## State of Mest Ali Alilia

## **Electioneering Communications Form**

Must be filed when \$5,000 or more is spent on "electioneering communications" as detailed in WV Code §3-8-2b. Hmerica Works USA Name of person making expenditure \_\_\_ Person(s) sharing or exercising direction or control is 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 electioneering communication. Email / C Telephone Name Telephone Name Name of the custodian of the books Principal place of business and address (Only if the person making the expenditure is not ap individual) K Street, NW Suite 200 Washington, DC 20005 Electioneering communication expenditures of more than \$1,000 (as required by WV Code §3-8-2b) Maloney Refers to: (candidate name)\_ Paid to WIRED MEDIA 98.00 Date the expenditure was made \_ Amount of expenditure, 638, Made within (check one): Election year 60 days prior to the General Election 30 days prior to the Primary Election Refers to: (candidate name) Date the expenditure was made 9/ Amount of expenditure 39, 205.00 Made within (check one): Election year 60 days prior to the General Election 30 days prior to the Primary Election Refers to: (candidate name)\_\_\_\_\_ Paid to \_\_\_ Amount of expenditure \_\_\_\_\_ Date the expenditure was made \_\_\_\_ Made within (check one): Election year \_\_ 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): Election year 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)

		Date the contributor exceeded \$250
	Value of the contribution	: Description of contribution
	Address:	State and Zip Code:
		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:
		Date the contributor exceeded \$250
		Description of contribution
	City:	State and Zip Code:
OATHORAFFIRMATION  I		
Si	SOIL SEP 22 PM 12: 33	This form must be received in the Secretary of State's Office
		prior to the close of business to be accepted on that date.

Page 2