

In Relation to 2016 Election Year  
(required in addition to regular campaign finance reports)

Name of person making expenditure Family Policy Council of West Virginia

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.

Name Adrian White Email info@familypolicywv.org Telephone 304 256 8567

Name \_\_\_\_\_ Email \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_ Telephone \_\_\_\_\_

Name of the custodian of the books John Young

Principal place of business and address (Only if the person making the expenditure is not an individual)

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
- \$10,000 or more anytime expenditure

Independent Expenditures

Refers to: (candidate name) <u>Mike Azinger</u> <input checked="" type="checkbox"/> For <input type="checkbox"/> Against (please check one)
Paid to: <u>CMS Contacts</u>
Amount of Expenditure: _____
Date Expenditure was Made: <u>8/13/14</u>
Election Cycle: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special
Refers to: (candidate name) _____ <input type="checkbox"/> For <input type="checkbox"/> Against (please check one)
Paid to: _____
Amount of Expenditure: _____
Date Expenditure was Made: _____
Election Cycle: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special
Refers to: (candidate name) _____ <input type="checkbox"/> For <input type="checkbox"/> Against (please check one)
Paid to: _____
Amount of Expenditure: _____
Date Expenditure was Made: _____
Election Cycle: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special

Add additional pages as necessary

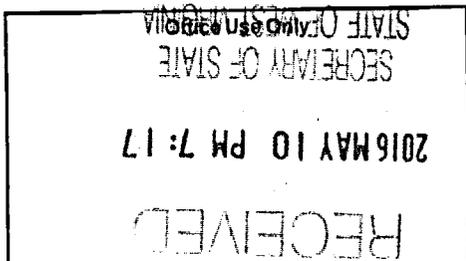
whose contributions were made for the purpose of furthering the expenditure  
(as required by West Virginia Code §3-8-2(b) (1)(E))

Name of Contributor _____	Date the Contributor Exceeded \$250.00 <u>  </u> / <u>  </u> / <u>  </u>
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 <u>  </u> / <u>  </u> / <u>  </u>
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 <u>  </u> / <u>  </u> / <u>  </u>
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? _____	

OATH OR AFFIRMATION

Add additional pages as necessary

Allen Lind, 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.



Signature Allen Lind  
Date 5/10 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.