

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 Tired of Being 50th PAC

Name of the individual in control of the expenditure(s) Daniel Selby

Email address dselby3723@aol.com Telephone

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)

Electioneering communication expenditures of more than \$1,000 (as required by WV Code §3-8-2b)

Refers to: (candidate name) Supporting Candidate - Jim Justice for Governor - Communications Date: 11/3/16

Paid to TDM Communications

Amount of expenditure \$51,300 Date the expenditure was made 10/28/2016

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)

Paid to

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

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

Election year Made within (check one):

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)

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

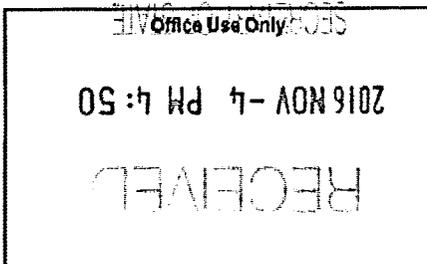
Name of contributor _____ Date the contributor exceeded \$250 _____
 Occupation of contributor (if applicable): _____
 Value of the contribution _____ Description of contribution _____
 Address: _____
 City: _____ State and Zip Code: _____

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 Occupation of contributor (if applicable): _____
 Value of the contribution _____ Description of contribution _____
 Address: _____
 City: _____ State and Zip Code: _____

OATH OR AFFIRMATION

I, *David Z. Seay*, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement.



Signature *David Z. Seay*
 Date *11-4* 20*16*

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