## State of West Virginia Electioneering Communications and Last Minute Independent Expenditure Form

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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.)
11/1 K. 11/2 M 1014/11/2 M 1/11/14/4 1/C.
ame of person making expenditure ### / / / / / / / / / / / / Flaw
ame of the individual in control of the expenditure(s)
mail address Jave e Faw CWVS pt DIS Telephone 304-346-136
ame of the custodian of the books
rincipal place of business and address (Only if the person making the expenditure is not an Individual)
LOND LERN SULLIVAN WAR MARKETHE AN CONTRA
Electioneering communication expenditures of more than \$1,000 (as required by WV Code §3-8-2b)
Who D 111:1/2 of First 10th 10th 11111
Refers to: (candidate name)
Paid to /// ///// (2/100)
Amount of expenditure 63/4.80 Date the expenditure was made
Election year 20/0 Made within (check one):
The case of the Consequence Floation
30 days prior to the Primary Election 60 days prior to the General Election
Man Poline
Refers to: (candidate name)
Paid to
Amount of expenditure 5643. 77 Date the expenditure was made 11.11.10
Election year Made within (check one):
30 days prior to the Primary Election 60 days prior to the General Election
Milli Propolete
Refers to: (candidate name)
Paid to The Phi//125 Group
Amount of expenditure 3367. Date the expenditure was made 10.//.
Election year 1010 Made within (check one):
The second section and the section of the section o
30 days prior to the Primary Election 60 days prior to the General Election
70
Refers to: (candidate name)
Paid to_
Amount of expenditure
Election year Made within (check one):
30 days prior to the Primary Election 60 days prior to the General Election
10:13

Revised 9/09

## Contributors totaling more than \$1,000 from the previous calendar year to date (as required by West Virginia Code §3-8-2b)

Occupation of contributor (if applicable):  Value of the contribution	Date the contributor exceeded \$250
	Description of contribution
	State and Zip Code:
Name of contributor	Date the contributor exceeded \$250
Value of the contribution	Description of contribution
	State and Zip Code:
Occupation of contributor (if applicable):  Value of the contribution	Date the contributor exceeded \$250
	Description of contribution
	State and Zip Code:
Occupation of contributor (if applicable):  Value of the contribution  Address:	Date the contributor exceeded \$250
	Description of contribution
	State and Zip Code:
	CATHORAFEIRMATION

	, swear or affirm that the attached statement is true and correct,
1	processors accurring within the period covered by this statement.
to the best of my knowledge, for all financial trail	sactions occurring within the period covered by this statement.

Office Use Only

2010 OCT 13 PM 2:38

Date 10-13 2010

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