

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name **West Virginians for Fair Courts**(b) Address (number and street) ☐ check if different than previously reported
505 Wynterhall Lane(c) City, State and ZIP Code
South Charleston WV 25309

(d) Name of Employer or Principal Place of Business

(e) Occupation

Consultant

2. FEC Identification Number

C C30002661

3. Is This Statement

☒ New

or

☐ Amended

4. Covering Period

M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2016

through

M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2016

5. (a) Date of Public Distribution(s)

M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2016(b) Communication Title Radio Ad6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☒ Other, specify: State IE PAC

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes ☐No ☒

8. Custodian of Records

(a) Name

Thomas, Gregory, , ,

(b) Address (number and street)
505 Wynterhall Lane

(c) City, State and ZIP Code

South Charleston

WV 25309

(d) Name of Employer or Principal Place of Business

(e) Occupation

9. Total Donations This Statement

, , , .00

10. Total Disbursements/Obligations This Statement

, , , 30000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Thomas, Gregory, , ,

SIGNATURE Thomas, Gregory, , ,

[Electronically Filed]

DATE 11/03/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

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11. Person(s) Sharing/Exercising Control**A.** (a) Name Transaction ID : F91.000001

Maloney, William, , ,

(b) Address (number and street) P.O. Box 58027

(c) City, State and ZIP Code

South Charleston

WV 25309

(d) Name of Employer or Principal Place of Business

(e) Occupation

B. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

C. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

D. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

E. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

SCHEDULE 9-B

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Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Image Associates <hr/> Mailing Address of Payee 700 Virginia Street, East Suite 220 <hr/> City: _____ State: _____ Zip Code: _____ Charleston WV 25309 <hr/> Name of Employer: _____ Occupation: _____ Image Associates Ad Agency <hr/> Purpose of Disbursement (Including title(s) of communication(s)) Radio Ads				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; text-align: center;"> MM / DD / YYYY 11 / 01 / 2016 </div> <hr/> Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 30000.00 </div> <hr/> Communication Date <div style="border: 1px solid black; padding: 2px; text-align: center;"> MM / DD / YYYY 11 / 01 / 2016 </div> <hr/> Transaction ID : F93.000002	
Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			
Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			
Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			

B. Full Name (Last, First, Middle Initial) of Payee <hr/> Mailing Address of Payee <hr/> City: _____ State: _____ Zip Code: _____ <hr/> Name of Employer: _____ Occupation: _____ <hr/> Purpose of Disbursement (Including title(s) of communication(s))				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; text-align: center;"> MM / DD / YYYY </div> <hr/> Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> <hr/> Communication Date <div style="border: 1px solid black; padding: 2px; text-align: center;"> MM / DD / YYYY </div>	
Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			
Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			
Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 30000.00 </div>
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 30000.00 </div>