

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 West Virginia First

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 Ruth Ann Walker Elliott Email rapamba@aol.com Telephone 304-610-5649

Name Shannon Bland Email sbland@bland-law.com Telephone 304-344-3671

Name Email Telephone

Name of the custodian of the books Ruth Ann Walker Elliott

Principal place of business and address (Only if the person making the expenditure is not an individual) PO Box 40348 Charleston, WV 25364

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) Mike Romano [X] For [ ] Against (please check one)
Paid to: WBRB-FM
Amount of Expenditure: \$4,095.00
Date Expenditure was Made: 10/28/2014
Election Cycle: [ ] Primary [X] General [ ] Special

Refers to: (candidate name) Mike Romano [ ] For [ ] Against (please check one)
Paid to: WPDJ-FM
Amount of Expenditure: \$899.00
Date Expenditure was Made: 10/28/2014
Election Cycle: [ ] Primary [X] General [ ] Special

Refers to: (candidate name) Mike Romano [ ] For [ ] Against (please check one)
Paid to: WOBS-FM
Amount of Expenditure: \$1,480.00
Date Expenditure was Made: 10/28/2014
Election Cycle: [ ] Primary [X] General [ ] Special

Add additional pages as necessary

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- \$10,000 or more anytime expenditure

**Independent Expenditures**

Refers to: (candidate name) <u>Steve Westfall</u> <input type="checkbox"/> For <input checked="" type="checkbox"/> Against (please check one)
Paid to: <u>Mission Control, Inc.</u>
Amount of Expenditure: <u>\$4,056.48</u>
Date Expenditure was Made: <u>10/28/2014</u>
Election Cycle: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
Refers to: (candidate name) <u>Mike Folk</u> <input type="checkbox"/> For <input checked="" type="checkbox"/> Against (please check one)
Paid to: <u>Mission Control, Inc.</u>
Amount of Expenditure: <u>\$3,511.58</u>
Date Expenditure was Made: <u>10/28/2014</u>
Election Cycle: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
Refers to: (candidate name) <del>Ray Cantabone</del> <u>Mike Folk</u> <input type="checkbox"/> For <input type="checkbox"/> Against (please check one)
Paid to: <u>Mission Control, Inc.</u>
Amount of Expenditure: <u>\$2,484.13</u>
Date Expenditure was Made: <u>10/28/2014</u>
Election Cycle: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special

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- \$10,000 or more anytime expenditure

Independent Expenditures

Refers to: (candidate name) <u><del>Mike Folx</del> Ray Canterbury</u> <input type="checkbox"/> For <input type="checkbox"/> Against (please check one)
Paid to: <u>Mission Control, Inc</u>
Amount of Expenditure: <u>\$ 5,530.77</u>
Date Expenditure was Made: <u>10/28/2014</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: _____
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

**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 _____	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? _____	
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,     *Rh Ann Walker Elliott*    , 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**

2014 OCT 29 PM 2:07

RECEIVED

Signature     *Rh Ann Walker Elliott*    

Date     10/28    , 20  14  

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