State of West Virginia Independent Expenditure Reporting Form

In Relation to **2011** Election Year

(required in addition to regular campaign finance reports)

Name of person making expenditure 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 unincorporated organizations, owners, of the entity or person making the disbursement for the electioneering communication. **Email** DAISEN @ ABC. 026Telephone (703) 812-2000 Email 2 105R-144 DASC.066 Telephone (703) 812 - 2000 Email Telephone Name DAISEV Name of the custodian of the books Principal place of business and address (Only if the person making the expenditure is not an individual) <u> PISSOCIATED BUILDERS & CONTRACTORS, INC.</u> 4250 N. FAIRFAX D Type of Filing (please choose one): \$1,000 single time/aggregate expenditure made within a calendar year 500 or more expenditure for any county office or single-county judicial candidate within 15 days and before 12 hours of an election ☐\$1,000 or more expenditure for any statewide, legislative or multi-county judicial candidate within 15 days and before 12 hours of an election Independent Expenditures DNEY FOR WEST VIRBINIA (GOVER Refers to:(candidate name) Amount of Expenditure: Date Expenditure was Made: **Election Cycle:** □ Primary ☐ General Special Amount of Expenditure: Date Expenditure was Made: **Election Cycle:** ☐ Primary ☐ General Special Refers to: (candidate name) Paid to: Amount of Expenditure: Date Expenditure was Made: **Election Cycle:** Primary ☐ General Special

Add additional pages as necessary

Contributors totaling more than \$250 from the previous calendar year to date whose contributions were made for the purpose of furthering the expenditure (as required by West Virginia Code §3-8-2b (1)(E))

Name of Contributor _____ _____ Date the Contributor Exceeded \$250.00 / / Occupation of Contributor (if applicable) _____ Employer ____ Employer Address ____ Value of Contribution_____ Description of Contribution (if other than money) _____ Is Conributor a PAC registered in West Virginia? Name of Contributor _____ Date the Contributor Exceeded \$250.00 / / Address _____ Occupation of Contributor (if applicable) _____ Employer ____ Employer Address _____ Value of Contribution ______ Description of Contribution (if other than money) _____ Is contributor a PAC registered in West Virginia?_____ Name of Contributor ______ Date the Contributor Exceeded \$250.00 / / Occupation of Contributor (if applicable) _____ Employer ____ Value of Contribution — Description of Contribution (if other than money) Is contributor a PAC registered in West Virginia?

OATH OR AFFIRMATION

Add additional pages as necessary

____, 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. I also swear or affirm that all expenditures listed were made using my own money, and that no money was received by any other individual, candidate, or committee.

Office Use Only

SOII SEP 22 AM 8:33

Signature _

__, 20_]]_

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