



CONTRIBUTORS OF:

\$250 or Less

More than \$250

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

Total Contributions:  
(add both columns)

Check if additional pages  
have been attached.

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/ reimbursements)

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

Total Expenditures:

MAKE AS MANY COPIES  
OF THIS PAGE AS YOU NEED.

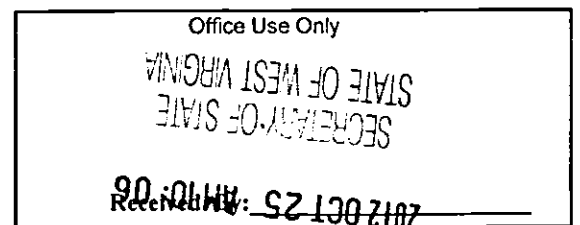
OATH OR AFFIRMATION

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

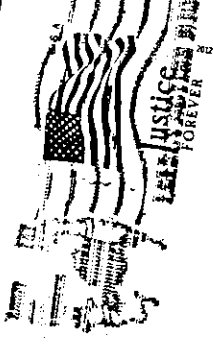
Date 10.22.12 20\_\_



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MANUFACTURERS ASSOCIATION  
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CHARLESTON WV 25303  
24 OCT 2012 PM 11



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