

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER  
2015 AUG -6 AM 11:36  
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

REGENERATE WEST VIRGINIA

ADDRESS (number and street) PO BOX 11376

Check if different than previously reported. (ACC)

CHARLESTON WV 25339-11376

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

00051770

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
  - Feb 20 (M2)
  - May 20 (M5)
  - Aug 20 (M8)
  - Nov 20 (M11) (Non-Election Year Only)
  - Mar 20 (M3)
  - Jun 20 (M6)
  - Sep 20 (M9)
  - Dec 20 (M12) (Non-Election Year Only)
  - Apr 20 (M4)
  - Jul 20 (M7)
  - Oct 20 (M10)
  - Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
  - Primary (12P)
  - General (12G)
  - Runoff (12R)
  - Convention (12C)
  - Special (12S)

Election on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ in the State of \_\_\_\_\_

- (d) 30-Day POST-Election Report for the:
  - General (30G)
  - Runoff (30R)
  - Special (30S)

Election on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 / 01 / 2015 through 06 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JULIE ANN ARCHER

Signature of Treasurer *Julie Ann Archer*

Date 07 / 30 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only									
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FEC FORM 3X  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

REGENERATE WEST VIRGINIA

Report Covering the Period: From:

01 / 01 / 2015

To:

06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		7,495.53
(b) Cash on Hand at Beginning of Reporting Period.....	7,495.53	
(c) Total Receipts (from Line 19).....	3,102.00	3,102.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	10,597.53	10,597.53
7. Total Disbursements (from Line 31).....	3,821.12	3,821.12
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	6,776.41	6,776.41
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....		



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**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 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**REGENERATE WEST VIRGINIA**

Report Covering the Period: From:

01 / 01 / 2015

To:

06 / 30 / 2015

**I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

11. Contributions (other than loans) From:

- (a) Individuals/Persons Other Than Political Committees
  - (i) Itemized (use Schedule A).....
  - (ii) Unitemized.....
  - (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

3,002.00

3,002.00

3,002.00

3,002.00

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

1,000.00

1,000.00

3,102.00

3,102.00

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H3).....

- (b) Levin Funds (from Schedule H5).....

- (c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

3,102.00

3,102.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

3,102.00

3,102.00

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. Disbursements**

	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....		
(ii) Non-Federal Share .....		
(b) Other Federal Operating Expenditures .....	1,351.12	1,351.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1,351.12	1,351.12
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	2,500.00	2,500.00
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F) .....		
26. Loan Repayments Made .....		
27. Loans Made .....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		
29. Other Disbursements .....		
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share .....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)) .....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3,821.12	3,821.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....		

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	3,102.00	3,102.00
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3,102.00	3,102.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1,351.12	1,351.12
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1,351.12	1,351.12

AMERICAN OVERSIGHT

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

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

FOR LINE NUMBER: (check only one)	PAGE	OF
<input checked="" type="checkbox"/> 11a	1	1
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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)  
**REGENERATE WEST VIRGINIA**

Full Name (Last, First, Middle Initial) <b>A. Reneta Pore</b>		Date of Receipt <b>03 / 19 / 2015</b>
Mailing Address <b>2311 Woodlawn</b>		Amount of Each Receipt this Period <b>250.00</b>
City <b>Charleston</b>	State Zip Code <b>WV 25303</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer <b>West Virginians for Affordable HealthCare</b>	Occupation <b>Health Policy Director</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Dawn Weinfeld</b>		Date of Receipt <b>04 / 09 / 2015</b>
Mailing Address <b>1535 Lee Street East</b>		Amount of Each Receipt this Period <b>250.00</b>
City <b>Charleston</b>	State Zip Code <b>WV 25311</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer <b>WV State Auditor</b>	Occupation <b>Attorney</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Richard Lindsey</b>		Date of Receipt <b>04 / 09 / 2015</b>
Mailing Address <b>505 Nancy Street</b>		Amount of Each Receipt this Period <b>250.00</b>
City <b>Charleston</b>	State Zip Code <b>WV 25311</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer <b>Taber Lindsey &amp; Associates</b>	Occupation <b>Attorney</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

SUBTOTAL of Receipts This Page (optional).....▶	<b>750.00</b>
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE **2 OF 3**

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**REGENERATE WEST VIRGINIA**

A. **Rosemary Eddington**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **1409 Quorum Street**  
 City: **Charleston** State: **WV** Zip Code: **25301**  
 Date of Receipt: **04 / 09 / 2015**  
 Amount of Each Receipt this Period: **250.00**  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: **United Methodist** Occupation: **Retired Minister**  
 Receipt For:  Primary  General  Other (specify) **Congregation**  
 Aggregate Year-to-Date: **250.00**

B. **Melvin Hoover**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **1409 Quorum Street**  
 City: **Charleston** State: **WV** Zip Code: **25301**  
 Date of Receipt: **04 / 09 / 2015**  
 Amount of Each Receipt this Period: **250.00**  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: **United Methodist** Occupation: **Retired Minister**  
 Receipt For:  Primary  General  Other (specify) **Congregation**  
 Aggregate Year-to-Date: **250.00**

C. **Julie Archer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **PO Box 207**  
 City: **Summers** State: **WV** Zip Code: **25567**  
 Date of Receipt: **04 / 09 / 2015**  
 Amount of Each Receipt this Period: **250.00**  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: **WV Citizen Action Group** Occupation: **Project Manager**  
 Receipt For:  Primary  General  Other (specify) **Project Manager**  
 Aggregate Year-to-Date: **250.00**

SUBTOTAL of Receipts This Page (optional)..... **750.00**  
 TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE **3** OF **7**  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**REGENERATE WEST VIRGINIA**

Full Name (Last, First, Middle Initial)  
**A. Julie Pratt**

Mailing Address  
**104 Buckhorn Road**

City State Zip Code  
**Charleston WV 25314**

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

Name of Employer  
**Self/Ridgeline: Ideas in Action**

Occupation  
**Writer/Nonprofit Consultant**

Receipt For:  
 Primary  General  
 Other (specify) **▼**

Aggregate Year-to-Date **▼**  
**250.00**

Date of Receipt  
**06 / 09 / 2015**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address  
**1237 Highland Road**

City State Zip Code  
**Charleston WV 25302**

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

Name of Employer  
**Maintain State Justice**

Occupation  
**Attorney**

Receipt For:  
 Primary  General  
 Other (specify) **▼**

Aggregate Year-to-Date **▼**  
**250.00**

Date of Receipt  
**04 / 13 / 2015**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address  
**1237 Highland Road**

City State Zip Code  
**Charleston WV 25302**

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

Name of Employer  
**WV FREE**

Occupation  
**Executive Director**

Receipt For:  
 Primary  General  
 Other (specify) **▼**

Aggregate Year-to-Date **▼**  
**250.00**

Date of Receipt  
**04 / 13 / 2015**

Amount of Each Receipt this Period  
**250.00**

SUBTOTAL of Receipts This Page (optional).....▶ **250.00**

TOTAL This Period (last page this line number only).....▶ **250.00**



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

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

FOR LINE NUMBER: PAGE 4 OF 7  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**REGENERATE WEST VIRGINIA**

**A. Justin Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **11 Briar Hill Road**  
 City: **Charleston** State: **WV** Zip Code: **25314**  
 Date of Receipt: **02 / 15 / 2015**  
 Amount of Each Receipt this Period: **25.00**  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: **WV Secretary of State** Occupation: **Policy Director**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: **50.00**

**B. Bill Price**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **19 Bradford Street**  
 City: **Charleston** State: **WV** Zip Code: **25304**  
 Date of Receipt: **03 / 04 / 2015**  
 Amount of Each Receipt this Period: **25.00**  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: **Sierra Club** Occupation: **Organizer**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: **7,500.00**

**C. Pamela M. Van Horn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **1620 A Franklin Avenue**  
 City: **Charleston** State: **WV** Zip Code: **25311**  
 Date of Receipt: **03 / 15 / 2015**  
 Amount of Each Receipt this Period: **21.00**  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: **Sep/Pam Van Horn, LLC** Occupation: **Business Owner**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: **1,230.00**

SUBTOTAL of Receipts This Page (optional)..... **188.00**  
 TOTAL This Period (last page this line number only).....

NON-PROFIT ORGANIZATION

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

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

FOR LINE NUMBER: PAGE **5** OF **7**

(check only one)

11a 13     11b 14     11c 15     12 16     17

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NAME OF COMMITTEE (In Full)

**REGENERATE WEST VIRGINIA**

Full Name (Last, First, Middle Initial)

A. **Kathryn Fizek**

Mailing Address

**1308 Ozkment Road**

City State Zip Code

**Charleston, WV 25314**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**WV FREE**

Occupation

**Development Associate**

Receipt For:

Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**75.00**

Date of Receipt

**03 / 15 / 2015**

Amount of Each Receipt this Period

**25.00**

Full Name (Last, First, Middle Initial)

B. **Emmitt Pepper**

Mailing Address

**1563 Quarrer Street**

City State Zip Code

**Charleston, WV 25311**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**WV Citizens Action Group**

Occupation

**Ex. Director, Energy Efficient**

Receipt For:

Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**WV 250.00**

Date of Receipt

**04 / 09 / 2015**

Amount of Each Receipt this Period

**250.00**

Full Name (Last, First, Middle Initial)

C. **Kate Leng**

Mailing Address

**18 Arlington Court**

City State Zip Code

**Charleston, WV 25301**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**50.00**

Date of Receipt

**04 / 09 / 2015**

Amount of Each Receipt this Period

**50.00**

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

**150.00**

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

**150.00**

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

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

FOR LINE NUMBER: PAGE **6** OF **7**  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**REGENERATE WEST VIRGINIA**

A. Full Name (Last, First, Middle Initial)  
**Brooke Drake**

Mailing Address  
**557 Burlew Drive**

City **Charleston, WV** State Zip Code **25302**

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

Name of Employer **Hussens Pizzz** Occupation **Server**

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date **100.00**

Date of Receipt **04 / 09 / 2015**

Amount of Each Receipt this Period **100.00**

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

Mailing Address  
**715 Helen Avenue**

City **Charleston, WV** State Zip Code **25302**

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

Name of Employer **WV Citizen Action Group** Occupation **Special Projects Coordinator**

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date **100.00**

Date of Receipt **05 / 04 / 2015**

Amount of Each Receipt this Period **25.00**

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

Mailing Address  
**1210 Garvin Avenue**

City **Charleston, WV** State Zip Code **25302**

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

Name of Employer **WV FREE** Occupation **Field Organizer**

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date **30.00**

Date of Receipt **05 / 11 / 2015**

Amount of Each Receipt this Period **10.00**

SUBTOTAL of Receipts This Page (optional)..... **230.00**

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 7 OF 7

11a  11b  11c  12  13  14  15  16  17

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NAME OF COMMITTEE (In Full)

**REGENERATE WEST VIRGINIA**

Full Name (Last, First, Middle Initial)

A. **Tisha Gay Reed**

Mailing Address

**703 Knewhe Avenue**

City

**Nitro**

State

**WV**

Zip Code

**25143**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**WV FREE**

Occupation

**Deputy Director**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**100.00**

Date of Receipt

**06 / 09 / 2015**

Amount of Each Receipt this Period

**25.00**

Full Name (Last, First, Middle Initial)

B. **Bred Heflin**

Mailing Address

**105 Bredford Street, Apt 3**

City

**Cheleston**

State

**WV**

Zip Code

**25301**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**Peunmaker, Inc.**

Occupation

**Account Executive**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**84.00**

Date of Receipt

**06 / 09 / 2015**

Amount of Each Receipt this Period

**21.00**

Full Name (Last, First, Middle Initial)

C.

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) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

**184.00**

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

**3002.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**REGENERATE WEST VIRGINIA**

A. **Netelle Tennant for Senate, Inc.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **PO Box 1063**  
 City: **Charleston** State: **WV** Zip Code: **25324**  
 Date of Receipt: **04 / 15 / 2015**  
 Amount of Each Receipt this Period: **100.00**  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: **100.00**

B. \_\_\_\_\_  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Date of Receipt: \_\_\_\_\_  
 Amount of Each Receipt this Period: \_\_\_\_\_  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: \_\_\_\_\_

C. \_\_\_\_\_  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Date of Receipt: \_\_\_\_\_  
 Amount of Each Receipt this Period: \_\_\_\_\_  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: \_\_\_\_\_

SUBTOTAL of Receipts This Page (optional).....▶ **100.00**  
 TOTAL This Period (last page this line number only).....▶ **100.00**

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

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

FOR LINE NUMBER: (check only one)

PAGE 1 OF 2

21b  22  23  24  25  26  
 27  28a  28b  28c  29  30b

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NAME OF COMMITTEE (In Full)

**REGENERATE WEST VIRGINIA**

Full Name (Last, First, Middle Initial)

Date of Disbursement

A.

**Bren Pomponio**

MM / DD / YYYY  
01 / 10 / 2015

Mailing Address

**1237 Highland Road**

City

**Charleston**

State

**WV**

Zip Code

**25302**

Purpose of Disbursement

**Reimbursement - Membership Retreat**

001

Amount of Each Disbursement this Period

27084

Candidate Name

Category/Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

B.

**Kathryn Flack**

MM / DD / YYYY  
01 / 20 / 2015

Mailing Address

**1308 Ozkment Road**

City

**Charleston**

State

**WV**

Zip Code

**25314**

Purpose of Disbursement

**Reimbursement - Membership Retreat**

001

Amount of Each Disbursement this Period

27634

Candidate Name

Category/Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

C.

**T. Grepmes**

MM / DD / YYYY  
04 / 13 / 2015

Mailing Address

**312 Buchanan Street**

City

**Charleston**

State

**WV**

Zip Code

**25302**

Purpose of Disbursement

**T-Shirts**

006

Amount of Each Disbursement this Period

39139

Candidate Name

Category/Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

69557

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE <u>2</u> OF <u>2</u>
	<input checked="" type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a
	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c
	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REGENERATE WEST VIRGINIA**

Full Name (Last, First, Middle Initial) <b>A. Taylor Books</b>		Date of Disbursement <b>04 / 16 / 2015</b>
Mailing Address <b>226 Capitol Street</b>		Amount of Each Disbursement this Period <b>100.00</b>
City <b>Charleston</b>	State <b>WV</b>	
Zip Code <b>25301</b>		Amount of Each Disbursement this Period <b>100.00</b>
Purpose of Disbursement <b>Room Rental - City Council Candidate Forum</b>		
Candidate Name		Category/Type <b>007</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:	

Full Name (Last, First, Middle Initial) <b>B. 84 Agency</b>		Date of Disbursement <b>05 / 21 / 2015</b>
Mailing Address <b>1542 Lee Street East</b>		Amount of Each Disbursement this Period <b>555.55</b>
City <b>Charleston</b>	State <b>WV</b>	
Zip Code <b>25311</b>		Amount of Each Disbursement this Period <b>555.55</b>
Purpose of Disbursement <b>Design 3 Print Post Cards for Get Out the Vote</b>		
Candidate Name		Category/Type <b>007</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:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement
Mailing Address		
City	State	
Zip Code		
Purpose of Disbursement		Amount of Each Disbursement this Period
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:	

SUBTOTAL of Disbursements This Page (optional).....	<b>655.55</b>
TOTAL This Period (last page this line number only).....	<b>1,351.12</b>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 1 OF 3			
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REGENERATE WEST VIRGINIA**

A. Full Name (Last, First, Middle Initial) **Joe Jenkins for City Council**

Mailing Address

City **Charleston** State **WV** Zip Code

Purpose of Disbursement **Campaign Contribution** Category/Type **011**

Candidate Name **Joseph Jenkins**

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) **WV** District: **Charleston City Council Ward 12**

Date of Disbursement **04 / 16 / 2015**

Amount of Each Disbursement this Period **200.00**

B. Full Name (Last, First, Middle Initial) **Jerry Wex for City Council**

Mailing Address **702 Garden Drive**

City **Charleston** State **WV** Zip Code **25303**

Purpose of Disbursement **Campaign Contribution** Category/Type **011**

Candidate Name **Jerry Wex**

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) **WV** District: **Charleston City Council At-Large**

Date of Disbursement **04 / 16 / 2015**

Amount of Each Disbursement this Period **400.00**

C. Full Name (Last, First, Middle Initial) **Friends of Karen Ireland**

Mailing Address **715 Helen Avenue**

City **Charleston** State **WV** Zip Code **25302**

Purpose of Disbursement **Campaign Contribution** Category/Type **011**

Candidate Name **Karen Ireland**

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) **WV** District: **Charleston City Council At-Large**

Date of Disbursement **04 / 16 / 2015**

Amount of Each Disbursement this Period **400.00**

SUBTOTAL of Disbursements This Page (optional) **1000.00**

TOTAL This Period (last page this line number only)



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)							PAGE 2 OF 3			
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**REGENERATE WEST VIRGINIA**

**A.**

Full Name (Last, First, Middle Initial) **Becky Caperton for City Council**

Mailing Address **1524 Stonehenge Road**

City **Charleston** State **WV** Zip Code

Purpose of Disbursement **Campaign Contribution**

Candidate Name **Becky Caperton**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: **WV** District: **Charleston City Council At-Large**

Date of Disbursement: **04 / 16 / 2015**

Amount of Each Disbursement this Period: **400.00**

Category/Type: **011**

**B.**

Full Name (Last, First, Middle Initial) **Andy Richardson for City Council**

Mailing Address **PO Box 5597**

City **Charleston** State **WV** Zip Code **25361-0597**

Purpose of Disbursement **Campaign Contribution**

Candidate Name **Andy Richardson**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: **WV** District: **Charleston City Council At-Large**

Date of Disbursement: **04 / 16 / 2015**

Amount of Each Disbursement this Period: **400.00**

Category/Type: **011**

**C.**

Full Name (Last, First, Middle Initial) **Adam Knuff for City Council**

Mailing Address **1216 Jean Street**

City **Charleston** State **WV** Zip Code **25302**

Purpose of Disbursement **Campaign Contribution**

Candidate Name **Adam Knuff**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: **WV** District: **Charleston City Council Ward 7**

Date of Disbursement: **04 / 16 / 2015**

Amount of Each Disbursement this Period: **200.00**

Category/Type: **011**

SUBTOTAL of Disbursements This Page (optional) **1,000.00**

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

PAGE **3** OF **3**

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REGENERATE WEST VIRGINIA**

Full Name (Last, First, Middle Initial)

A. **Libby Bellard for City Council**

Date of Disbursement

MM	DD	YYYY
04	18	2015

Mailing Address

**487 58th Street SE**

City State Zip Code

**Charleston WV**

Purpose of Disbursement

**Campaign Contribution**

011
-----

Amount of Each Disbursement this Period

500.00
--------

Candidate Name

**Libby Bellard**

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

State: **WV** District: **Charleston City Council At Large**

Full Name (Last, First, Middle Initial)

B. \_\_\_\_\_

Date of Disbursement

MM	DD	YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

--

Amount of Each Disbursement this Period

--

Candidate Name

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

State: \_\_\_\_\_ District: \_\_\_\_\_

Full Name (Last, First, Middle Initial)

C. \_\_\_\_\_

Date of Disbursement

MM	DD	YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

--

Amount of Each Disbursement this Period

--

Candidate Name

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

State: \_\_\_\_\_ District: \_\_\_\_\_

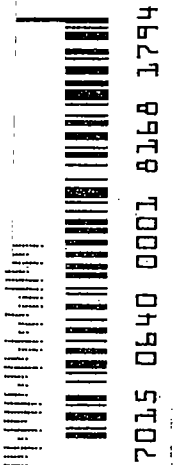
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500.00
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TOTAL This Period (last page this line number only).....▶

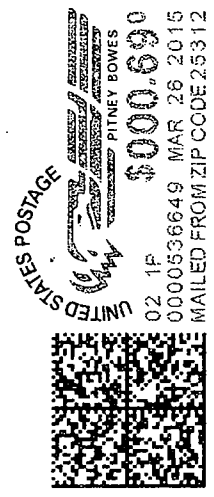
2500.00
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UNION POSTAGE

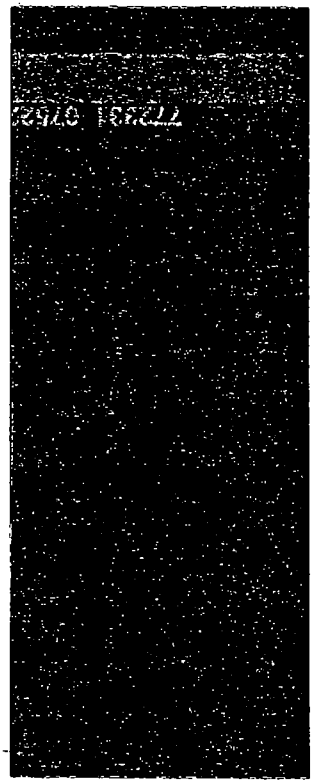


7015 0640 0001 8168 1794

RESTON, WV 26039



02 1P  
0000536649 MAR 28 2015  
MAILED FROM ZIP CODE 25312



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COMMISSION

99 E STREET N.W.

WASHINGTON, DC

20463

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Federal Election Commission  
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS  
The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked Date of Receipt

USPS Registered/Certified Postmarked (R/C)  
7/31/15

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*MP*  
PREPARER  
(3/2015)

8/6/2015  
DATE PREPARED

1001-CF-000 150 000 000 000 000 000 000 000