State of West Virginia Campaign Financial Statement (Long Form) in Relation to the 2010 Election Year

Candidate or Committee Name	Candidate or Committee's Treasurer
AMFM PAC Political Party (for candidates)	Treasurer's Mailing Address (Street, Route or P.O. Box)
	240 Capitol Street, Suite 500
Office Sought (for candidates) District/Division	City, State, Zip Code Daytime Phone #
	Charleston, WV 25301 304-344-1623
	Post-primary Report (Due 13 days after Primary election ass days) Post-general Report (Due 13 days after Primary election (Due 13 days after Primary election ass days) Post-general Report (Due 13 days after Primary election or within 4 business days) Final Report Zero balance required. PAC must also file
	ORT TOTALS
Name of the Control o	the completion of the report.
Contributions. (Page 3) 56	63.96 Beginning Balance
Monetary Contributions from all Fund-Raising Events (Page 4) +	(ending balance from previous report) 63,431.96
Receipt of a Transfer of Excess Funds (Page 8) +	Total Monetary Contributions + 563.96
	Contributions + 563.96 Total Other Income + 22.49
In-Kind Contributions (Page 5) +	Ann form 1 1 V
Total Contributions: = 56	63.96 Subtotal: a. = 64,018.41
Other Income (Page 5)	Total Expenditures (Page 7) 0.00
Loans Received (Page 6) +	Total Disbursements of Excess Funds (Page 8) +
Total Other Income: = 2	22.49 Repayment of Loans (Page 6) +
OUTSTANDING LOANS & DEBTS:	Subtotal: $b. = 0.00$
Unpaid Bills (Page 9)	Jubiotali. 2. = 0.00
Outstanding Loans (Page 6) +	Ending Balance:
Total Debts:	0.00 (Subtotal a Subtotal b.) = 64,018.41
TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add total contributions from all reports)	TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add total expenditures from all reports)
3,833.24	1,000.00

Page 2.	Contributors of \$250 or Less	Check if additional pages have been attached.
DATE	CONTRIBUTOR'S FULL NAME OR COMMITTEE'S NAME	AMOUNT
	Patty Lucas	40.0
	Julieann Ray Cheng	20.0
	Crystal Weaver Smarr	30.0
Annual management of the Annual Annua	John R. Elliot	83.3
	Tammy Jo Painter	20.0
WANT THE THE THE THE THE THE THE THE THE TH	Jo Ann Hewitt	25.0
	Debra Cumpston	40.0
	Patsy Webb	24.0
SAMONE AND	Todd R. Jones	83.3
described and a second a second and a second and a second and a second and a second a second and	Pam Shumate	40.0
ADDITION OF THE PROPERTY OF TH	Kista Hamrick	50.0
	Kristy Dickens	25.0
aan ka	Andrew M. Elliot	83.3
Committee of the first state of the state of		
GANNELSAMOON SEEN ASSESSMENT OF THE SEEN ASSESSMENT OF THE SEED ASSE		
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Subtotal of contributors of \$250 or less:

563.96

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-	a	9	е	5.

Contributors of More than \$250

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have	bee	n atta	ched.	,

DATE	INDIVIDUAL CONTRIBUTOR OR COMMITTEE'S NAME	AMOUNT
	Full Name:	,
	Address: (residential and mailing if they are different)	0.000
	Contributor's job: (individual contributor only)	
	Where contributor works: (individual contributor only)	
	Affiliation: (political committee only)	
an kana anaa marka ka k	Full Name:	
	Address: (residential and mailing if they are different)	
	Contributor's job: (individual contributor only)	disconsistent and the second
	Where contributor works: (individual contributor only)	
	Affiliation: (political committee only)	· ·
mangania and an ang ang ang ang ang ang ang ang ang	Full Name:	
	Address: (residential and mailing if they are different)	NAME OF THE PARTY
	Contributor's job: (individual contributor only)	
	Where contributor works: (individual contributor only)	
	Affiliation: (political committee only)	
	Full Name:	
	Address: (residential and mailing if they are different)	
	Contributor's job: (individual contributor only)	
	Where contributor works: (individual contributor only)	
	Affiliation: (political committee only)	
CHYLACIA MOCHANICA ANNO CANALA	Full Name:	-
	Address: (residential and mailing if they are different)	
	Contributor's job: (individual contributor only)	
	Where contributor works: (individual contributor only)	
	Affiliation: (political committee only)	
PERIOD AND SACRATION OF THE SACRATION OF	Full Name:	
	Address: (residential and mailing if they are different)	R P P P P P P P P P P P P P P P P P P P
	Contributor's job: (individual contributor only)	
	Where contributor works: (individual contributor only)	

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED Subtotal of all contributors of more than \$250

Subtotal of all contributors of \$250 or less (From page 2) +

Total Contributions:

563.96 563.96

Page 4.

FUND-RAISING EVENTS

Chec	k if a	idditional attached.	pages
have	been	attached.	

<u>All</u> monetary contributions received at a fundraiser must be reported in the Event Summary below. If contributor's name and amount are not listed, the contribution must be turned over to the West Virginia General Revenue Fund.

The only exception to this rule may apply to political party executive committees. (W V Code §3-8-5a)

EVENTSUMMARY

Date of Event	Total Monetary	
	Contributions:	
Type of Event		
1,7,000,000,000,000,000,000,000,000,000,	Total Expenditures: (Itemized on page 7)	
Name of Place Held	(Itemized on page 7)	
Name of Flace field		
	NETRECEIPTS:	! _
Address of Place Held		
	Total In-Kind Contributions	
	Related to the Fund-raiser	S
	(Itemized on page 5.)	

Contributors of \$250 or less

Contributors of more than \$250

Cor	itributors of \$250 or	less	_	Contributors of more than \$250	
Date	Full Name	Amount	Date		Amount
	970-970 (1980-1980) (1980-1980) (1980-1980) (1980-1980) (1980-1980) (1980-1980) (1980-1980) (1980-1980) (1980-			Full Name: Address: (residential and mailing if they are different)	
				Contributor's job: (Individual only)	
	· · · · · · · · · · · · · · · · · · ·			Where contributor works: (Individual only)	
				Affiliation: (Political commmittee only)	
				Full Name: Address: (residential and mailing if they are different)	
		٠		Contributor's job: (Individual only)	
				Where contributor works: (Individual only)	
				Affiliation: (Political commmittee only)	
				Full Name: Address: (residential and mailing if they are different)	
				Contributor's job: (Individual only)	
				Where contributor works: (Individual only)	
				Affiliation: (Political commmittee only)	
				Full Name: Address: (residential and mailing if they are different)	
				Contributor's job: (Individual only)	
				Where contributor works: (Individual only)	
				Affiliation: (Political commmittee only)	
				Full Name: Address: (residential and mailing if they are different)	
				Contributor's job: (Individual only)	Control of the Contro
				Where contributor works: (Individual only)	
Newson, Constitution of the Constitution of th		**************************************		Affiliation: (Political commmittee only)	
		•		Subtotal of contributors of more than \$250:	C
Sub	total of contributors of	0.00		Subtotal of contributors of \$250 or less:	+ 0
	\$250 or less:	V.U(Total Contributions:	C

OTHER INCOME: INTEREST, REFUNDS, MISCELLANEOUS RECEIPTS

Date	Source of Income	Type of Receipt	Amount
9/30/2011	City National Bank	Interest	22.49
Luminarion		Total Other Income:	22.49

7	Chec	k if	additional 1 attached.	pages
Y	have	been	attached.	

IN-KIND CONTRIBUTIONS

Date	Name and Contributor Information	Description of Contribution	Value
		1	

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED. Total In-Kind Contributions:

0.00

	0	A	N	S
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Page 6.

Check if additional pages have been attached.

West Virginia Code: §3-8-5f. Loans to candidates, organizations or persons for election purposes.

"Every candidate, financial agent, person or association of persons or organization advocating or opposing the nomination or election of any candidate or the passage or defeat of any issue or item to be voted upon may not receive any money or any other thing of value toward election expenses except from the candidate, his or her spouse or a lending institution. All loans shall be evidenced by a written agreement executed by the lender, whether the candidate, his or her spouse, or the lending institution. Such agreement shall state the date and amount of the loan, the terms, including interest and repayment schedule, and a description of the collateral, if any, and the full names and addresses of all parties to the agreement. A copy of the agreement shall be filed with the financial statement next required after the loan is executed."

The loan agreement **must** include all items asked for in the statute. (See above.) The loan agreement does not have to follow a certain format; generally, if all the required information is listed, any format is acceptable.

Candidates or political committees that take out a loan for the campaign through a bank or other commercial lending institution must include a copy of the loan agreement executed with that bank or institution. Candidates should not take out loans which are partially for personal use and partially for the campaign. It is almost impossible to keep reporting straight in this case.

Any money a candidate contributes to his or her campaign committee with the hope of repayment must be treated as a loan and reported in this section. When a candidate determines that no further repayment can be expected, the loan can be reported as repaid in this section by entering the amount left to repay in the repayments column and reporting the same amount as a contribution from the candidate on Page 2. These loans must be executed in writing. Caution: Candidates may not carry outstanding loans from one campaign to the next. Each campaign is separate. Funds from a current campaign cannot be used to repay a loan from a previous campaign.

How to report loans

- 1. Each loan for your campaign should be listed on a separate line. (Each time you loan money to the campaign or get a loan, it is considered to be a separate loan.) Include the following information on the form below:
 - a. loan(s) from prior reporting periods and the balance of each loan (Col. A.) If a payment was made on the loan, list that in Col. C. Any loan that was repaid in previous reporting periods does not need to be listed.
 - b. new loans, the amount (Col. B), any repayments (Col. C), and the balance (Col. D.)
- 2. Attach a copy of the loan agreement for each loan received during the reporting period.

LOANS

(A copy of the loan agreement for each loan secured during this filing period must accompany this report)

Bank Loans: List name & address of financial institution Candidate or Candidate's Spouse Loans: List name, residence and mailing address of	Column A Balance of previous loan at end of period	Amount	lumn B of new loan during period	Repay	mn C yments g period	Column D Balance outstanding at end of period
person(s) making or cosigning loan	Amount	Date	Amount	Date	Amount	Amount
1.		nie da la composition de la composition della co		-		
2.			101000000000000000000000000000000000000			
3.						
4.						
5.						
		Loans	Received	Repayme	nt of Loans	Outstanding Loans
	Totals:		0.00		0.00	0.00

rade /.	P	a	a	e	7	
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ITEMIZED EXPENDITURES

Check if additional pages have been attached.

(Itemize 3rd party expenditures/ reimbursements)

Date	Name of Person or Vendor and Address	Purpose	Amount
		•	
WANTE HALL CONTRACT OF THE STATE OF THE STAT			
		·	·
		:	
			A STATE OF THE STA
MAKEAS MAN'	Y COPIES AS YOU NEED.	Total Expenditures:	0.00

9	a	0	Ω	
C4	W	C	w	œ

Receipt of a Transfer of Excess Funds

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have	bee	n	atached.	

Date	Candidate Committee Name and Year	Amount
		·
·		
and the second s		
na andre de considerado a no destro a que el como en el	Total Receipts of Transfers of Excess Funds:	0.00

Disbursements of Excess Funds

Date	Name of candidate committee and election year disbursing excess funds	Purpose of Disbursement	Amount
-			
· ·			
		reements of I	

Total Disbursements of Excess Funds:

0.00

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Page	9.
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UNPAID BILLS

			additional	
J	have	been	attached.	

Date	Owed to Whom	Affiliated with what Company or Group	Purpose	Amount
			-	
				· · · · · · · · · · · · · · · · · · ·
			Parces estatuonin munin	
		Total U	npaid Bills:	0.00
		OATH OD ACCIDMATION		
		OATH OR AFFIRMATION		
ı	TODO R.	JONES	, swear or affirm	that the attached
statement	is true and correct, to	the best of my knowledge, for all financial tr		
covered b	y this statement, as re	equired by West Virginia Code §3-8-5a.		
			Signature of Candio	late Financial
			Agent or Tre	
		Date	0_11_	
		/		

Office Use Only

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Received By:

amfm

American Medical Facilities Management

eet, Suite 500 · Charleston, WV 25301

10/19/2011

10/19/2011 [5/19/2017]



ZIP 25301

SECRETARY OF STATE NATALIE TENNANT BLDG. 1 SUITE 157-K 1900 KANAWHA BLVD. EAST CHARLESTON, WV 25305-0770