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

(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.)

Name of person making expenditure
Name of the Individual in control of the expenditure(s) Daniel Selby
Email addressdselby3723@aol.com Telephone304-562-5611
Name of the custodian of the books Daniel Selby
Principal place of business and address (Only if the person making the expenditure is not an individual) 23 Chase Drive, Hurricane WV 25526
Electioneering communication expenditures of more than \$1,000 (as required by WV Code §3-8-2b)
Refers to: (candidate name) Oppose Beth Walker - Dissemination Date: May 2, 2016 Paid to Blue West Media
Amount of expenditure \$20,000 Date the expenditure was made 4/25/16
Election year 2016 Made within (check one):
30 days prior to the Primary Election 60 days prior to the General Election
Refers to: (candidate name) Oppose Beth Walker - Dissemination Date: May 2,2016 Paid to Blue West Media
Amount of expenditure \$100,000 Date the expenditure was made 4/26/16
Election year Made within (check one):
30 days prior to the Primary Election 60 days prior to the General Election
Refers to: (candidate name) Oppose Beth Walker - Dissemination Date: May 2, 2016
Paid to Blue West Media Amount of expenditure
Election year Made within (check one):
■ 30 days prior to the Primary Election ■ 60 days prior to the General Election
Refers to: (candidate name) Oppose Beth Walker - Dissemination Date: 5/02/16
Pald to Blue Wave Media Amount of expenditure \$20,000 Date the expenditure was made 4/29/16
Election year 2016 Made within (check one):
30 days prior to the Primary Election 60 days prior to the General Election

Official Form F-14

Revised 10/15

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

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Name of contributor Powell & Ma		exceeded \$250 <u>4/25/16</u>
Occupation of contributor (if applicable): Value of the contribution \$10,000 Address: 405 Capitol Street	Description of contribution	Check
Cily:Charleston	Slale and Zip Code:	WV 25301
Name of contributor Pauley Curry Occupation of contributor (if applicable):	A 44	exceeded \$250 <u>3/24/16</u>
Value of the contribution \$10,000	Description of contribution	Check
Address: PO Box 2786 City: Charleston	State and Zlp Code;	WV 25330
Name of contributor Fitzimmons Occupation of contributor (if applicable):		
Value of the contribution \$50,000 Address: 1609 Warwood Ave	Description of contribution	Check
AMb a alima	State and ZIp Code;	WV 26003
Name of contributor Ben Salango Occupation of contributor (if applicable):	Attornov	exceeded \$250
Value of the contribution \$2,500	Description of contribution	Check
Address:City:Charleston	State and Zip Code:	WV 25301
	OATHORAFFIRMATION	
to the best of my knowledge, for all financia		or affirm that the attached statement is true and d covered by this statement.
Office Use Only	Signature Date 5	12500
	This form must be received i	n the Secretary of State's Office
	prior to the close of business	to be accepted on that date.

Name of contributor Plante & Associa Occupation of contributor (if applicable):	
Value of the contribution \$1,000	Description of contribution Check
Address: PO Box 11427 Charleston	Slate and Zip Code: WV 25339
Name of contributor WV Fair Courts	Date the contributor exceeded \$250 3/31/16
Occupation of contributor (if applicable): Value of the contribution \$500	Description of contribution Check
Address: 23 Chase Drive Hurricane City:	State and Zip Code:
Name of contributor Occupation of contributor (if applicable): Value of the contribution \$1,500 Address: 174 Chancery Row Morgantown City:	WV 26505
Occupation of contributor (if applicable): Value of the contribution \$1,000	Strategies Date the contributor exceeded \$250 4/27/16 Description of contribution Check
Address: 18 California Avenue	State and Zip Code: WV 25311
to the best of my knowledge, for all financial trans	sactions occurring within the period covered by this statement.
Office Use Only	Signature / and 2 Sm

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

Date 3-3 / 206

Occupation of contributor (if applicable): Value of the contributor		dependent PAC Date the contributor excee	eded \$250 <u>4/27/16</u>
Name of contributor The Masters Law Firm Date the contributor exceeded \$250 4/20/16	Value of the contribution \$1,000	Description of contribution	
Occupation of contributor (if applicable): Value of the contribution \$50,000 Description of contribution Check Address: 181 Summers Street Charleston State and Zip Code: WV 25301 Name of contributor Richards Lindsay II Date the contributor exceeded \$250 4/28/16 Occupation of contributor (if applicable): Attorney Value of the contributor (if applicable): Attorney Value of the contributor \$500 Description of contribution Check Address: PO Box 1269 City: Charleston State and Zip Code: WV 25325 Name of contributor FACS Law Date the contributor exceeded \$250 4/28/16 Occupation of contributor (if applicable): WV 25325 Value of the contributor (if applicable): WV 26003 Value of the contributor (if applicable): WV 26003 Occupation of contributor (if applicable): S\$,000 Description of contribution Wire Address: 21 12th Street City: Wheeling State and Zip Code: WV 26003 OATHORAFFIRMATION OATHORAFFIRMATION Signature Active State Summers of State's Office prior to the close of business to be accepted on that date.			WV 25311
Value of the contribution \$50,000 Description of contribution Check Address: 181 Summers Street Charleston State and Zip Code: WV 25301 Name of contributor Richards Lindsay II Date the contributor exceeded \$250 4/28/16 Occupation of contributor (if applicable): Attorney Value of the contribution \$500 Description of contribution Check Address: PO Box 1269 Charleston State and Zip Code: WV 25325 Name of contributor FACS Law Date the contributor exceeded \$250 4/28/16 Occupation of contributor (if applicable): Wire Value of the contributor \$5,000 Description of contribution Wire Address: 21 12th Street Wheeling State and Zip Code: WV 26003 OATHORAFFIRMATION Signature Signatur	140110-01-05101		
Name of contributor Richards Lindsay II Date the contributor exceeded \$250 4/28/16 Occupation of contributor (if applicable): Attorney Value of the contribution \$500 Description of contribution Check Address: PO Box 1269 City: State and Zip Code: WV 25325 Name of contributor FACS Law Date the contributor exceeded \$250 4/28/16 Occupation of contributor (if applicable): Value of the contributor (if app	Value of the contribution \$50,000	Description of contribution	
Occupation of contributor (if applicable): Value of the contribution \$500 Description of contribution Attorney Value of the contribution \$500 Description of contribution Check Address: PO Box 1269 City: State and Zip Code: WV 25325 Name of contributor FACS LaW Date the contributor exceeded \$250 4/28/16 Occupation of contributor (if applicable): Value of the contribution \$5,000 Description of contribution Address: 21 12th Street City: Wheeling State and Zip Code: WV 26003 OATHORAFFIRMATION OATHORAFFIRMATION OHice Use Only Signature Address: Superior of State's Office prior to the close of business to be accepted on that date.	Charleston	\/\	V 25301
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Occupation of contributor (if applicable): Value of the contribution \$5,000 Description of contribution Address: 21 12th Street City: Wheeling State and Zip Code: WV 26003 OATHORAFFIRMATION OATHORAFFIRMATION OATHORAFFIRMATION Office Use Only Signature Signat	Charleston	State and Zip Code:	V 25325
Value of the contribution \$5,000 Description of contribution Wire Address: 21 12th Street City: Wheeling State and Zip Code: WV 26003 OATHORAFFIRMATION OATHORAFFIRMATION swear or affirm that the attached statement is true and cot to the best-offmy knowledge, for all financial transactions occurring within the period covered by this statement. Office Use Only Signature Survey Signature Survey Signature Survey Signature Signature Signature Signature Signature Survey Signature S			
OATHORAFFIRMATION OATHORAFFIRMATION To the bost-of my knowledge, for all financial transactions occurring within the period covered by this statement. Office Use Only Signature Date This form must be received in the Secretary of State's Office prior to the close of business to be accepted on that date.	Value of the contribution \$5,000		
office Use Only Signature Date This form must be received in the Secretary of State's Office prior to the close of business to be accepted on that date.	City: Wheeling	Slate and Zip Code:	WV 26003
Office Use Only Signature Date This form must be received in the Secretary of State's Office prior to the close of business to be accepted on that date.	Λ ,		
This form must be received in the Secretary of State's Office prior to the close of business to be accepted on that date.			n that the attached statement is true and corre red by this statement.
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prior to the close of business to be accepted on that date.		· · · · · · · · · · · · · · · · · · ·	
			e accepted on that date.

15-1-0		4/00/40
Name of contributor Linda Garrett		4/28/16
Occupation of contributor (if applicable):		^ G
Value of the contribution \$1,000	Description of contribution	Vire
Address: 704 Professional Park D Summersville	rive WV 26651	
Gily:	State and Zip Code:	
Name of contributor Occupation of contributor (if applicable): Value of the contribution \$7,500	Attorney	
	Description of objurisonor.	
Address: PO Box 279 City: Prosperity	State and Zip Code: WV 25909	9
Name of contributor Daniel Guida Occupation of contributor (if applicable):	Date the contributor exceeded \$250 Attorney	4/28/16
Value of the contribution \$300		heck
Address: 324 Sunrise Drive	Bescription of contribution	
\\\airto=	State and Zip Code: WV 26062	To the destruction that the print of the state of the sta
Name of contributor Peggy McGraw Occupation of contributor (if applicable):		4/29/16
Value of the contribution \$7,500	_	Check
Address: PO Box 534		
City: Pineville	State and Zip Code: WV 24874	
Ony.		***
	OATHORAFFIRMATION	
to the best of my knowledge, for all financial	2. 1h	hed statement is true and correc atement.
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	This form must be <u>received</u> in the Secretary	of State's Office
	prior to the close of business to be accepted	
	·	Page 4

Name of contributor Maroney Williams Weaver Occupation of contributor (if applicable):	r & Pancake Date the contributor exceeded \$250	5/02/16
Value of the contribution \$1,000 Address: 608 Virginia Street East		Check
Charleston	State and Zip Code: WV 25301	
Name of contributor Warner Law Office Occupation of contributor (if applicable):	S Date the contributor exceeded \$250	5/02/15
Value of the contribution \$10,000	Description of contribution	Check
Address: PO Box 3327 Clty: Charleston	State and Zip Code: WV 25333	
	Date the contributor exceeded \$250 Attorney	
Value of the contribution \$5,000	Description of contribution	Check
Address: 151 Walnut Street City: Morgantown	State and Zip Code: WV 26505	
Name of contributor Laura Davis Occupation of contributor (if applicable):	Date the contributor exceeded \$250 Attorney	
Value of the contribution\$10,000	•	Check
Address: 115 E. Washington St. Charleston	State and Zip Code: WV 25414	
to the best of my knowledge, for all financial trans	OATHORAFFIRMATION Sylvariant Sylvariant Control of the State of the S	ched statement is true and cor fatement,
Office Use Only	Signature	y of State's Office

Name of contributor J. Robert Rog Occupation of contributor (if applicable):	ers Date the contributor exceeded \$25 Attorney	50 4/29/16
Value of the contribution \$5,000 Address: PO Box 1728	Description of contribution	Check
City: Ponte Vedra Beach	State and Zip Code: FL 3200	4
Name of contributor WV Optometric Ph Occupation of contributor (if applicable):	nysicians PAC Date the contributor exceeded \$25	50 4/27/16
Value of the contribution \$1,000		Check
Address: 18 California Ave Charleston	State and Zip Code: WV 253	11
Name of contributor Paul R. Crans Occupation of contributor (if applicable):	Date the contributor exceeded \$25 Attorney	
Value of the contribution \$1,000		Check
Address: 1200 Dorsey Ave., Ste. City: Morgantown	2 State and Zip Code: WV 26	5501
Name of contributor DBD Sports, Occupation of contributor (if applicable):		5/02/16
Value of the contribution \$5,000 Address: 604 Virginia Street East	Description of contribution	Check
City: Charelston	WV 253	01
	OATHORAFFIRMATION	
to the best of my knowledge, for all financial	Iransactions occurring within the period covered by the	attached statement is true and cor is statement.
Office Use Only	Signature Daniel	250
	Dale	<u>/</u> 6
	This form must be <u>received</u> in the Secret prior to the close of business to be accep	•

Name of contributor	Date the contributor exceeded \$250
Occupation of contributor (if applicable):	
Value of the contribution	Description of contribution
City:	
Name of contributor	Date the contributor exceeded \$250
Occupation of contributor (if applicable): Value of the contribution	
Address:	
City;	•
Name of contributor Occupation of contributor (If applicable):	Date the contributor exceeded \$250
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City:	
Name of contributor Occupation of contributor (if applicable):	Date the contributor exceeded \$250
Value of the contribution	Description of contribution
Address:	State and Zip Code:
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to the best of my knowledge, for all financial	swear or affirm that the attached statement is true and cor I transactions occurring within the period covered by this statement.
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	Date 5-3 ,20/6
	This form must be <u>received</u> in the Secretary of State's Office prior to the close of business to be accepted on that date.

Name of contributor Decupation of contributor (if applicable):	Date the contributor exceeded \$250
Value of the contribution	Description of contribution
City:	
Name of contributor Descripation of contributor (if applicable):	Date the contributor exceeded \$250
Value of the contribution	Description of contribution
City:	
Name of contributor Occupation of contributor (if applicable):	
Value of the contribution	
City:	
Name of contributor Occupation of contributor (if applicable):	Date the contributor exceeded \$250
Value of the contribution	Description of contribution
City:	
1 Anis/ C.	OATHORAFFIRMATION SECLOS swear or affirm that the attached statement is true and of the statement is true and of the statement is the

SECRETARY OF STATE STATE OF WASPINE

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