

### 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 JUST COURTS FOR WV PAC

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

Email address dselby3723@aol.com Telephone 304-562-5611

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) DISSEMINATION DATE: APRIL 26, 2016

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) Beth Walker - Supreme Court AGAINST

Paid to Blue West Media

Amount of expenditure \$229,000 Date the expenditure was made 4-22-16

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) \_\_\_\_\_

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 Bordas & Bordas LLC Date the contributor exceeded \$250 \_\_\_\_\_  
Occupation of contributor (if applicable): \_\_\_\_\_  
Value of the contribution \$100,000 Description of contribution check  
Address: 1358 National Road  
City: Wheeling State and Zip Code: WV 26003

Name of contributor Bailey Javins & Coater Date the contributor exceeded \$250 \_\_\_\_\_  
Occupation of contributor (if applicable): \_\_\_\_\_  
Value of the contribution \$50,000 Description of contribution check  
Address: PO Box 3712  
City: Charleston State and Zip Code: WV 25337

Name of contributor Farmer, Cline & Campbell Date the contributor exceeded \$250 \_\_\_\_\_  
Occupation of contributor (if applicable): \_\_\_\_\_  
Value of the contribution \$50,000 Description of contribution check  
Address: PO Box 3842  
City: Charleston State and Zip Code: WV 25338

Name of contributor Bill Peterson, Carper, Bee & Deitzler Date the contributor exceeded \$250 \_\_\_\_\_  
Occupation of contributor (if applicable): \_\_\_\_\_  
Value of the contribution \$25,000 Description of contribution check  
Address: 800 Tracy Way  
City: Charleston State and Zip Code: WV 25311

**OATH OR AFFIRMATION**

I, Daniel L. Seiby, 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.

Office Use Only

Signature Daniel L. Seiby  
Date 4-27, 2016

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

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

Name of contributor McHugh Fuller Law Group PLLC Date the contributor exceeded \$250 \_\_\_\_\_  
Occupation of contributor (if applicable): \_\_\_\_\_  
Value of the contribution \$25,000 Description of contribution check  
Address: 97 Elias Whiddon Road  
City: Harrisonburg State and Zip Code: MS 39402

Name of contributor Tiano O'Dell PLLC Date the contributor exceeded \$250 \_\_\_\_\_  
Occupation of contributor (if applicable): \_\_\_\_\_  
Value of the contribution \$25,000 Description of contribution check  
Address: PO Box 11830  
City: Charleston State and Zip Code: WV 25339

Name of contributor Goldberg, Persky & White Date the contributor exceeded \$250 \_\_\_\_\_  
Occupation of contributor (if applicable): \_\_\_\_\_  
Value of the contribution \$20,000 Description of contribution check  
Address: 11 Stanwix Street - 14th Flr  
City: Pittsburgh State and Zip Code: PA 15222

Name of contributor Baron & Budd Date the contributor exceeded \$250 \_\_\_\_\_  
Occupation of contributor (if applicable): \_\_\_\_\_  
Value of the contribution \$5,000 Description of contribution check  
Address: 3102 Oak Lawn Ave Ste 1100  
City: Dallas State and Zip Code: TX 75219

OATH OR AFFIRMATION

David L. Selig 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.

Office Use Only

Signature David L. Selig  
Date 4-27 2016

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

**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	<u>Allan N. Kurlin &amp; Assoc.</u>	Date the contributor exceeded \$250	_____
Occupation of contributor (if applicable):	_____		
Value of the contribution	<u>\$4,000</u>	Description of contribution	<u>Check</u>
Address:	<u>174 Chancery Row</u>		
City:	<u>Morgantown</u>	State and Zip Code:	<u>WV 26505</u>
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:	_____
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:	_____

**OATH OR AFFIRMATION**

I, Daniel C. Selby, 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.

Office Use Only  
 STATE OF WEST VIRGINIA  
 SECRETARY OF STATE  
 2016 APR 27 PM 2:15  
 RECEIVED

Signature Daniel C. Selby  
 Date 4-27-2016

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