, the terms, including interest and repayment schedule, and a description of the collateral, if any, and the full names and addresses of all parties to the agreement. A copy of the agreement shall be filed with the financial statement next required after the loan is executed."

The loan agreement must include all items asked for in the statute. (See above.) The loan agreement does not have to follow a certain format; generally, if all the required information is listed, any format is acceptable.

Candidates or political committees that take out a loan for the campaign through a bank or other commercial lending institution must include a copy of the loan agreement executed with that bank or institution. Candidates should not take out loans which are partially for personal use and partially for the campaign. It is almost impossible to keep reporting straight in this case. Any money a candidate contributes to his or her campaign committee with the hope of repayment must be treated as a loan and reported in this section. When a candidate determines that no further repayment can be expected, the loan can be reported as repaid in this section by entering the amount left to repay in the repayments column and reporting the same amount as a contribution from the candidate on Page 2. These loans must be executed in writing. Caution: Candidates may not carry outstanding loans from one campaign to the next. Each campaign is separate. Funds from a current campaign cannot be used to repay a loan from a previous campaign.

How to report loans

- 1. Each loan for your campaign should be listed on a separate line. (Each time you loan money to the campaign or get a loan, it is considered to be a separate loan.) Include the following information on the form below:
 - a. loan(s) from prior reporting periods and the balance of each loan (Col. A.) If a payment was made on the loan, list that in Col. C. Any loan that was repaid in previous reporting periods does not need to be listed.
 - b. new loans, the amount (Col. B), any repayments (Col. C), and the balance (Col. D.)

2 Attach a copy of the loan agreement for each loan received during the reporting period.

LOANS

Bank Loans: List pame & address	ent for each loan secur	ed durin	a this filina r	period must	accompany	thin now and
Bank Loans: List name & address of financial institution Candidate or Candidate's Spouse Loans: List name, residence and mailing address of person(s) making or cosigning loan	Balance of previous loan at end of period	Amoun	olumn B t of new loan d during period	Col Repa	lumn C ayments ng period	Column D Balance outstanding at end of period
	Amount	Date	Amount	Date	Amount	Amount
1.						
2.						
3.						
		Loans	Received	Repaymen	nt of Loans	Outstanding Loans
	Totals:	-	ϵ	·- - (<u> </u>	()

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1.

ITEMIZED EXPENDITURES

(Itemize 3rd party expendures/ reimbursements)

Chec	k if	additional	pages
 have	been	attached.	

Date	Name of Person or Vendor and Address	Purpose	Amoun
4/11/07	AMFM, INC.	REFUND OF INCORRECT PHYROU DEDUCTION	3C.
ASMANY COP	IES DU NEED.	Total Expenditures:	30 00

Date	Receipt of a Transfer of Excess Funds			
Date	Candidate Committee Name and Year			Amount
·				
				· · · · · · · · · · · · · · · · · · ·
	Total Receipts of	Transfers		(
	Total Receipts of of Excess Funds:	Transfers		ϵ
	of Excess Funds:	Transfers		C
Date	of Excess Funds: Disbursements of Excess Funds		e of	C
Date	of Excess Funds:	Purpos Disburse	e of ement	Amount
Date	of Excess Funds: Disbursements of Excess Funds	Purpos	e of ment	Amount
Date	of Excess Funds: Disbursements of Excess Funds	Purpos	e of ement	Amount
Date	of Excess Funds: Disbursements of Excess Funds	Purpos	e of ement	Amount
Date	of Excess Funds: Disbursements of Excess Funds	Purpos	e of ement	Amount
Date	Disbursements of Excess Funds Name of candidate committee and election year disbursing excess funds	Purpos	e of ement	Amount
Date	Disbursements of Excess Funds Name of candidate committee and election year disbursing excess funds	Purpos	e of ement	Amount
Date	Disbursements of Excess Funds Name of candidate committee and election year disbursing excess funds	Purpos	e of ement	Amount
Date	Disbursements of Excess Funds Name of candidate committee and election year disbursing excess funds	Purpos	e of ement	Amount

MAKEASMANYCOPIES
OFTHIS PAGEAS YOUNEED.

Total Disbursements of

Excess Funds:

Page	9.
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UNPAIDBILLS

Check if additional	page
 have been attached	•

. .				The section districts.		
Date	Owed to Whom	Affiliated with what Company or Group	Purpose	Amount		
		Total Unpa	aid Bills:	C		

I, TEDO R JCHE and correct, to the best of my knowledge, for equired by West Virginia Code §3-8-5a.	all financial transactions occurring	_, swear or affirm that the attached statement is true ng within the period covered by this statement, as
77		Signature of Candidate, Financial Agent or Treasurer
	Date 4/2	_,2068

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CHARLESTON WV 25305-0002



WV 253 9-10

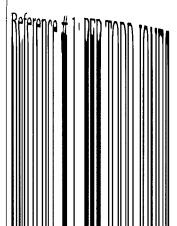


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