



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**McKinley for Congress**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	177535.14	750377.73
(b) Total Contribution Refunds (from Line 20(d)) .....	1200.00	4800.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	176335.14	745577.73
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	63684.25	275956.46
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	407.56
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	63684.25	275548.90
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1300693.50	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	415000.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**McKinley for Congress**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	58750.00	274980.00
(ii) Unitemized.....	4385.14	13641.96
(iii) TOTAL of contributions from individuals ▶	63135.14	288621.96
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	114400.00	461755.77
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	177535.14	750377.73
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	407.56
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	177535.14	750785.29

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	63684.25	275956.46
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	1200.00	2400.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2400.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1200.00	4800.00
21. OTHER DISBURSEMENTS .....	0.00	64600.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	64884.25	345356.46

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1188042.61
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	177535.14
25. SUBTOTAL (add Line 23 and Line 24).....	1365577.75
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	64884.25
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1300693.50

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 75
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**KENNETH ALLEN**

Mailing Address **FIVE HIGHLAND PARK**

City **WHEELING** State **WV** Zip Code **26003-5472**

FEC ID number of contributing federal political committee. **C**

Name of Employer **THE HEALTH PLAN** Occupation **PHYSICIAN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 31 / 2013**

**Transaction ID : SA11.6283**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**AUBREY Y. AYASH**

Mailing Address **850 JONASH LN.**

City **SAINT ALBANS** State **WV** Zip Code **25177-3987**

FEC ID number of contributing federal political committee. **C**

Name of Employer **FEDERAL COAL COMPANY** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 19 / 2013**

**Transaction ID : SA11.6185**

Amount of Each Receipt this Period  
**1500.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. DOYLE BARTLETT**

Mailing Address **609 OAKLEY PL**

City **ALEXANDRIA** State **VA** Zip Code **22302-3611**

FEC ID number of contributing federal political committee. **C**

Name of Employer **THE ERIS GROUP** Occupation **OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 12 / 2013**

**Transaction ID : SA11.6584**

Amount of Each Receipt this Period  
**150.00**  
 CONTRIBUTION

**IN-KIND: EVENT FACILITY RENTAL**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**2150.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 75
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. MARTHA J. BARVIN**

Mailing Address 5302 BRAESHEATHER DR

City HOUSTON State TX Zip Code 77096-4110

FEC ID number of contributing federal political committee. **C**

Name of Employer SERVICE WIRE COMPANY Occupation PROPERTY MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 22 / 2013

**Transaction ID : SA11.6147**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**RODNEY L. BEAN**

Mailing Address 1018 BRETTWALD DR.

City MORGANTOWN State WV Zip Code 26508-9414

FEC ID number of contributing federal political committee. **C**

Name of Employer STEPTOE & JOHNSON Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.6288**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOSEPH W. BOUTAUGH**

Mailing Address 4 POPLAR AVE., APT. 1

City WHEELING State WV Zip Code 26003-5781

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 20 / 2013

**Transaction ID : SA11.6244**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

850.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 75
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MS. CAROLINE V. BOYLE**

Mailing Address 165 MEADOW RIDGE

City MORGANTOWN State WV Zip Code 26505

FEC ID number of contributing federal political committee. **C**

Name of Employer PRESTON CONTRACTORS GROUPS Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5100.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2013

**Transaction ID : SA11.6328**

Amount of Each Receipt this Period  
2500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**EDWARD P. BOYLE, II**

Mailing Address ROUTE 26 SOUTH

City KINGWOOD State WV Zip Code 26537

FEC ID number of contributing federal political committee. **C**

Name of Employer PRESTON CONTRACTORS GROUPS Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2013

**Transaction ID : SA11.6316**

Amount of Each Receipt this Period  
2500.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**SARAH E. BOYLE**

Mailing Address 268 ORCHARD XING

City MORGANTOWN State WV Zip Code 26505-1728

FEC ID number of contributing federal political committee. **C**

Name of Employer PRESTON CONTRACTORS GROUPS Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2013

**Transaction ID : SA11.6333**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

6000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 75  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**TYLER M. BOYLE**

Mailing Address 12 GREENTREE DR.

City MORGANTOWN State WV Zip Code 26508-8635

FEC ID number of contributing federal political committee. **C**

Name of Employer PRESTON CONTRACTORS GROUPS Occupation EXECUTIVE

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.6334**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**WILLIAM G. BOYLE**

Mailing Address 217 SEEMONT DR

City KINGWOOD State WV Zip Code 26537-1705

FEC ID number of contributing federal political committee. **C**

Name of Employer PRESTON CONTRACTORS, INC. Occupation CONSULTANT

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.6320**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MRS. SUSAN S. BREWER**

Mailing Address 25 CEDARWOOD DR

City MORGANTOWN State WV Zip Code 26505-3628

FEC ID number of contributing federal political committee. **C**

Name of Employer STEPTOE & JOHNSON Occupation ATTORNEY

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.6281**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 75
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JIMMY BROCK**

Mailing Address 3300 DARRAH ST

City MORGANTOWN State WV Zip Code 26508-9187

FEC ID number of contributing federal political committee. **C**

Name of Employer CONSOL ENERGY Occupation CHIEF OPERATING OFFICER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 19 / 2013

**Transaction ID : SA11.6176**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**BROOKE H. BUNN**

Mailing Address 4600 KANAWHA AVE SE

City CHARLESTON State WV Zip Code 25304-1831

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.6317**

Amount of Each Receipt this Period  
 2600.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JAMES O. BUNN II**

Mailing Address 4600 KANAWHA AVE SE

City CHARLESTON State WV Zip Code 25304-1831

FEC ID number of contributing federal political committee. **C**

Name of Employer COAL RIVER ENERGY, LLC Occupation MINER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.6314**

Amount of Each Receipt this Period  
 2600.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

6200.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 75
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JAY W. CLEVELAND JR.**

Mailing Address 4565 WILLIAM PENN HWY

City MURRYSVILLE State PA Zip Code 15668-2003

FEC ID number of contributing federal political committee. **C**

Name of Employer CLEVELAND BROTHERS Occupation PRESIDENT & CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 20 / 2013

**Transaction ID : SA11.6225**

Amount of Each Receipt this Period  
2600.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS J. DEWITT**

Mailing Address 3146 DAHLIA WAY

City NAPLES State FL Zip Code 34105-3046

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 20 / 2013

**Transaction ID : SA11.6221**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**GREG ELLIOT**

Mailing Address PO BOC 2425

City CHARLESTON State WV Zip Code 25329-2425

FEC ID number of contributing federal political committee. **C**

Name of Employer AMFM Occupation IT DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 31 / 2013

**Transaction ID : SA11.6336**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3850.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 75
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JENNIFER ELLIOT**

Mailing Address P.O. BOX 2425

City CHARLESTON State WV Zip Code 25329-2425

FEC ID number of contributing federal political committee. **C**

Name of Employer WVUH-EAST JEFFERSON MEMORIAL H Occupation MEDICAL STAFF COORDINATOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.6315**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JOHN R. ELLIOT**

Mailing Address 1516 ROYALOKS RD.

City CHARLESTON State WV Zip Code 25314-1972

FEC ID number of contributing federal political committee. **C**

Name of Employer AMFM Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.6335**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOSEPH E. FIDLER**

Mailing Address RR 1 BOX 190-1

City LOST CREEK State WV Zip Code 26385-9741

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.6282**

Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2200.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 75
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**SCOTT FOX**

Mailing Address 215 PINE RD

City State Zip Code  
SEWICKLEY PA 15143-1158

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
THE ORCHARDS AT FOXCREST CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 19 / 2013

**Transaction ID : SA11.6177**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. CARL N. FRANKOVITCH**

Mailing Address 337 PENCO RD.

City State Zip Code  
WEIRTON WV 26062-3828

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
FRANKOVITCH ANETAKIS ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 20 / 2013

**Transaction ID : SA11.6231**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOSEPH C. GLAUB**

Mailing Address P.O. BOX 100

City State Zip Code  
STEUBENVILLE OH 43952-5100

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF EMPLOYED LAND LORD, PARTNER CMA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 20 / 2013

**Transaction ID : SA11.6228**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 75
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

Full Name (Last, First, Middle Initial) <b>A. DENISE A. GOOD</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2013	
Mailing Address PO BOX 157		<b>Transaction ID : SA11.6331</b>	
City TUNNELTON	State WV	Zip Code 26444-0157	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer MOUNTAINEER CONTRACTORS, INC.	Occupation EXECUTIVE		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>B. MR. SIDNEY E. GRISELL</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 27 / 2013	
Mailing Address 505 WHEELING AVE.		<b>Transaction ID : SA11.6271</b>	
City GLEN DALE	State WV	Zip Code 26038-1639	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 850.00		

Full Name (Last, First, Middle Initial) <b>C. MR. JOHN R. HARDESTY</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 20 / 2013	
Mailing Address 3120 N GREYSTONE DR.		<b>Transaction ID : SA11.6224</b>	
City MORGANTOWN	State WV	Zip Code 26508-8601	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 75
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JAMES H. HARLESS**

Mailing Address P.O. BOX 1210

City State Zip Code  
GILBERT WV 25621-1210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INTERNATIONAL INDUSTRIES, INC. CHAIRMAN OF BOARD

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 20 / 2013

**Transaction ID : SA11.6232**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. STEVEN HART**

Mailing Address 701 8TH ST NW, FL 5

City State Zip Code  
WASHINGTON DC 20001-3958

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
WILLIAMS AND JENSEN ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 18 / 2013

**Transaction ID : SA11.6173**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JOHN HEATER**

Mailing Address 103 BIRCH ST

City State Zip Code  
GASSAWAY WV 26624-1151

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GOMART INC MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 27 / 2013

**Transaction ID : SA11.6272**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 75
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM JERNIGAN**

Mailing Address **PO BOX 11887**

City **CHARLESTON** State **WV** Zip Code **25339-1887**

FEC ID number of contributing federal political committee. **C**

Name of Employer **DINSMORE & SHOHL** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 20 / 2013**

**Transaction ID : SA11.6270**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MICHAEL JOHN**

Mailing Address **1205 WILLIAMSBURG WAY**

City **CHARLESTON** State **WV** Zip Code **25314-1937**

FEC ID number of contributing federal political committee. **C**

Name of Employer **EASTERN ENERGIES** Occupation **VICE PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 02 / 2013**

**Transaction ID : SA11.6196**

Amount of Each Receipt this Period  
**2600.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. PATRICK D. KELLY**

Mailing Address **1614 TETER RD.**

City **CHARLESTON** State **WV** Zip Code **25314-2361**

FEC ID number of contributing federal political committee. **C**

Name of Employer **STEPTOE & JOHNSON** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 20 / 2013**

**Transaction ID : SA11.6219**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**3850.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 75
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. OREN KITTS**

Mailing Address 1509 MOUNT VERNON RD

City Charleston State WV Zip Code 25314-2533

FEC ID number of contributing federal political committee. **C**

Name of Employer INTERNATIONAL COAL GROUP, INC. Occupation SENIOR VICE PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : SA11.6273**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. T. RICHARD KOEHLER**

Mailing Address 204 WESTMINISTER DR.

City Wheeling State WV Zip Code 26003-5579

FEC ID number of contributing federal political committee. **C**

Name of Employer ADVANTAGE PAYROLL SYSTEMS, INC. Occupation MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 20 / 2013

**Transaction ID : SA11.6226**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ROBERT HOWARD LAMPTON**

Mailing Address PO BOX 2401

City JACKSON State MS Zip Code 39225-2401

FEC ID number of contributing federal political committee. **C**

Name of Employer ERGON Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 19 / 2013

**Transaction ID : SA11.6188**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1250.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 75
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD T. LEE**

Mailing Address **P.O. BOX 2113**

City **ORLANDO** State **FL** Zip Code **32802-2113**

FEC ID number of contributing federal political committee. **C**

Name of Employer **FAMLEE INVESTMENT CO.** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 20 / 2013**

**Transaction ID : SA11.6233**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JOSEPH WILLIAM MASON II**

Mailing Address **258 SUMMITWOODS DR.**

City **MCHENRY** State **MD** Zip Code **21541**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED PER BEST EFFC** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 31 / 2013**

**Transaction ID : SA11.6289**

Amount of Each Receipt this Period  
**300.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. M. PATRICK MCCUNE**

Mailing Address **2212 ASHBURY CLOSE**

City **POWELL** State **OH** Zip Code **43065-8605**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CITY NATIONAL BANK** Occupation **BANKER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**11 / 19 / 2013**

**Transaction ID : SA11.6181**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1800.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 75  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT T. MEEKS**

Mailing Address P.O. BOX 1046

City State Zip Code  
HURRICANE WV 25526-3046

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
A & L BUILDING MATERIALS EXECUTIVE

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 20 / 2013

**Transaction ID : SA11.6239**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JOHN MORK**

Mailing Address 4100 E MANSFIELD AVE.

City State Zip Code  
ENGLEWOOD CO 80113-4252

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ENERGY CORPORATION OF AMERICA PRESIDENT/CEO

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.6290**

Amount of Each Receipt this Period  
 2600.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**KIRSTEN S. MORK**

Mailing Address 4600 KANAWHA AVE. SE

City State Zip Code  
CHARLESTON WV 25304-1831

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE HOMEMAKER

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 19 / 2013

**Transaction ID : SA11.6186**

Amount of Each Receipt this Period  
 2400.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 75
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. KYLE MATTHEW MORK**

Mailing Address 4600 KANAWHA AVE. SE

City Charleston State WV Zip Code 25304-1831

FEC ID number of contributing federal political committee. **C**

Name of Employer ENERGY CORPORATION OF AMERICA Occupation SENIOR VICE PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 19 / 2013

**Transaction ID : SA11.6179**

Amount of Each Receipt this Period  
 2600.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. LAWRENCE A. PACK**

Mailing Address 300 SUMMERS ST., SUITE 1450

City Charleston State WV Zip Code 25301-1631

FEC ID number of contributing federal political committee. **C**

Name of Employer PACK CPA Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 20 / 2013

**Transaction ID : SA11.6220**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CHARLES PATTON**

Mailing Address 2125 PRESIDENTIAL DR

City Charleston State WV Zip Code 25314-2370

FEC ID number of contributing federal political committee. **C**

Name of Employer APPALACHIAN POWER Occupation PRESIDENT & COO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.6280**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4100.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 75
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. S. DOUG RITCHIE**

Mailing Address 11 2ND AVENUE E

City MURRAYSVILLE State WV Zip Code 26164-5975

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFF( Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.6326**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. PHILIP ROSENTHAL**

Mailing Address 7700 LEEDS MANOR CT.

City FAIRFAX STATION State VA Zip Code 22039-2340

FEC ID number of contributing federal political committee. **C**

Name of Employer NATIONWIDE CREDIT CORP Occupation MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 07 / 2013

**Transaction ID : SA11.6118**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. PHILIP ROSENTHAL**

Mailing Address 7700 LEEDS MANOR CT.

City FAIRFAX STATION State VA Zip Code 22039-2340

FEC ID number of contributing federal political committee. **C**

Name of Employer NATIONWIDE CREDIT CORP Occupation MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 20 / 2013

**Transaction ID : SA11.6223**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 75
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**F. SCOTT ROTRUCK**

Mailing Address 912 SUNCREST PLAE

City MORGANTOWN State WV Zip Code 26505

FEC ID number of contributing federal political committee. **C**

Name of Employer SPILMAN LAW Occupation DIRECTOR OF ENERGY & TRANSPORTATIC

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 19 / 2013

**Transaction ID : SA11.6182**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. CHRISTOPHER L. SLAUGHTER**

Mailing Address 4129 CYPRESS CIR

City CULLODEN State WV Zip Code 25510-9428

FEC ID number of contributing federal political committee. **C**

Name of Employer STEPTOE & JOHNSON, PLLC Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.6287**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MRS. CINDY L. STEORTS**

Mailing Address 452 TYLER WAY

City SCOTT DEPOT State WV Zip Code 25560-9399

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFF( Occupation INFORMATION REQUESTED PER BEST EFF(

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 01 / 2013

**Transaction ID : SA11.6160**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 75
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. CHRISTOPHER THOMAS**

Mailing Address 1 WOODCHUTE LN

City Charleston State WV Zip Code 25314-1525

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation RESOURCE MANAGEMENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 01 / 2013

**Transaction ID : SA11.6149**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**TINA M. TURNER**

Mailing Address 112 JAMES ST.

City KINGWOOD State WV Zip Code 26537-1630

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.6332**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. HENRY K. WILLARD II**

Mailing Address P.O. BOX 3269

City SHEPHERDSTOWN State WV Zip Code 25443-3269

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 20 / 2013

**Transaction ID : SA11.6230**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**2250.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 75
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. FRED WILLIAMS**

Mailing Address 4412 STAUNTON AVE

City CHARLESTON State WV Zip Code 25304-1744

FEC ID number of contributing federal political committee. **C**

Name of Employer STEPTOE & JOHNSON Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.6286**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JASON C. WORKMAN**

Mailing Address 323 HORSESHOE DR. W

City BRUCETON MILLS State WV Zip Code 26525-7507

FEC ID number of contributing federal political committee. **C**

Name of Employer PRESTON CONTRACTORS Occupation VICE PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.6330**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. GARY D. YOUNG**

Mailing Address 579 ROCKY STEP RD.

City WINFIELD State WV Zip Code 25213-9738

FEC ID number of contributing federal political committee. **C**

Name of Employer G&G BUILDERS, INC. Occupation CONTRACTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 20 / 2013

**Transaction ID : SA11.6227**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 75  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 14   
  15

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**HUNTON & WILLIAMS**

Mailing Address 2200 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20037-1709

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2013

**Transaction ID : SA11.6217**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

NO ITEMIZATION NECESSARY

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1000.00

58750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 75
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ACA INTERNATIONAL PAC**

Mailing Address 509 2ND ST NE

City WASHINGTON State DC Zip Code 20002-7726

FEC ID number of contributing federal political committee. **C C00034785**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 02 / 2013

**Transaction ID : SA11.6199**

Amount of Each Receipt this Period  
 1500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ACTION COMM. FOR RURAL ELECTRIFICATION**

Mailing Address 4301 WILSON BLVD

City ARLINGTON State VA Zip Code 22203-1867

FEC ID number of contributing federal political committee. **C C00002972**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 02 / 2013

**Transaction ID : SA11.6200**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**AIR LINE PILOTS ASSOC. INT'L PAC**

Mailing Address 1625 MASSACHUSETTS AVE NW

City WASHINGTON State DC Zip Code 20036-2212

FEC ID number of contributing federal political committee. **C C00035451**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.6300**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 75
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ALPHA NATURAL RESOURCES PAC**

Mailing Address 1301 PENNSYLVANIA AVE NW, STE 404

City WASHINGTON State DC Zip Code 20004-1730

FEC ID number of contributing federal political committee. **C** C00348524

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 05 / 2013

**Transaction ID : SA11.6206**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**AMEREN FED PAC**

Mailing Address 1331 PENNSYLVANIA AVE NW, STE 550S

City WASHINGTON State DC Zip Code 20004-1710

FEC ID number of contributing federal political committee. **C** C00206136

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.6337**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN ASSN OF NURSE PRACTITIONERS PAC**

Mailing Address PO BOX 12846

City AUSTIN State TX Zip Code 78711-2846

FEC ID number of contributing federal political committee. **C** C00358903

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2013

**Transaction ID : SA11.6162**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 75
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN ACADEMY OF OPHTHALMOLOGY PAC**

Mailing Address 1101 VERMONT AVE. NW, STE. 700

City	State	Zip Code
WASHINGTON	DC	20005-3526

FEC ID number of contributing federal political committee. **C** C00196246

Name of Employer	Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 02 / 2013

**Transaction ID : SA11.6201**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN COLLEGE OF CARDIOLOGY PAC**

Mailing Address 2400 N ST. NW

City	State	Zip Code
WASHINGTON	DC	20037-1153

FEC ID number of contributing federal political committee. **C** C00375360

Name of Employer	Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.6305**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN HEALTH CARE ASSOC PAC**

Mailing Address 1201 L ST NW

City	State	Zip Code
WASHINGTON	DC	20005-4024

FEC ID number of contributing federal political committee. **C** C00006080

Name of Employer	Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 20 / 2013

**Transaction ID : SA11.6266**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

\_\_\_\_\_ 4500.00

\_\_\_\_\_

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 75
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN SOC OF ANESTHESIOLOGISTS PAC**

Mailing Address 520 N NORTHWEST HWY

City State Zip Code  
PARK RIDGE IL 60068-2538

FEC ID number of contributing federal political committee. **C** C00255752

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 09 / 2013

**Transaction ID : SA11.6140**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN SOC OF ANESTHESIOLOGISTS PAC**

Mailing Address 520 N NORTHWEST HWY

City State Zip Code  
PARK RIDGE IL 60068-2538

FEC ID number of contributing federal political committee. **C** C00255752

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 19 / 2013

**Transaction ID : SA11.6194**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN SPEECH-LANGUAGE-HEARING ASSN PAC**

Mailing Address 2200 RESEARCH BLVD

City State Zip Code  
ROCKVILLE MD 20850-3289

FEC ID number of contributing federal political committee. **C** C00210666

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 05 / 2013

**Transaction ID : SA11.6208**

Amount of Each Receipt this Period  
2000.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 75
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**AT&T INC. FEDERAL PAC**

Mailing Address 208 S AKARD ST

City State Zip Code  
DALLAS TX 75202-4295

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 20 / 2013

**Transaction ID : SA11.6263**

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**BAXTER HEALTHCARE PAC**

Mailing Address 1501 K ST. NW, STE. 375

City State Zip Code  
WASHINGTON DC 20005-1416

FEC ID number of contributing federal political committee. **C** C00117838

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 05 / 2013

**Transaction ID : SA11.6213**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**BNSF RAILPAC**

Mailing Address P.O. BOX 961039

City State Zip Code  
FORT WORTH TX 76161-0039

FEC ID number of contributing federal political committee. **C** C00235739

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 05 / 2013

**Transaction ID : SA11.6211**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 75
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CHESAPEAKE ENERGY CORP. FEDERAL PAC**

Mailing Address P.O. BOX 18576

City OKLAHOMA CITY State OK Zip Code 73154-0576

FEC ID number of contributing federal political committee. **C** C00389288

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 19 / 2013

**Transaction ID : SA11.6190**

Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CLOROX EMPLOYEES PAC**

Mailing Address 1221 BROADWAY

City OAKLAND State CA Zip Code 94612-1837

FEC ID number of contributing federal political committee. **C** C00062224

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2013

**Transaction ID : SA11.6141**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**COALPAC**

Mailing Address 101 CONSTITUTION AVE NW, STE 500 E

City WASHINGTON State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C** C00109819

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.6292**

Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

12500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 75
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**COMCAST CORPORATION PAC**

Mailing Address 1701 JOHN F KENNEDY BLVD

City PHILADELPHIA State PA Zip Code 19103-2833

FEC ID number of contributing federal political committee. **C C00248716**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.6298**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**COMCAST CORPORATION PAC**

Mailing Address 1701 JOHN F KENNEDY BLVD

City PHILADELPHIA State PA Zip Code 19103-2833

FEC ID number of contributing federal political committee. **C C00248716**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.6299**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DOMINION POLITICAL ACTION COMMITTEE**

Mailing Address P.O. BOX 26666

City RICHMOND State VA Zip Code 23261-6666

FEC ID number of contributing federal political committee. **C C00108209**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
6600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 19 / 2013

**Transaction ID : SA11.6189**

Amount of Each Receipt this Period  
 900.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2900.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 75
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DOMINION POLITICAL ACTION COMMITTEE**

Mailing Address P.O. BOX 26666

City Richmond State VA Zip Code 23261-6666

FEC ID number of contributing federal political committee. **C** C00108209

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 6600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 19 / 2013

**Transaction ID : SA11.6586**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DUPONT GOOD GOVERNMENT PAC**

Mailing Address 1007 MARKET ST.

City WILMINGTON State DE Zip Code 19898-1100

FEC ID number of contributing federal political committee. **C** C00171926

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 20 / 2013

**Transaction ID : SA11.6264**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ELECTRICAL CONTRACTORS PAC**

Mailing Address 3 BETHESDA METRO CTR

City BETHESDA State MD Zip Code 20814-5330

FEC ID number of contributing federal political committee. **C** C00113811

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.6291**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4600.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 75
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**EMPLOYEES OF NORTHROP GRUMMAN PAC**

Mailing Address 2980 FAIRVIEW PARK DR.

City State Zip Code  
FALLS CHURCH VA 22042-4511

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 19 / 2013

**Transaction ID : SA11.6192**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**EMPLOYEES OF NORTHROP GRUMMAN PAC**

Mailing Address 2980 FAIRVIEW PARK DR.

City State Zip Code  
FALLS CHURCH VA 22042-4511

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 19 / 2013

**Transaction ID : SA11.6193**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ENTERPRISE HOLDINGS, INC. PAC**

Mailing Address 600 CORPORATE PARK DR

City State Zip Code  
SAINT LOUIS MO 63105-4204

FEC ID number of contributing federal political committee. **C** C00219642

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2013

**Transaction ID : SA11.6303**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 75
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ERIE INSURANCE PAC**

Mailing Address PO BOX 1699

City State Zip Code  
ERIE PA 16530-1000

FEC ID number of contributing federal political committee. **C C00153577**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 31 2013

**Transaction ID : SA11.6309**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**EVERY REPUBLICAN IS CRUCIAL (ERIC PAC)**

Mailing Address 25 E MAIN ST STE 200

City State Zip Code  
RICHMOND VA 23219-2109

FEC ID number of contributing federal political committee. **C C00384701**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 02 2013

**Transaction ID : SA11.6202**

Amount of Each Receipt this Period  
 5000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**FIRSTENERGY PAC**

Mailing Address 76 S MAIN ST

City State Zip Code  
AKRON OH 44308-1812

FEC ID number of contributing federal political committee. **C C00140855**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 01 2013

**Transaction ID : SA11.6148**

Amount of Each Receipt this Period  
 3000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

9000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 75
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A. FUND FOR AMERICAN OPPORTUNITY PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 65796

City WASHINGTON State DC Zip Code 20035-5796

FEC ID number of contributing federal political committee. **C C00336297**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 18 / 2013

**Transaction ID : SA11.6172**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B. GENERAL ELECTRIC PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1299 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20004-2400

FEC ID number of contributing federal political committee. **C C00024869**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 05 / 2013

**Transaction ID : SA11.6210**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C. GENTIVA HEALTH SERVICES INC. PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 12900 FOSTER ST

City OVERLAND PARK State KS Zip Code 66213-2704

FEC ID number of contributing federal political committee. **C C00407080**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 20 / 2013

**Transaction ID : SA11.6265**

Amount of Each Receipt this Period  
 4900.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

6900.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 75
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**GHC ANCILLARY CORP. PAC**

Mailing Address 101 E STATE ST

City KENNETT SQUARE State PA Zip Code 19348-3109

FEC ID number of contributing federal political committee. **C** C00292094

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.6294**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**HCR MANOR CARE PAC**

Mailing Address 333 N SUMMIT ST

City TOLEDO State OH Zip Code 43604-1531

FEC ID number of contributing federal political committee. **C** C00260141

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.6296**

Amount of Each Receipt this Period  
 1500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**HOUSING PAC**

Mailing Address PO BOX 2182

City CHARLESTON State WV Zip Code 25328-2182

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.6306**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

PERMISSIBLE FUNDS

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 75
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**IBEW-INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS PAC**

Mailing Address 900 SEVENTH ST NW

City WASHINGTON State DC Zip Code 20001-3886

FEC ID number of contributing federal political committee. **C C00027342**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 20 / 2013

**Transaction ID : SA11.6267**

Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**INTERNATIONAL UNION OF OPERATING ENGINEERS PAC**

Mailing Address 1125 SEVENTEENTH STREET, NW

City WASHINGTON State DC Zip Code 20036-4709

FEC ID number of contributing federal political committee. **C C00029504**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2013

**Transaction ID : SA11.6158**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**KELLEY DRYE & WARREN, LLP PAC**

Mailing Address 3050 K ST NW STE 400

City WASHINGTON State DC Zip Code 20007-5100

FEC ID number of contributing federal political committee. **C C00301929**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 14 / 2013

**Transaction ID : SA11.6168**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

8500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 75
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**LABORATORY CORP. OF AMERICA HOLDINGS PAC**

Mailing Address 231 MAPLE AVE

City BURLINGTON State NC Zip Code 27215-5848

FEC ID number of contributing federal political committee. **C C00314997**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 14 / 2013

**Transaction ID : SA11.6169**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**LINDE NORTH AMERICA, INC. ALLIANCE FOR GOOD GOVT**

Mailing Address 575 MOUNTAIN AVE

City MURRAY HILL State NJ Zip Code 07974-2097

FEC ID number of contributing federal political committee. **C C00471193**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 14 / 2013

**Transaction ID : SA11.6170**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**LOCKHEED MARTIN EMPLOYEES' PAC**

Mailing Address 2121 CRYSTAL DR, STE 100

City ARLINGTON State VA Zip Code 22202-3706

FEC ID number of contributing federal political committee. **C C00303024**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 09 / 2013

**Transaction ID : SA11.6139**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 75
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**LOCKHEED MARTIN EMPLOYEES' PAC**

Mailing Address 2121 CRYSTAL DR, STE 100

City ARLINGTON State VA Zip Code 22202-3706

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 05 / 2013

**Transaction ID : SA11.6207**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MCGUIRE WOODS PAC**

Mailing Address 901 E CARY ST.

City RICHMOND State VA Zip Code 23219-4063

FEC ID number of contributing federal political committee. **C** C00225342

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 02 / 2013

**Transaction ID : SA11.6205**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MCKESSON CORPORATION EMPLOYEES POLITICAL FUND**

Mailing Address 1 POST ST, 32ND FLOOR

City SAN FRANCISCO State CA Zip Code 94104-5255

FEC ID number of contributing federal political committee. **C** C00108035

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 05 / 2013

**Transaction ID : SA11.6212**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 75
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MYLAN INC PAC**

Mailing Address 700 6TH ST NW, STE 525

City WASHINGTON State DC Zip Code 20001-3980

FEC ID number of contributing federal political committee. **C C00332395**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.6293**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF BROADCASTERS PAC**

Mailing Address 1771 N ST NW

City WASHINGTON State DC Zip Code 20036-2800

FEC ID number of contributing federal political committee. **C C00009985**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 05 / 2013

**Transaction ID : SA11.6209**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL AIR TRAFFIC CONTROLLERS PAC**

Mailing Address 1325 MASSACHUSETTS AVE NW

City WASHINGTON State DC Zip Code 20005-4171

FEC ID number of contributing federal political committee. **C C00238725**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.6295**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 75
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A. NATIONAL ROOFING CONTRACTORS ASSOC PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 10255 W HIGGINS RD STE 600

City	State	Zip Code
ROSEMONT	IL	60018-5613

FEC ID number of contributing federal political committee. **C** C00244863

Name of Employer	Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 02 / 2013

**Transaction ID : SA11.6203**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B. NATL ASSN. OF HEALTH UNDERWRITERS PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1212 NEW YORK AVE. NW STE. 1100

City	State	Zip Code
WASHINGTON	DC	20005-3987

FEC ID number of contributing federal political committee. **C** C00283135

Name of Employer	Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 04 / 2013

**Transaction ID : SA11.6161**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C. NATL ASSOC OF CONVENIENCE STORES PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1600 DUKE ST.

City	State	Zip Code
ALEXANDRIA	VA	22314-3466

FEC ID number of contributing federal political committee. **C** C00126763

Name of Employer	Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 14 / 2013

**Transaction ID : SA11.6166**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 75
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A. Full Name (Last, First, Middle Initial)**  
**NATL ASSOC OF CONVENIENCE STORES PAC**

Mailing Address 1600 DUKE ST.

City ALEXANDRIA State VA Zip Code 22314-3466

FEC ID number of contributing federal political committee. **C** C00126763

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 14 / 2013

**Transaction ID : SA11.6167**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B. Full Name (Last, First, Middle Initial)**  
**NEA FUND FOR CHILDREN & PUBLIC EDUCATION**

Mailing Address 1201 6TH ST. NW STE. 420

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00003251

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.6301**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C. Full Name (Last, First, Middle Initial)**  
**NEW PIONEERS PAC**

Mailing Address 228 S WASHINGTON ST

City ALEXANDRIA State VA Zip Code 22314-5408

FEC ID number of contributing federal political committee. **C** C00459123

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 20 / 2013

**Transaction ID : SA11.6262**

Amount of Each Receipt this Period  
 2000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 75
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**NISOURCE INC. PAC**

Mailing Address 200 CIVIC CENTER DR

City COLUMBUS State OH Zip Code 43215-4138

FEC ID number of contributing federal political committee. **C** C00051979

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 19 / 2013

**Transaction ID : SA11.6191**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**POLITICAL EDUCATION FUND OF THE BCTD**

Mailing Address 815 16TH ST NW STE 600

City WASHINGTON State DC Zip Code 20006-4101

FEC ID number of contributing federal political committee. **C** C00003160

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 18 / 2013

**Transaction ID : SA11.6171**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**POLITICAL ACTION TOGETHER POLITICAL COMMITTEE**

Mailing Address 7234 PARKWAY DR.

City HANOVER State MD Zip Code 21076-1307

FEC ID number of contributing federal political committee. **C** C00000885

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.6307**

Amount of Each Receipt this Period  
 1500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 75
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**THOROUGHbred PAC**

Mailing Address P.O. BOX 65116

City WASHINGTON State DC Zip Code 20035-5116

FEC ID number of contributing federal political committee. **C C00425439**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.6297**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**TRANSPORTATION TRADES DEPT., AFL-CIO PAC**

Mailing Address 815 16TH ST NW 4TH FLOOR

City WASHINGTON State DC Zip Code 20006-4101

FEC ID number of contributing federal political committee. **C C00280909**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.6304**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**TRUST PAC TEAM REPUBLICANS UTILIZING SENSIBLE TACTICS**

Mailing Address 228 S WASHINGTON ST.  
STE. 115 BS

City ALEXANDRIA State VA Zip Code 22314-5404

FEC ID number of contributing federal political committee. **C C00330720**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.6308**

Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

8000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 75
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**UNITED TECHNOLOGIES PAC**

Mailing Address 1101 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20004-2504

FEC ID number of contributing federal political committee. **C** C00035683

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 02 / 2013

**Transaction ID : SA11.6204**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**UNITED TRANSPORTATION UNION PAC**

Mailing Address 24950 COUNTRY CLUB BLVD STE 340

City NORTH OLMSTED State OH Zip Code 44070-5333

FEC ID number of contributing federal political committee. **C** C00001636

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.6302**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**WALTER ENERGY INC. FEDERAL PAC**

Mailing Address 3000 RIVERCHASE GALLERIA, STE 1700

City BIRMINGHAM State AL Zip Code 35244-2378

FEC ID number of contributing federal political committee. **C** C00508341

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 20 / 2013

**Transaction ID : SA11.6269**

Amount of Each Receipt this Period  
 5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

8500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 75
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**WINDOW & DOOR MANUFACTURERS ASSOC. PAC**

Mailing Address 1831 BAY ST SE

City WASHINGTON State DC Zip Code 20003-2510

FEC ID number of contributing federal political committee. **C** C00492041

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 20 / 2013

**Transaction ID : SA11.6268**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1000.00

114400.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 OF 75	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

Full Name (Last, First, Middle Initial) <b>A. MR. DOYLE BARTLETT</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2013
Mailing Address 609 OAKLEY PL		Amount of Each Disbursement this Period 6150.00 <b>Transaction ID : SB17.6584</b>
City ALEXANDRIA State VA Zip Code 22302-3611	Purpose of Disbursement IN-KIND CONTRIBUTION	
Candidate Name	Category/Type	IN-KIND: EVENT FACILITY RENTAL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. AMY MCKINLEY</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 3204 ILLINOIS LN		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB17.I772</b>
City BELLINGHAM State WA Zip Code 98226	Purpose of Disbursement FINANCE CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. AMY MCKINLEY</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address 3204 ILLINOIS LN		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB17.I798</b>
City BELLINGHAM State WA Zip Code 98226	Purpose of Disbursement FINANCE CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 75	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

Full Name (Last, First, Middle Initial) <b>A. AMY MCKINLEY</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address 3204 ILLINOIS LN		Amount of Each Disbursement this Period 3000.00
City BELLINGHAM	State WA	
Zip Code 98226	Purpose of Disbursement FINANCE CONSULTING	Transaction ID : SB17.I810
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. MARY MCKINLEY</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2013
Mailing Address 147 BETHANY PIKE		Amount of Each Disbursement this Period 3385.22
City WHEELING	State WV	
Zip Code 26003	Purpose of Disbursement SEE MEMO	Transaction ID : SB17.I803
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. THE GREENBRIER</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2013
Mailing Address 300 W MAIN ST		Amount of Each Disbursement this Period 3385.22
City WHITE SULPHUR SPRING	State WV	
Zip Code 24986	Purpose of Disbursement EVENT CATERING	Transaction ID : SB17.I804
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6385.22
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 75			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A. MARY MCKINLEY**

Full Name (Last, First, Middle Initial)  
Mailing Address 147 BETHANY PIKE

City WHEELING State WV Zip Code 26003

Purpose of Disbursement SEE MEMO

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 12 / 03 / 2013

Amount of Each Disbursement this Period: 3360.00

Transaction ID : SB17.I811

**B. DUNBAR PRINTING & GRAPHICS LLC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1310 OHIO AVE

City DUNBAR State WV Zip Code 25064

Purpose of Disbursement PRINTING

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 12 / 03 / 2013

Amount of Each Disbursement this Period: 1485.00

Transaction ID : SB17.I812

[MEMO ITEM]

**C. U.S. HOUSE GIFT SHOP**

Full Name (Last, First, Middle Initial)  
Mailing Address LONGWORTH BUILDING

City WASHINGTON State DC Zip Code 20515

Purpose of Disbursement SUPPORTER GIFTS

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 12 / 03 / 2013

Amount of Each Disbursement this Period: 1875.00

Transaction ID : SB17.I813

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... 3360.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 75			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

Full Name (Last, First, Middle Initial) <b>A. BRIDGE ROAD BISTRO</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2013
Mailing Address 915 BRIDGE RD		Amount of Each Disbursement this Period 490.77 <b>Transaction ID : SB17.I773</b>
City CHARLESTON State WV Zip Code 25314	Purpose of Disbursement EVENT CATERING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. BRIDGE ROAD BISTRO</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2013
Mailing Address 915 BRIDGE RD		Amount of Each Disbursement this Period 773.99 <b>Transaction ID : SB17.I814</b>
City CHARLESTON State WV Zip Code 25314	Purpose of Disbursement EVENT ROOM RENTAL/CATERING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. CAPITOL HILL CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address 300 1ST ST SE		Amount of Each Disbursement this Period 494.78 <b>Transaction ID : SB17.I797</b>
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement MEETING EXPENSE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1759.54
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 OF 75	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

Full Name (Last, First, Middle Initial) <b>A. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 11 / 2013</b>
Mailing Address 1593 SPRING HILL RD, STE 400		Amount of Each Disbursement this Period <b>2400.00</b>
City TYSONS CORNER State VA Zip Code 22182	Purpose of Disbursement SOFTWARE	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I774</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. DEEM STRATEGIC CONSULTING, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 11 / 2013</b>
Mailing Address 337 FOUNTAIN VIEW		Amount of Each Disbursement this Period <b>4412.94</b>
City MORGANTOWN State WV Zip Code 26505	Purpose of Disbursement SEE MEMO	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I776</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. DEEM STRATEGIC CONSULTING, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 11 / 2013</b>
Mailing Address 337 FOUNTAIN VIEW		Amount of Each Disbursement this Period <b>3897.80</b>
City MORGANTOWN State WV Zip Code 26505	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I777</b> <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>6812.94</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 75	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

Full Name (Last, First, Middle Initial) <b>A. DEEM STRATEGIC CONSULTING, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013
Mailing Address 337 FOUNTAIN VIEW		Amount of Each Disbursement this Period 246.84
City MORGANTOWN State WV Zip Code 26505	Purpose of Disbursement MILEAGE REIMBURSEMENT	
Candidate Name	Category/Type	Transaction ID : SB17.I781 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. SCREEN GRAPHICS, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013
Mailing Address 5 BANK ST		Amount of Each Disbursement this Period 42.00
City NITRO State WV Zip Code 25143	Purpose of Disbursement EVENT SIGNS	
Candidate Name	Category/Type	Transaction ID : SB17.I780 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. UPS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013
Mailing Address 55 GLENLAKE PKWY NE		Amount of Each Disbursement this Period 151.30
City ATLANTA State GA Zip Code 30328	Purpose of Disbursement SHIPPING	
Candidate Name	Category/Type	Transaction ID : SB17.I778 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 53 OF 75	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 11 / 2013</b>
Mailing Address <b>2501 CHAPLINE ST</b>		Amount of Each Disbursement this Period <b>75.00</b>
City <b>WHEELING</b> State <b>WV</b> Zip Code <b>26003</b>	Purpose of Disbursement <b>POSTAGE</b>	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I779</b>  <b>[MEMO ITEM]</b>
State: District: <b>00</b>		

Full Name (Last, First, Middle Initial) <b>B. DEEM STRATEGIC CONSULTING, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 12 / 2013</b>
Mailing Address <b>337 FOUNTAIN VIEW</b>		Amount of Each Disbursement this Period <b>1750.00</b>
City <b>MORGANTOWN</b> State <b>WV</b> Zip Code <b>26505</b>	Purpose of Disbursement <b>FUNDRAISING CONSULTING</b>	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I802</b>
State: District: <b>00</b>		

Full Name (Last, First, Middle Initial) <b>C. DEEM STRATEGIC CONSULTING, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 04 / 2013</b>
Mailing Address <b>337 FOUNTAIN VIEW</b>		Amount of Each Disbursement this Period <b>1750.00</b>
City <b>MORGANTOWN</b> State <b>WV</b> Zip Code <b>26505</b>	Purpose of Disbursement <b>FUNDRAISING CONSULTING</b>	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I815</b>
State: District: <b>00</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 54 OF 75	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

Full Name (Last, First, Middle Initial) <b>A. DEEM STRATEGIC CONSULTING, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013	
Mailing Address 337 FOUNTAIN VIEW			Amount of Each Disbursement this Period 656.78	
City MORGANTOWN	State WV	Zip Code 26505	Transaction ID : SB17.I827	
Purpose of Disbursement SEE MEMO		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: 00				

Full Name (Last, First, Middle Initial) <b>B. DEEM STRATEGIC CONSULTING, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013	
Mailing Address 337 FOUNTAIN VIEW			Amount of Each Disbursement this Period 159.12	
City MORGANTOWN	State WV	Zip Code 26505	Transaction ID : SB17.I831	
Purpose of Disbursement MILEAGE REIMBURSEMENT		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: 00				

Full Name (Last, First, Middle Initial) <b>C. OFFICE DEPOT</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013	
Mailing Address 6600 N MILITARY TRL			Amount of Each Disbursement this Period 162.37	
City BOCA RATON	State FL	Zip Code 33496	Transaction ID : SB17.I829	
Purpose of Disbursement EVENT SUPPLIES		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: 00				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	656.78
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 55 OF 75	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

Full Name (Last, First, Middle Initial) <b>A. UPS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 55 GLENLAKE PKWY NE		Amount of Each Disbursement this Period 126.98
City ATLANTA	State GA Zip Code 30328	
Purpose of Disbursement SHIPPING	Category/Type	Transaction ID : SB17.I828
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 2501 CHAPLINE ST		Amount of Each Disbursement this Period 123.51
City WHEELING	State WV Zip Code 26003	
Purpose of Disbursement POSTAGE	Category/Type	Transaction ID : SB17.I830
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. INTELLIGENICS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013
Mailing Address P.O. BOX 6819		Amount of Each Disbursement this Period 495.00
City WHEELING	State WV Zip Code 26003	
Purpose of Disbursement WEB DEVELOPMENT	Category/Type	Transaction ID : SB17.I775
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	495.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 75		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

Full Name (Last, First, Middle Initial) <b>A. MAI &amp; ASSOCIATES LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 21 / 2013</b>
Mailing Address <b>901 N MONROE ST APT 1306</b>		Amount of Each Disbursement this Period <b>5051.73</b>
City <b>ARLINGTON</b> State <b>VA</b> Zip Code <b>22201</b>	Purpose of Disbursement <b>SEE MEMO</b>	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I793</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <b>00</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. MAI &amp; ASSOCIATES LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 21 / 2013</b>
Mailing Address <b>901 N MONROE ST APT 1306</b>		Amount of Each Disbursement this Period <b>5000.00</b>
City <b>ARLINGTON</b> State <b>VA</b> Zip Code <b>22201</b>	Purpose of Disbursement <b>CAMPAIGN STRATEGY</b>	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I794</b> <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <b>00</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. MAI &amp; ASSOCIATES LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 20 / 2013</b>
Mailing Address <b>901 N MONROE ST APT 1306</b>		Amount of Each Disbursement this Period <b>5000.00</b>
City <b>ARLINGTON</b> State <b>VA</b> Zip Code <b>22201</b>	Purpose of Disbursement <b>CAMPAIGN STRATEGY</b>	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I805</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <b>00</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>10051.73</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 57 OF 75	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

Full Name (Last, First, Middle Initial) <b>A. MAI &amp; ASSOCIATES LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 901 N MONROE ST APT 1306		Amount of Each Disbursement this Period 5201.04
City ARLINGTON State VA Zip Code 22201	Purpose of Disbursement SEE MEMO	
Candidate Name	Category/Type	Transaction ID : SB17.I819
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. MAI &amp; ASSOCIATES LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 901 N MONROE ST APT 1306		Amount of Each Disbursement this Period 5000.00
City ARLINGTON State VA Zip Code 22201	Purpose of Disbursement CAMPAIGN STRATEGY	
Candidate Name	Category/Type	Transaction ID : SB17.I820 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. WATERFRONT PLACE HOTEL</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 2 WATERFRONT PL		Amount of Each Disbursement this Period 118.72
City MORGANTOWN State WV Zip Code 26501	Purpose of Disbursement LODGING	
Candidate Name	Category/Type	Transaction ID : SB17.I821 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5201.04
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 58 OF 75	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>A. PAYPAL</b>		M M / D D / Y Y Y Y 10 / 01 / 2013	
Mailing Address 2211 N 1ST ST		Amount of Each Disbursement this Period	
City SAN JOSE State CA Zip Code 95131		30.00	
Purpose of Disbursement CC TRANSACTION FEES		Transaction ID : SB17.I791	
Candidate Name		Category/Type	
Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify)
State:	District: 00		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>B. PAYPAL</b>		M M / D D / Y Y Y Y 10 / 22 / 2013	
Mailing Address 2211 N 1ST ST		Amount of Each Disbursement this Period	
City SAN JOSE State CA Zip Code 95131		11.30	
Purpose of Disbursement CC TRANSACTION FEES		Transaction ID : SB17.I795	
Candidate Name		Category/Type	
Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify)
State:	District: 00		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>C. PAYPAL</b>		M M / D D / Y Y Y Y 11 / 02 / 2013	
Mailing Address 2211 N 1ST ST		Amount of Each Disbursement this Period	
City SAN JOSE State CA Zip Code 95131		30.00	
Purpose of Disbursement CC TRANSACTION FEES		Transaction ID : SB17.I799	
Candidate Name		Category/Type	
Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify)
State:	District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	71.30
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 75			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>A. PAYPAL</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>13</td> <td></td> <td>2013</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	11		13		2013
M M	/	D D	/	Y Y Y Y									
11		13		2013									
Mailing Address 2211 N 1ST ST		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>SAN JOSE</td> <td>CA</td> <td>95131</td> </tr> </table>		City	State	Zip Code	SAN JOSE	CA	95131	<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td>1.03</td> </tr> </table>		Amount of Each Disbursement this Period	1.03		
City	State	Zip Code											
SAN JOSE	CA	95131											
Amount of Each Disbursement this Period													
1.03													
Purpose of Disbursement CC TRANSACTION FEES		Transaction ID : SB17.I800											
Candidate Name		Category/Type											
Office Sought:	Disbursement For:												
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												
State: District: 00													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>B. PAYPAL</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>02</td> <td></td> <td>2013</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	12		02		2013
M M	/	D D	/	Y Y Y Y									
12		02		2013									
Mailing Address 2211 N 1ST ST		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>SAN JOSE</td> <td>CA</td> <td>95131</td> </tr> </table>		City	State	Zip Code	SAN JOSE	CA	95131	<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td>30.00</td> </tr> </table>		Amount of Each Disbursement this Period	30.00		
City	State	Zip Code											
SAN JOSE	CA	95131											
Amount of Each Disbursement this Period													
30.00													
Purpose of Disbursement CC TRANSACTION FEES		Transaction ID : SB17.I817											
Candidate Name		Category/Type											
Office Sought:	Disbursement For:												
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												
State: District: 00													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>C. PAYPAL</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>25</td> <td></td> <td>2013</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	11		25		2013
M M	/	D D	/	Y Y Y Y									
11		25		2013									
Mailing Address 2211 N 1ST ST		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>SAN JOSE</td> <td>CA</td> <td>95131</td> </tr> </table>		City	State	Zip Code	SAN JOSE	CA	95131	<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td>2.63</td> </tr> </table>		Amount of Each Disbursement this Period	2.63		
City	State	Zip Code											
SAN JOSE	CA	95131											
Amount of Each Disbursement this Period													
2.63													
Purpose of Disbursement CC TRANSACTION FEES		Transaction ID : SB17.I818											
Candidate Name		Category/Type											
Office Sought:	Disbursement For:												
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												
State: District: 00													

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	33.63
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 75			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

Full Name (Last, First, Middle Initial) <b>A. PAYPAL</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 2211 N 1ST ST		Amount of Each Disbursement this Period 4.08
City SAN JOSE	State CA	
Zip Code 95131	Purpose of Disbursement CC TRANSACTION FEES	Transaction ID : SB17.I836
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. PROFESSIONAL DATA SERVICES, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2013
Mailing Address 2470 DANIELS BRIDGE RD STE 121		Amount of Each Disbursement this Period 3056.32
City ATHENS	State GA	
Zip Code 30606	Purpose of Disbursement COMPLIANCE CONSULTING	Transaction ID : SB17.I790
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. PROFESSIONAL DATA SERVICES, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2013
Mailing Address 2470 DANIELS BRIDGE RD STE 121		Amount of Each Disbursement this Period 1500.00
City ATHENS	State GA	
Zip Code 30606	Purpose of Disbursement COMPLIANCE CONSULTING	Transaction ID : SB17.I796
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4560.40
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 75			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

Full Name (Last, First, Middle Initial) <b>A. REGATTA BAR &amp; GRILLE</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2013
Mailing Address 2 WATERFRONT PL		Amount of Each Disbursement this Period 630.00
City MORGANTOWN	State WV	
Zip Code 26501	Purpose of Disbursement EVENT CATERING	Transaction ID : SB17.I809
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. STONEWALL RESORT</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013
Mailing Address 940 RESORT DR		Amount of Each Disbursement this Period 1003.61
City ROANOKE	State WV	
Zip Code 26447	Purpose of Disbursement EVENT CATERING	Transaction ID : SB17.I783
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. THE GREENBRIER</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013
Mailing Address 300 W MAIN ST		Amount of Each Disbursement this Period 1514.93
City WHITE SULPHUR SPRING	State WV	
Zip Code 24986	Purpose of Disbursement EVENT CATERING	Transaction ID : SB17.I782
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3148.54
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 75			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

Full Name (Last, First, Middle Initial) <b>A. THE THEODORE COMPANY, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2013
Mailing Address P.O. BOX 320412			Amount of Each Disbursement this Period 7053.37
City ALEXANDRIA	State VA	Zip Code 22320	
Purpose of Disbursement SEE MEMO		Category/ Type	<b>Transaction ID : SB17.I784</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00			

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2013
Mailing Address 1593 SPRING HILL RD, STE 400			Amount of Each Disbursement this Period 147.75
City TYSONS CORNER	State VA	Zip Code 22182	
Purpose of Disbursement DATABASE MANAGEMENT/E-MARKETING		Category/ Type	<b>Transaction ID : SB17.I789</b> <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00			

Full Name (Last, First, Middle Initial) <b>C. FEDERAL EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2013
Mailing Address 13155 NOEL RD STE 1600			Amount of Each Disbursement this Period 43.62
City DALLAS	State TX	Zip Code 75240	
Purpose of Disbursement SHIPPING		Category/ Type	<b>Transaction ID : SB17.I788</b> <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7053.37
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 75			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

Full Name (Last, First, Middle Initial) <b>A. JOHNNY'S HALF SHELL</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2013
Mailing Address 400 N CAPITOL ST NW		Amount of Each Disbursement this Period 500.00
City WASHINGTON	State DC	
Zip Code 20001	Purpose of Disbursement EVENT FACILITY RENTAL/CATERING	Transaction ID : SB17.I787  [MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. RUNYAN HOLDINGS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2013
Mailing Address 8 E ST SE		Amount of Each Disbursement this Period 250.00
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement EVENT ROOM RENTAL FEE	Transaction ID : SB17.I786  [MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. THE THEODORE COMPANY, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2013
Mailing Address P.O. BOX 320412		Amount of Each Disbursement this Period 6112.00
City ALEXANDRIA	State VA	
Zip Code 22320	Purpose of Disbursement FUNDRAISING CONSULTING	Transaction ID : SB17.I785  [MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 65 OF 75	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

Full Name (Last, First, Middle Initial) <b>A. THE THEODORE COMPANY, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2013
Mailing Address P.O. BOX 320412		Amount of Each Disbursement this Period 343.93 <b>Transaction ID : SB17.I806</b>
City ALEXANDRIA	State VA	
Zip Code 22320	Purpose of Disbursement SEE MEMO	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2013
Mailing Address 1593 SPRING HILL RD, STE 400		Amount of Each Disbursement this Period 185.63 <b>Transaction ID : SB17.I808</b> <b>[MEMO ITEM]</b>
City TYSONS CORNER	State VA	
Zip Code 22182	Purpose of Disbursement DATABASE MANAGEMENT/E-MARKETING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) <b>C. FEDERAL EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2013
Mailing Address 13155 NOEL RD STE 1600		Amount of Each Disbursement this Period 116.72 <b>Transaction ID : SB17.I807</b> <b>[MEMO ITEM]</b>
City DALLAS	State TX	
Zip Code 75240	Purpose of Disbursement SHIPPING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	343.93
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 66 OF 75	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

Full Name (Last, First, Middle Initial) <b>A. THE THEODORE COMPANY, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 20 / 2013</b>
Mailing Address <b>P.O. BOX 320412</b>		Amount of Each Disbursement this Period <b>2461.33</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	
Zip Code <b>22320</b>	Purpose of Disbursement <b>SEE MEMO</b>	<b>Transaction ID : SB17.I822</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: <b>00</b>		

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 20 / 2013</b>
Mailing Address <b>1593 SPRING HILL RD, STE 400</b>		Amount of Each Disbursement this Period <b>258.31</b>
City <b>TYSONS CORNER</b>	State <b>VA</b>	
Zip Code <b>22182</b>	Purpose of Disbursement <b>DATABASE MANAGEMENT/E-MARKETING</b>	<b>Transaction ID : SB17.I825</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District: <b>00</b>		

Full Name (Last, First, Middle Initial) <b>C. FEDERAL EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 20 / 2013</b>
Mailing Address <b>13155 NOEL RD STE 1600</b>		Amount of Each Disbursement this Period <b>13.59</b>
City <b>DALLAS</b>	State <b>TX</b>	
Zip Code <b>75240</b>	Purpose of Disbursement <b>SHIPPING</b>	<b>Transaction ID : SB17.I826</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District: <b>00</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2461.33</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 75			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

Full Name (Last, First, Middle Initial) <b>A. JOHNNY'S HALF SHELL</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 400 N CAPITOL ST NW			Amount of Each Disbursement this Period 1474.70
City WASHINGTON	State DC	Zip Code 20001	Transaction ID : SB17.I823  [MEMO ITEM]
Purpose of Disbursement EVENT CATERING		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. TORTILLA COAST</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 400 1ST ST SE			Amount of Each Disbursement this Period 713.42
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SB17.I824  [MEMO ITEM]
Purpose of Disbursement EVENT CATERING		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. USPS</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2013
Mailing Address 2501 CHAPLINE ST			Amount of Each Disbursement this Period 555.52
City WHEELING	State WV	Zip Code 26003	Transaction ID : SB17.I816
Purpose of Disbursement POSTAGE		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	555.52
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 75			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

Full Name (Last, First, Middle Initial) <b>A. WEST VIRGINIA REPUBLICAN PARTY</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 21 / 2013</b>
Mailing Address P.O. BOX 2711		Amount of Each Disbursement this Period <b>1000.00</b>
City CHARLESTON State WV Zip Code 25330	Purpose of Disbursement EVENT TICKETS	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I792</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District: 00	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>63684.25</b>

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 75			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

Full Name (Last, First, Middle Initial) <b>A. THOMAS CUSHMAN</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2013	
Mailing Address 167 HAWKS CHASE LN			Amount of Each Disbursement this Period 1200.00	
City DANIELS	State WV	Zip Code 25832	Transaction ID : SB20A.I801	
Purpose of Disbursement REFUND		Category/Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District: 00			

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		Category/Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		Category/Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1200.00
<b>TOTAL</b> This Period (last page this line number only).....	1200.00

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

Transaction ID : **LS10311.C1095**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**David McKinley**

**[PERSONAL FUNDS]**

Election:

Primary  
 General  
 Other (specify) ▼  
Primary 2010

Mailing Address  
23 Stamm Ln

City State ZIP Code  
Wheeling WV 26003-5542

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
100000.00 85000.00 15000.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 03 / D 31 / Y 2010 M M / D D / On Demand 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶ 15000.00

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **McKinley for Congress** Transaction ID : **Ls10311.C1097**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>David McKinley</b>	<b>[PERSONAL FUNDS]</b>	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2010
Mailing Address 23 Stamm Ln		

City	State	ZIP Code
Wheeling	WV	26003-5542

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 04 / D 21 / Y 2010	M M / D D / On Demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	<input style="width: 100%;" type="text" value="50000.00"/>
<b>TOTALS</b> This Period (last page in this line only).....	<input style="width: 100%;" type="text"/>

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **McKinley for Congress** Transaction ID : **LS10311.C1098**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>David McKinley</b>	<b>[PERSONAL FUNDS]</b>	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2010
Mailing Address 23 Stamm Ln		

City	State	ZIP Code
Wheeling	WV	26003-5542

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 04 / D 30 / Y 2010	M M / D D / On Demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	100000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **McKinley for Congress** Transaction ID : **LS10311.C1100**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>David McKinley</b>	<b>[PERSONAL FUNDS]</b>	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General 2010
Mailing Address 23 Stamm Ln		

City	State	ZIP Code
Wheeling	WV	26003-5542

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150000.00	100000.00	50000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
06 / 30 / 2010	On Demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	50000.00
<b>TOTALS</b> This Period (last page in this line only).....	[ ]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

Transaction ID : **LS10311.C1101**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**David McKinley**

**[PERSONAL FUNDS]**

Election:

Primary  
 General  
 Other (specify) ▼  
General 2010

Mailing Address  
23 Stamm Ln

City State ZIP Code  
Wheeling WV 26003-5542

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150000.00	0.00	150000.00

### TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 30 / 2010	On Demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ 150000.00

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

Transaction ID : **LS10311.C1103**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**David McKinley**

**[PERSONAL FUNDS]**

Election:

Primary  
 General  
 Other (specify) ▼  
General 2010

Mailing Address  
23 Stamm Ln

City State ZIP Code  
Wheeling WV 26003-5542

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

### TERMS

Date Incurred: M 10 / D 26 / Y 2010  
 Date Due: M M / D D / Y On Demand  
 Interest Rate: 0.00 % (apr)  
 Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	50000.00
<b>TOTALS</b> This Period (last page in this line only).....	415000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.