

**State of West Virginia Independent Expenditure Reporting Form**  
**In Relation to 2016 Election Year**  
*(required in addition to regular campaign finance reports)*

Name of person making expenditure RGA Right Direction PAC

**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 Michael G. Adams Email madams@rga.org Telephone (202) 662-4162

Name David Rexrode Email drexrode@rga.org Telephone (202) 662-4162

Name Paul Bennecke Email pb@rga.org Telephone (202) 662-4162

Name of the custodian of the books Michael G. Adams

Principal place of business and address (Only if the person making the expenditure is not an individual)  
1747 Penn. Ave. NW, Suite 250, Washington D.C. 20006

**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**

<p>Refers to:(candidate name) <u>Jim Justice</u> <input type="checkbox"/> For <input checked="" type="checkbox"/> Against (please check one)</p> <p>Paid to: <u>Red Maverick Media, LLC, 403 N. Second Street, FL2, Harrisburg, PA 17101</u></p> <p>Amount of Expenditure: <u>\$47,711.00</u></p> <p>Date Expenditure was Made: <u>10/25/16</u></p> <p>Election Cycle: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special</p>
<p>Refers to: (candidate name) _____ <input type="checkbox"/> For <input type="checkbox"/> Against (please check one)</p> <p>Paid to: _____</p> <p>Amount of Expenditure: _____</p> <p>Date Expenditure was Made: _____</p> <p>Election Cycle: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special</p>
<p>Refers to: (candidate name) _____ <input type="checkbox"/> For <input type="checkbox"/> Against (please check one)</p> <p>Paid to: _____</p> <p>Amount of Expenditure: _____</p> <p>Date Expenditure was Made: _____</p> <p>Election Cycle: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special</p>

Add additional pages as necessary

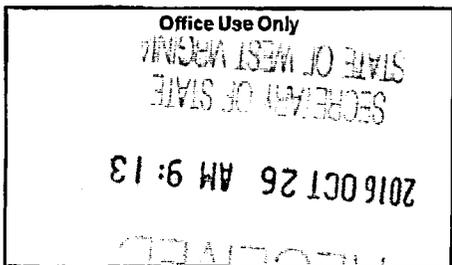
**Contributors totalling more than \$250 from the previous calendar year to date  
whose contributions were made for the purpose of furthering the expenditure**  
(as required by West Virginia Code §3-8-2(b) (1)(E))

Name of Contributor <u>Republican Governors Association</u>	Date the Contributor Exceeded \$250.00 <u>10/20/ 2016</u>
Address <u>1747 Pennsylvania Ave. NW, Suite 250, Washington, D.C. 20006</u>	
Occupation of Contributor (if applicable) _____	Employer _____
Employer Address _____	
Value of Contribution <u>\$2,000,000</u> Description of Contribution (if other than money) _____	
Is Contributor a PAC registered in West Virginia? <u>No</u>	
Name of Contributor _____	Date the Contributor Exceeded \$250.00 <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>
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

I, Michael O. Adams, 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 Michael O. Adams

Date October 25, 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.