

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Amount
			Full Name: Address:	
			Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
			Full Name: Address:	
			Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
			Full Name: Address:	
			Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
			Full Name: Address:	
			Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Check if additional pages have been attached.

Total Contributions: (add both columns)

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/ reimbursements)

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.

Total Expenditures:

OATH OR AFFIRMATION

I, Kerry L. Winters, swear or affirm that the attached statement is true and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Kerry L Winters Signature of Candidate, Agent, or Treasurer

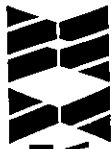
Date 8.07.12, 20

Office Use Only

2012 AUG 8 10:12

[Signature]

Received By: _____



WEST VIRGINIA
MANUFACTURERS ASSOCIATION

2001 QUARRIER STREET • CHARLESTON, WV 25311

CHARLESTON WV 25311

08 AUG 2002 PM 2:14



Greg Watson
WV Secretary of State
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