## State of Arest Althres

**Electioneering Communications Form** 

Must be filed when \$5,000 or more is spent on "electioneering communications" as detailed in WV Code \$3-8-2b. Country Democret Executive Comm. Name of parson making expenditure Caco Person(s) sharing or exercising direction or control "Persons sharing or exercising direction or control" means officers, directors, executive directors or their equivalent, partners, and in the case of unincorpiorated organizations, owners of the entity or person making the disbursement for the electionsering communication. UMKOlo:ta@htmay [elephone 301-752-4219 Neme Nama Téléphone Email Name of the custodian of the books Principal place of business and address (Only if the person making the expenditure is not an individual) Electioneering communication expenditures of more than \$1,000 (as required by WV Code §3-8-2b) Refers to: (candidate name) East Ros Tombling Paid to WYOW Date the expenditure was made Scoten ber 19, 2011 Election year 2011 Made within (check one): 30 days prior to the Primary Election 60 days prior to the General Election Refers to: (candidate name) 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) 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 \_\_\_\_\_ Made within (check one): 30 days prior to the Primary Election 60 days prior to the General Election

Official Form F-14

Revised 2/11

iscused by the Secretary of State (WV Code §3-8-2b)

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## ROBBY QUEEN >> 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
Value of the contribution	Description of contribution
	State and Zip Code:
Name of contributor  Occupation of contributor (if app	Date the contributor exceeded \$250licable):
Value of the contribution	Description of contribution
City:	State and Zip Code:
Name of contributor  Occupation of contributor (if appl	Date the contributor exceeded \$250
Value of the contribution	Description of contribution
City:	State and Zip Code:
Name of contributor	Date the contributor exceeded \$250
Value of the contribution	Description of contribution
City:	State and Zip Code:
	OATHORAFFIRMATION
to the best of my knowledge, for all financial transactions occurring within the period covered by this statement.	
Office Use Only TWO SHALLSEAM HO FLYIS HALS HO WHY FROES	Signature — Cooling + South
SOII SEB 1 8 1 1 0 5	This form must be received in the Secretary of State's Office prior to the close of business to be accepted on that date.