

State of West Virginia Independent Expenditure Reporting Form  
In Relation to 2014 Election Year  
(required in addition to regular campaign finance reports)

Name of person making expenditure GOPAC Election Fund

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 David Avella Email davella@gopac.org Telephone 703-566-0376

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

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

Name of the custodian of the books \_\_\_\_\_

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>Jill upson</u> <input checked="" type="checkbox"/> For <input type="checkbox"/> Against (please check one)
Paid to: <u>Red Maverick Media LLC</u>
Amount of Expenditure: <u>3,871.00</u>
Date Expenditure was Made: <u>10-28-14</u>
Election Cycle: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
Refers to: (candidate name) _____ <input checked="" type="checkbox"/> For <input type="checkbox"/> Against (please check one)
Paid to: <u>Amy Summers</u>
Amount of Expenditure: <u>3,660.00</u>
Date Expenditure was Made: <u>10-28-14</u>
Election Cycle: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
Refers to: (candidate name) _____ <input type="checkbox"/> For <input type="checkbox"/> Against (please check one)
Paid to: <u>N/A</u>
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

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 §3-8-2(b) (1)(E))

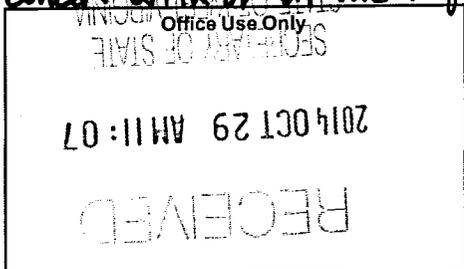
Name of Contributor	<u>GOPAC</u>	Date the Contributor Exceeded \$250.00	<u>9/4/14</u>
Address	<u>2300 Clarendon Blvd Ste. 1305, Arlington VA 22201</u>		
Occupation of Contributor (if applicable)	<u>N/A</u>	Employer	<u>N/A</u>
Employer Address	<u>N/A</u>		
Value of Contribution	<u>7531.00</u>	Description of Contribution (if other than money)	<u>N/A</u>
Is Contributor a PAC registered in West Virginia?	<u>N/A</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, David Arella, 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. ~~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.~~

~~Per section 3-8-2(d), the expenditure was not made in cooperation with, consultation or concert with or at the request or suggestion of any candidate or any authorized committee or agent of such committee.~~



Signature David Arella

Date 10-28, 2014

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

10/29/14 ASD \$

Extremely Urgent

10/28/2014

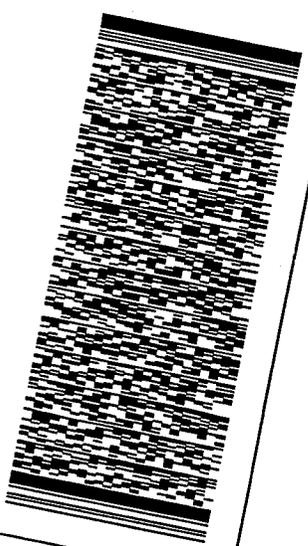
From: (703) 566-0376  
David Avella  
GOPAC  
2300 Clarendon Boulevard  
Suite 1305  
Arlington, VA 22201

Origin ID: ZF0A



BILL SENDER  
J142214032303iv

SHIP TO: (301) 558-6000  
CAMPAIGN FINANCE  
OFFICE OF THE SECRETARY OF STATE  
BLDG 1, STE 1  
1900 KANAWHA BLVD EAST  
CHARLESTON, WV 25305



FedEx Ship Manager - Print Your Label(s)

Ship Date: 28OCT14  
Act/Mgt: 0.5 LB  
CAD: 9575234/NET3550

Delivery Address Bar Code



Ref #  
Invoice #  
PO #  
Dept #

COMPLIANCE

TRK#  
0201

7716 5591 7954

WED - 29 OCT 14  
STANDARD OVERNIGHT,  
FZ

RT 557

1

B  
79:4  
10:9

XH CRWA

25305  
HTS



Insert shipping document here.