

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

McKinley for Congress

ADDRESS (number and street)

PO Box 642

Check if different than previously reported. (ACC)

Morgantown

WV

26507

2. FEC IDENTIFICATION NUMBER ▼

C C00473132

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

WV

01

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)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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 Samuel Stone

Signature of Treasurer Samuel Stone

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

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))....	235175.26	1470614.02
(b) Total Contribution Refunds (from Line 20(d))	0.00	4800.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	235175.26	1465814.02
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	540949.41	1084558.92
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1600.71
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	540949.41	1082958.21
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1119095.48	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY 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: M M / D D / Y Y Y Y 07 / 01 / 2014 To: M M / D D / Y Y Y Y 09 / 30 / 2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	92380.00	645897.00
(ii) Unitemized	5995.26	55161.25
(iii) TOTAL of contributions from individuals	98375.26	701058.25
(b) Political Party Committees.....	900.00	1600.00
(c) Other Political Committees (such as PACs).....	135900.00	767955.77
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	235175.26	1470614.02
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(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
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	1600.71
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	235175.26	1472214.73

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	540949.41	1084558.92
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	0.00	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)).....	0.00	4800.00
21. OTHER DISBURSEMENTS	48650.00	159025.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	589599.41	1248383.92

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1473519.63
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	235175.26
25. SUBTOTAL (add Line 23 and Line 24).....	1708694.89
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	589599.41
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1119095.48

**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 156
	<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)
DR. MARSHA L. BAILEY

Mailing Address **201 CARRINGTON DR.**

City **HURRICANE** State **WV** Zip Code **25526-9050**

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

Name of Employer **OCCUPATIONAL & ENVIRONMENTAL HEALT** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11.7940

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. WILBURN BAILEY JR.

Mailing Address **6272 HUFF CREEK HWY**

City **DAVIN** State **WV** Zip Code **25617-8522**

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
08 / 15 / 2014

Transaction ID : SA11.7700

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. KATHY G. BECKETT

Mailing Address **3 GAT CREEK RD**

City **CHARLESTON** State **WV** Zip Code **25314-1929**

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 **1250.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 05 / 2014

Transaction ID : SA11.7830

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

1300.00

**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 156
	<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)
MRS. CAROLE BISSETT

Mailing Address 1526 ATLAS ROAD

City State Zip Code
WHEELING WV 26003-5649

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

Name of Employer Occupation
OLDE OAKMONT ASSOCIATION REGISTERED AGENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11.7701

Amount of Each Receipt this Period
100.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. CAROLE BISSETT

Mailing Address 1526 ATLAS ROAD

City State Zip Code
WHEELING WV 26003-5649

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

Name of Employer Occupation
OLDE OAKMONT ASSOCIATION REGISTERED AGENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11.7973

Amount of Each Receipt this Period
100.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. STUART F. BLOCH

Mailing Address 4000 WATER ST.

City State Zip Code
WHEELING WV 26003-4354

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

Name of Employer Occupation
HAZLETT, BURT & WATSON EXECUTIVE VP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11.7705

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

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

700.00

**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 156
	<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. ANNA BORDER

Mailing Address 481 HIGHLAND MEADOWS DRIVE

City DAVISVILLE State WV Zip Code 26142-

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

Name of Employer W. V. HOUSE OF REPRESENTATIVES Occupation DELEGATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 24 / 2014

Transaction ID : SA11.7666

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MATTHEW D. BOURNE

Mailing Address 708 MT. VERNON AVE.

City FAIRMONT State WV Zip Code 26554-2523

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

Name of Employer MARCH-WESTIN COMPANY, INC. Occupation PROJECT 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
 09 / 05 / 2014

Transaction ID : SA11.7851

Amount of Each Receipt this Period
 1000.00
 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
700.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 14 / 2014

Transaction ID : SA11.7656

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

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

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

1350.00

**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 8 OF 156
	<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. 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 **700.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 05 / 2014

Transaction ID : SA11.7757

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. CONNER BOYD

Mailing Address **118 N. FRONT STREET**

City **WHEELING** State **WV** Zip Code **26003-2249**

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

Name of Employer **DAIRY QUEEN** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11.7987

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ED 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 **VP- FINANCE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5100.00**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 14 / 2014

Transaction ID : SA11.7654

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

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

450.00

**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 156
	<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. ED 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 **VP- FINANCE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5100.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 14 / 2014

Transaction ID : SA11.7655

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOHN P. BOYLE II

Mailing Address **15 WATERSIDE DRIVE**

City **MORGANTOWN** State **WV** Zip Code **26508-2997**

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

Name of Employer **PRESTON CONTRACTORS** Occupation **PRESIDENT & CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 14 / 2014

Transaction ID : SA11.7652

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ROBERT BOYLE

Mailing Address **PO BOX 556**

City **ST. CLAIRSVILLE** State **OH** Zip Code **43950-0556**

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
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
08 / 23 / 2014

Transaction ID : SA11.7868

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

6100.00

**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 156
	<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. RYAN BOYLE

Mailing Address 85 VILLAGE PARK DR

City MORGANTOWN State WV Zip Code 26508-9431

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
 07 / 14 / 2014

Transaction ID : SA11.7653

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RYAN BOYLE

Mailing Address 85 VILLAGE PARK DR

City MORGANTOWN State WV Zip Code 26508-9431

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
 09 / 05 / 2014

Transaction ID : SA11.7845

Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. WILLIAM G. BOYLE

Mailing Address 217 SEEMONT DRIVE

City KINGWOOD State WV Zip Code 26537-1705

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

Name of Employer ARCH COAL Occupation VP- METALLURGICAL SALE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 14 / 2014

Transaction ID : SA11.7657

Amount of Each Receipt this Period
 1000.00
 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 11 OF 156
	<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. WILLIAM G. BOYLE

Mailing Address **217 SEEMONT DRIVE**

City **KINGWOOD** State **WV** Zip Code **26537-1705**

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

Name of Employer **ARCH COAL** Occupation **VP- METALLURGICAL SALE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 05 / 2014

Transaction ID : SA11.7828

Amount of Each Receipt this Period
1500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. CARRIE BROOKOVER

Mailing Address **44 WEATHERBY LANE**

City **WASHINGTON** State **WV** Zip Code **26181-3300**

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 **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11.7957

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JASON BROOKOVER

Mailing Address **44 WEATHERBY LANE**

City **WASHINGTON** State **WV** Zip Code **26181-3300**

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

Name of Employer **WATERS EDGE OILFIELD SERVICES** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11.7955

Amount of Each Receipt this Period
500.00
 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 12 OF 156
	<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. MICHAEL K. CALLEN

Mailing Address 3280 UNIVERSITY AVE. STE. 6

City	State	Zip Code
MORGANTOWN	WV	26505-2266

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

Name of Employer	Occupation
DOHERTY, WALLACE, PILLSBURY & MURPH	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
 09 / 05 / 2014

Transaction ID : SA11.7860

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. STEPHEN J. CALLEN

Mailing Address 3280 UNIVERSITY AVE. STE. 6

City	State	Zip Code
MORGANTOWN	WV	26505-2266

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

Name of Employer	Occupation
VANDALIA CONSULTING	VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 05 / 2014

Transaction ID : SA11.7861

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RONALD M. CAMERON

Mailing Address P.O. BOX 21440

City	State	Zip Code
LITTLE ROCK	AR	72221-

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

Name of Employer	Occupation
MOUNTAIRE CORP.	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
 07 / 24 / 2014

Transaction ID : SA11.7667

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

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

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

3600.00

**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 156
	<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)
DR. MICHAEL J. CARUSO

Mailing Address **6 LOCUST AVE**

City **WHEELING** State **WV** Zip Code **26003-5814**

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
285.00

Date of Receipt
 M M / D D / Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11.7718

Amount of Each Receipt this Period
35.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MICHAEL E. CARYL

Mailing Address **P.O. BOX 1419**

City **MARTINSBURG** State **WV** Zip Code **25402-1419**

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

Name of Employer **BOWLES RICE, LLP** Occupation **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
08 / 18 / 2014

Transaction ID : SA11.7862

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. JANIS E. CHICCEHITTO

Mailing Address **RR 5 BOX 371**

City **KEYSER** State **WV** Zip Code **26726-9203**

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
225.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 05 / 2014

Transaction ID : SA11.7762

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

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

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

335.00

**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 14 OF 156
	<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. VAN W. CHISLER

Mailing Address **6425 MASON DIXON HWY.**

City **BLACKSVILLE** State **WV** Zip Code **26521-8201**

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

Name of Employer **CHISLER BROTHERS** Occupation **CONTRACTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
650.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11.7944

Amount of Each Receipt this Period
200.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. PHILIP E. CLINE

Mailing Address **P.O. BOX 2826**

City **HUNTINGTON** State **WV** Zip Code **25727-2826**

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

Name of Employer **PSG&R INDUSTRIES** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 05 / 2014

Transaction ID : SA11.7809

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. BRYAN R. COKELEY

Mailing Address **1557 CONNELL ROAD**

City **CHARLESTON** State **WV** Zip Code **25314-1962**

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

Name of Employer **SELF EMPLOYED** Occupation **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
09 / 05 / 2014

Transaction ID : SA11.7831

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

700.00

**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 156
	<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 P. COLE III

Mailing Address 404 OAKHURST AVE.

City State Zip Code
BLUEFIELD WV 24701-4137

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BILL COLE AUTOMALL OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.7731

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOHN W. CRITES

Mailing Address 564 POINT DR.

City State Zip Code
PETERSBURG WV 26847-8009

FEC ID number of contributing federal political committee.

Name of Employer Occupation
ALLEGHANY WOOD CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.7849

Amount of Each Receipt this Period

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOHN W. CRITES II

Mailing Address 45 POINT DR.

City State Zip Code
PETERSBURG WV 26847-9608

FEC ID number of contributing federal political committee.

Name of Employer Occupation
ALLEGHENY WOOD PRODUCTS PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.7823

Amount of Each Receipt this Period

CONTRIBUTION

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

TOTAL 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 16 OF 156
	<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)
DR. ROBERT L. CROSS

Mailing Address 117 COOPER DR

City State Zip Code
ST. CLAIRSVILLE OH 43950-8769

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.7808

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. NORMA J. DAVIS

Mailing Address 4146 MOUNTAIN DR

City State Zip Code
PENNSBORO WV 26415-6181

FEC ID number of contributing federal political committee.

Name of Employer Occupation
NONE RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.7941

Amount of Each Receipt this Period

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. PHILLIP DAVIS

Mailing Address 4146 MOUNTAIN DR.

City State Zip Code
PENNSBORO WV 26415-6181

FEC ID number of contributing federal political committee.

Name of Employer Occupation
NONE RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.7932

Amount of Each Receipt this Period

CONTRIBUTION

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

TOTAL 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 17 OF 156
	<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. JOSEPH M. DAWLEY

Mailing Address 19 CANTERBURY RD

City State Zip Code
PITTSBURGH PA 15202-1307

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

Name of Employer Occupation
EQT COUNSEL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 05 / 2014

Transaction ID : SA11.7829

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. FRANK DEEM

Mailing Address 5518 2ND AVE

City State Zip Code
VIENNA WV 26105-1916

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

Name of Employer Occupation
JF DEEM OIL & GAS LLC 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
 09 / 05 / 2014

Transaction ID : SA11.7814

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address 623 RIVENDELL DR

City State Zip Code
BRIDGEPORT WV 26330-1357

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

Name of Employer Occupation
STEPTOE & JOHNSON ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 05 / 2014

Transaction ID : SA11.7819

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 18 OF 156
	<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. KENT R. DESROCHER

Mailing Address HC 74 BOX 3013

City CHAPMANVILLE State WV Zip Code 25508-9523

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

Name of Employer APOGEE COAL COMPANY, LLC Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 05 / 2014

Transaction ID : SA11.7754

Amount of Each Receipt this Period
 _____ 100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. ROSALIE J. DLESK

Mailing Address 1 HIGHLAND PARK

City WHEELING State WV Zip Code 26003-5472

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
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 05 / 2014

Transaction ID : SA11.7745

Amount of Each Receipt this Period
 _____ 250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ALAN N. DUVALL

Mailing Address PO BOX 975

City WHEELING State WV Zip Code 26003-0122

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

Name of Employer WALDEN Occupation SECURITY

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 Y
 09 / 05 / 2014

Transaction ID : SA11.7817

Amount of Each Receipt this Period
 _____ 200.00

CONTRIBUTION

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

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

_____ 550.00

**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 156
	<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. JOE C. EDDY

Mailing Address **2400 CHARLES STREET**

City **WELLSBURG** State **WV** Zip Code **26070-1000**

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

Name of Employer **EAGLE MANUFACTURING COMPANY** 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
09 / 15 / 2014

Transaction ID : SA11.7881

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. KEVIN K. ELLIS

Mailing Address **228 MORRIS STREET**

City **MORGANTOWN** State **WV** Zip Code **26501-7526**

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

Name of Employer **ANTERO RESOURCES CORPORATION** 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
09 / 30 / 2014

Transaction ID : SA11.7942

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. MICHELLE L. ESPOSITO

Mailing Address **488 REBECCA ST.**

City **MORGANTOWN** State **WV** Zip Code **26505-2249**

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

Name of Employer **NOT EMPLOYED** Occupation **NOT EMPLOYED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 05 / 2014

Transaction ID : SA11.7850

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

2000.00

**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 156
	<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. PAUL W. EXLEY

Mailing Address **28 AARON WOODS**

City **WHEELING** State **WV** Zip Code **26003-9358**

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

Name of Employer **ALPINE SKIS & BOARDS LLC** Occupation **OWNER**

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
09 / 05 / 2014

Transaction ID : SA11.7832

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. LINDA K. FERNS

Mailing Address **1290 WASHINGTON FARMS**

City **WHEELING** State **WV** Zip Code **26003-6769**

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 **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 05 / 2014

Transaction ID : SA11.7854

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MICHAEL FERNS

Mailing Address **1290 WASHINGTON FARMS RD.**

City **WHEELING** State **WV** Zip Code **26003-6769**

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

Name of Employer **A & B SALES, INC.** Occupation **EXECUTIVE**

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 Y
09 / 05 / 2014

Transaction ID : SA11.7833

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

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

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

5700.00

**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 156
	<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. ROBERT B. FISH

Mailing Address 112 WOODSHIRE DRIVE

City Parkersburg State WV Zip Code 26104-9214

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

Name of Employer RETIRED Occupation RETIRED

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
 08 / 15 / 2014

Transaction ID : SA11.7706

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DAVID M. FLANNERY

Mailing Address 3 GATS CREEK RD.

City Charleston State WV Zip Code 25314-1929

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
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 05 / 2014

Transaction ID : SA11.7859

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. EDWIN FLOWERS

Mailing Address 464 ASPEN STREET

City Morgantown State WV Zip Code 26505-2202

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 Y
 09 / 15 / 2014

Transaction ID : SA11.7883

Amount of Each Receipt this Period
 250.00
 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 156
	<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. ERIC FRANKOVITCH

Mailing Address 1366 LICK RUN RD

City WEIRTON State WV Zip Code 26062-5512

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

Name of Employer FRANKOVITCH ANETAKIS COLANTONIO & SI 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 Y Y
 08 / 15 / 2014

Transaction ID : SA11.7699

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. PAT C. GRANEY III

Mailing Address 500 RIVER EAST DRIVE

City BELLE State WV Zip Code 25015-1081

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

Name of Employer PETROLEUM PRODUCTS INC Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 05 / 2014

Transaction ID : SA11.7807

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. BONNIE D. GRISELL

Mailing Address 505 WHEELING AVE.

City GLEN DALE State WV Zip Code 26038-1639

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 05 / 2014

Transaction ID : SA11.7855

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 23 OF 156
	<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. SIDNEY E. GRISELL

Mailing Address 505 WHEELING AVE.

City GLEN DALE	State WV	Zip Code 26038-1639
-------------------	-------------	------------------------

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
1450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 05 / 2014

Transaction ID : SA11.7806

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. BRIAN GROSE

Mailing Address 899 RIVERVIEW DR

City MORGANTOWN	State WV	Zip Code 26505-4631
--------------------	-------------	------------------------

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

Name of Employer WVUH	Occupation ANESTHESIOLOGIST
--------------------------	--------------------------------

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
 09 / 30 / 2014

Transaction ID : SA11.7977

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. WILLIAM S. HAINES

Mailing Address 39 BRIARWOOD DR

City WHEELING	State WV	Zip Code 26003-4835
------------------	-------------	------------------------

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 Y
 09 / 05 / 2014

Transaction ID : SA11.7815

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

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

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

1600.00

**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 24 OF 156
	<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. ROBERT C. HALBRITTER

Mailing Address **P.O. DRAWER 750**

City **KINGWOOD** State **WV** Zip Code **26537-0750**

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
09 / 05 / 2014

Transaction ID : SA11.7766

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MICHAEL T. HALL

Mailing Address **265 HALL DR**

City **PENNSBORO** State **WV** Zip Code **26415-6012**

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

Name of Employer **HALL DRILLING** 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
09 / 30 / 2014

Transaction ID : SA11.7943

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MIKE T. HALL

Mailing Address **119 EAST WASHINGTON AVENUE**

City **ELLENBORO** State **WV** Zip Code **26346-6501**

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

Name of Employer **BLUE STONE ENERGY** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11.7935

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

1600.00

**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 156
	<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. STERLING HALL

Mailing Address 1558 WASHINGTON BLVD

City HUNTINGTON State WV Zip Code 25701-4040

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
 07 / 02 / 2014

Transaction ID : SA11.7676

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. STEPHANIE H. HALL

Mailing Address STE. 124 EMILY DR.

City CLARKSBURG State WV Zip Code 26301-5501

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

Name of Employer STATE FARM Occupation INSURANCE AGENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11.7954

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOHN R. HARDESTY JR.

Mailing Address 3120 N GREYSTONE DR.

City MORGANTOWN State WV Zip Code 26508-8601

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
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 05 / 2014

Transaction ID : SA11.7821

Amount of Each Receipt this Period
 1000.00
 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: PAGE 26 OF 156
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
McKinley for Congress

A. Full Name (Last, First, Middle Initial)
MS. ANNE D. HARMAN

Mailing Address 12 EVERGREEN DR.

City State Zip Code
WHEELING WV 26003-5410

FEC ID number of contributing federal political committee.

Name of Employer Occupation
DINSMORE AND STOHL ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.7810

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JEFF HARPER

Mailing Address 81 DAISY DR.

City State Zip Code
PARKERSBURG WV 26101-9713

FEC ID number of contributing federal political committee.

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.7953

Amount of Each Receipt this Period

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. MICHELLE D. HARSHBARGER

Mailing Address 2551 OXFORD RD.

City State Zip Code
PULLMAN WV 26421-8032

FEC ID number of contributing federal political committee.

Name of Employer Occupation
WEST VIRGINIA UNIVERSITY PROGRAM ASSISTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.7956

Amount of Each Receipt this Period

CONTRIBUTION

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

TOTAL 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 27 OF 156
	<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. KENNETH M. HAUGHT

Mailing Address 316 WOODHAVEN DR

City MORGANTOWN State WV Zip Code 26505-3309

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

Name of Employer TASC, INC. Occupation SYSTEMS ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 28 / 2014

Transaction ID : SA11.7873

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. WARREN R. HAUGHT

Mailing Address P.O. BOX 2

City SMITHVILLE State WV Zip Code 26178-0002

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

Name of Employer SELF EMPLOYED Occupation OIL/GAS PRODUCER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11.7990

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. ROBIN L. HAYHURST

Mailing Address 16 BOGGESS ST.

City BUCKHANNON State WV Zip Code 26201-2102

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
 09 / 30 / 2014

Transaction ID : SA11.7952

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

750.00

**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 156
	<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. RONALD L. HAYHURST

Mailing Address 103 BAYBERRY LN.

City State Zip Code
FAIRMONT WV 26554-9765

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

Name of Employer Occupation
TRI COUNTY OIL & GAS INC PRESIDENT

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 Y
 09 / 30 / 2014

Transaction ID : SA11.7936

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. GEORGE S. HAZLETT

Mailing Address 7 ECHO POINT CIRCLE

City State Zip Code
WHEELING WV 26003-6032

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

Name of Employer Occupation
NONE RETIRED

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
 09 / 05 / 2014

Transaction ID : SA11.7811

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. 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
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 03 / 2014

Transaction ID : SA11.7744

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

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

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

2750.00

**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 156
	<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)
DR. ROBERT E. JOHNSTONE

Mailing Address 369 LAKEVIEW DR

City MORGANTOWN State WV Zip Code 26508-8080

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

Name of Employer WVU HEALTHCARE Occupation ANESTHESIOLOGIST

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
 09 / 30 / 2014

Transaction ID : SA11.7971

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. SAMUEL KASLEY

Mailing Address 503 N HURON ST

City WHEELING State WV Zip Code 26003-2327

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

Name of Employer LEGAL AID OF WV, INC. 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 Y
 07 / 25 / 2014

Transaction ID : SA11.7677

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. RUSSELL S. KITCHNER

Mailing Address 111 W CONGRESS ST

City CHARLES TOWN State WV Zip Code 25414-1621

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

Name of Employer AMERICAN PUBLIC UNIVERSITY SYSTEM 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 Y
 09 / 05 / 2014

Transaction ID : SA11.7848

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

1500.00

**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 156
	<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.

Name of Employer ALPHA NATURAL RESOURCES Occupation SENIOR VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11.7988

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DAVID R. KLUG

Mailing Address 20 AARON WAY

City Wheeling State WV Zip Code 26003-9358

FEC ID number of contributing federal political committee.

Name of Employer DAVID R. KLUG & ASSOC. Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 05 / 2014

Transaction ID : SA11.7824

Amount of Each Receipt this Period

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RICHARD KOEHLER

Mailing Address 204 WESTMINISTER DR.

City Wheeling State WV Zip Code 26003-5579

FEC ID number of contributing federal political committee.

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 05 / 2014

Transaction ID : SA11.7843

Amount of Each Receipt this Period

CONTRIBUTION

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

TOTAL 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 31 OF 156
	<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. JOSEPH M. LETNAUNCHYN

Mailing Address 100 ASSOCIATION DRIVE

City CHARLESTON State WV Zip Code 25311-1217

FEC ID number of contributing federal political committee.

Name of Employer WV HOSPITAL ASSOCIATION Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.7834

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. PAUL M. LIMBERT

Mailing Address 151 SENECA RD

City WHEELING State WV Zip Code 26003-8003

FEC ID number of contributing federal political committee.

Name of Employer WESBANCO BANK Occupation BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.7651

Amount of Each Receipt this Period

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GREGG LORENZE

Mailing Address 735-A CHESTNUT RIDGE RD.

City MORGANTOWN State WV Zip Code 26505-2729

FEC ID number of contributing federal political committee.

Name of Employer SELF EMPLOYED Occupation COMPTROLLER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.7836

Amount of Each Receipt this Period

CONTRIBUTION

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

TOTAL 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 32 OF 156
	<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. JERRY A. LORENZE

Mailing Address 135 SHERIDAN LANE

City MORGANTOWN State WV Zip Code 26508-4233

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

Name of Employer STEFANO'S 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
 09 / 05 / 2014

Transaction ID : SA11.7835

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. STEVE LORENZE

Mailing Address 735 CHESTNUT RIDGE RD STE A

City MORGANTOWN State WV Zip Code 26505-2729

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

Name of Employer SELF EMPLOYED Occupation BOWLING PROF

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 05 / 2014

Transaction ID : SA11.7820

Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DAVID T. LORETTA

Mailing Address 67241 EBBERT SOUTH RD.

City ST. CLAIRSVILLE State OH Zip Code 43950-8377

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

Name of Employer REYNOLDS MEMORIAL Occupation HOSPITAL ADMIN.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 05 / 2014

Transaction ID : SA11.7755

Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

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

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

2550.00

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

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

FOR LINE NUMBER: PAGE 33 OF 156
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
McKinley for Congress

A. Full Name (Last, First, Middle Initial)
JENNIFER L. MASON

Mailing Address **PO BOX 103**

City **ALMA** State **WV** Zip Code **26320-0103**

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

Name of Employer **DRILLING APPALACHIAN CORP. INC.** Occupation **SECRETARY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11.7732

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. ELGINE HECETA MCARDLE

Mailing Address **40 JENNA WAY DR**

City **WHEELING** State **WV** Zip Code **26003-5600**

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

Name of Employer **MCARDLE LAW OFFICE** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 15 / 2014

Transaction ID : SA11.7884

Amount of Each Receipt this Period
750.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JEREMY C. MCCAMIC

Mailing Address **PO BOX 151**

City **WHEELING** State **WV** Zip Code **26003-0020**

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

Name of Employer **SELF EMPLOYED** 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
09 / 05 / 2014

Transaction ID : SA11.7837

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 34 OF 156
(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)
MS. ALICE W. MCCOY

Mailing Address 1228 NATIONAL RD.

City State Zip Code
WHEELING WV 26003-5787

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

Name of Employer Occupation
NONE 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
 09 / 05 / 2014

Transaction ID : SA11.7773

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. CARRIE MCKENZIE

Mailing Address 12 PINEWOOD DR.

City State Zip Code
WHEELING WV 26003-9306

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

Name of Employer Occupation
WHEELING JESUIT TEACHER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 05 / 2014

Transaction ID : SA11.7856

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. THOMAS J. MEDAGLIA III

Mailing Address 216 CORNWALL ST. NW

City State Zip Code
LEESBURG VA 20176-2701

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

Name of Employer Occupation
THOMAS ADVISORS PRINCIPAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 15 / 2014

Transaction ID : SA11.7885

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

1100.00

**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 156
	<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. RICK MODESITT

Mailing Address P.O. BOX 2206

City Parkersburg State WV Zip Code 26102-2206

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
225.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11.7976

Amount of Each Receipt this Period
 25.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ROCCO F. MURIALE

Mailing Address 6 PLEASANT VIEW DR.

City Fairmont State WV Zip Code 26554-3453

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

Name of Employer MURIALE'S RESTAURANT Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11.7979

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. KENNETH C. NANNERS

Mailing Address 170 LEEWOOD FARMS RD

City Wheeling State WV Zip Code 26003-9104

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

Name of Employer MPA, INC Occupation ANESTHESIOLOGIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 02 / 2014

Transaction ID : SA11.7864

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

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

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

1025.00

**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 156
	<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)
DR. MILTON E. NUGENT

Mailing Address 117 ALEXANDER ESTATES

City TRIADELPHIA State WV Zip Code 26059-1100

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
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11.7989

Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM O. NUTTING

Mailing Address PO BOX 6725

City WHEELING State WV Zip Code 26003-0916

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

Name of Employer OGDEN NEWSPAPERS Occupation VICE 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
 09 / 05 / 2014

Transaction ID : SA11.7841

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. ROBERTA R. OLEJASZ

Mailing Address 20 ELMWOOD PL

City WHEELING State WV Zip Code 26003-5506

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

Name of Employer ROBINSON AUTOMOTIVE GROUP Occupation OPERATOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11.7974

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

2050.00

**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 156
	<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. LARRY A. PACK

Mailing Address 332 6TH AVE
STE 200

City SOUTH CHARLESTON State WV Zip Code 25303-1246

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

Name of Employer STONERISE HEALTHCARE Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3600.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 14 / 2014

Transaction ID : SA11.7659

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. THOMAS PAREE

Mailing Address 27 FIELDCREST AVE

City WHEELING State WV Zip Code 26003-5645

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

Name of Employer SELF EMPLOYED Occupation INSURANCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 24 / 2014

Transaction ID : SA11.7661

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. LEE C. PAULL III

Mailing Address 183 STONEBRIDGE LN

City WHEELING State WV Zip Code 26003-9772

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

Name of Employer SELF EMPLOYED Occupation INSURANCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 05 / 2014

Transaction ID : SA11.7822

Amount of Each Receipt this Period
 1000.00
 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 38 OF 156
	<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. LEE C. PAULL IV

Mailing Address 32 AARON WAY

City State Zip Code
WHEELING WV 26003-9358

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

Name of Employer Occupation
PAULL ASSOCIATES REAL ESTATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 05 / 2014

Transaction ID : SA11.7838

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. JANELL D. PEASLEE

Mailing Address 15391 VETERANS MEMORIAL HWY

City State Zip Code
KINGWOOD WV 26537-8017

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
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 05 / 2014

Transaction ID : SA11.7827

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. EDWARD E. PETERS III

Mailing Address P.O. BOX 110

City State Zip Code
TERRA ALTA WV 26764-0110

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 05 / 2014

Transaction ID : SA11.7759

Amount of Each Receipt this Period
300.00
CONTRIBUTION

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

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

1300.00

**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 156
	<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) MR. RONALD R. POTESTA		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 1831 LOUDON HEIGHTS CIRCLE		Transaction ID : SA11.7923	
City CHARLESTON	State WV	Zip Code 25314-1564	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00 CONTRIBUTION	
Name of Employer POTESTA & ASSOCIATES, INC.	Occupation EXECUTIVE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) MR. GARY L. POWELL		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2014	
Mailing Address 233 ROCK LAKE RD.		Transaction ID : SA11.7882	
City FAIRMONT	State WV	Zip Code 26554-6064	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00 CONTRIBUTION	
Name of Employer MARRIOM ELECTRIC COMPANY	Occupation BUSINESS OWNER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00		

Full Name (Last, First, Middle Initial) DR. JOE PRUDHOMME		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 4117 COVE POINT DR		Transaction ID : SA11.7972	
City MORGANTOWN	State WV	Zip Code 26508-8679	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00 CONTRIBUTION	
Name of Employer WVUH	Occupation ORTHOPEDIC SURGEON		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL 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 40 OF 156
	<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)
DR. PAVITHRA RANGANATHAN

Mailing Address 113 COBBLESTONE CIRCLE

City MORGANTOWN State WV Zip Code 26505-2764

FEC ID number of contributing federal political committee.

Name of Employer WVUH Occupation ANESTHESIOLOGIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11.7978

Amount of Each Receipt this Period

 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JAMES W. REED

Mailing Address 1314 VIRGINIA ST. E

City CHARLESTON State WV Zip Code 25301-3012

FEC ID number of contributing federal political committee.

Name of Employer REED BROTHERS LP Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 24 / 2014

Transaction ID : SA11.7668

Amount of Each Receipt this Period

 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. LAURA OLECH REED

Mailing Address 1 DAMIAN RD

City WHEELING State WV Zip Code 26003-6005

FEC ID number of contributing federal political committee.

Name of Employer WHEELING COUNTRY DAY Occupation TEACHER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11.7993

Amount of Each Receipt this Period

 CONTRIBUTION

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

TOTAL 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 41 OF 156
	<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. SCOTT D. REED

Mailing Address 1 DAMIAN ROAD

City State Zip Code
WHEELING WV 26003-6005

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

Name of Employer Occupation
SELF EMPLOYED ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3600.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11.7994

Amount of Each Receipt this Period
 1600.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. TIM REED

Mailing Address P.O. BOX 60

City State Zip Code
VALLEY GROVE WV 26060-0060

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

Name of Employer Occupation
SELF EMPLOYED INSURANCE BROKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 05 / 2014

Transaction ID : SA11.7812

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JAMES B. RIDGEWAY

Mailing Address 805 HIDDEN VIEW WAY

City State Zip Code
MORGANTOWN WV 26508-4874

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

Name of Employer Occupation
MARCH-WESTIN COMPANY VICE PRESIDENT OF OPERATIONS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 05 / 2014

Transaction ID : SA11.7846

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

2850.00

**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 156
	<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. HENRY A. RITHNER

Mailing Address 1518 GRAND AVE

City Wellsburg State WV Zip Code 26070-1331

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
 08 / 15 / 2014

Transaction ID : SA11.7698

Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JERRY ROSEBERRY

Mailing Address ROUTE 3 BOX 75

City ONA State WV Zip Code 25545-9602

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

Name of Employer RICHWOOD Occupation MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 25 / 2014

Transaction ID : SA11.7679

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JOLANTA ROSEMEIER

Mailing Address 1719 MONKTON FARMS DR

City MONKTON State MD Zip Code 21111-2035

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

Name of Employer BRIMROSE CORP. Occupation CHIEF TECHNOLOGY OFFICER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11.7992

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

1150.00

**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 156
	<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. SCOTT ROTRUCK

Mailing Address 912 SUNCREST PLACE

City MORGANTOWN State WV Zip Code 26505-3300

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

Name of Employer SPILMAN, THOMAS & BATTLE 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 Y Y
 07 / 30 / 2014

Transaction ID : SA11.7684

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MARK A. SADD

Mailing Address 300 SUMMERS ST., SUITE 700

City CHARLESTON State WV Zip Code 25301-1632

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

Name of Employer LEWIS GLASSER CASEY & ROLLINS PLLC Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 05 / 2014

Transaction ID : SA11.7825

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MARK A. SADD

Mailing Address 300 SUMMERS ST., SUITE 700

City CHARLESTON State WV Zip Code 25301-1632

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

Name of Employer LEWIS GLASSER CASEY & ROLLINS PLLC Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 05 / 2014

Transaction ID : SA11.7826

Amount of Each Receipt this Period
 300.00
 CONTRIBUTION

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

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

1050.00

**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 156
	<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. KEVIN L. SALISBURY

Mailing Address 1201 CHASE STREET

City MORGANTOWN State WV Zip Code 26508-6840

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

Name of Employer CPA Occupation MARCH-WESTIN

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
 09 / 05 / 2014

Transaction ID : SA11.7839

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CHESTER SCHWER

Mailing Address P.O. BOX 127

City KINGWOOD State WV Zip Code 26537-0127

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

Name of Employer SELF EMPLOYED Occupation PHARMACIST/OWNER

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
 08 / 15 / 2014

Transaction ID : SA11.7693

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. SURAJKAL V. SHENOY

Mailing Address P.O. BOX 929

City KEYSER State WV Zip Code 26726-0929

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 25 / 2014

Transaction ID : SA11.7678

Amount of Each Receipt this Period
 250.00
 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 45 OF 156
	<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)
DR. SURAJKAL V. SHENOY

Mailing Address P.O. BOX 929

City: KEYSER State: WV Zip Code: 26726-0929

FEC ID number of contributing federal political committee: C

Name of Employer: SELF EMPLOYED Occupation: PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 650.00

Date of Receipt: 08 / 25 / 2014

Transaction ID : SA11.7871

Amount of Each Receipt this Period: 100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. SURAJKAL V. SHENOY

Mailing Address P.O. BOX 929

City: KEYSER State: WV Zip Code: 26726-0929

FEC ID number of contributing federal political committee: C

Name of Employer: SELF EMPLOYED Occupation: PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 650.00

Date of Receipt: 09 / 10 / 2014

Transaction ID : SA11.7880

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. WILLIAM SIGNORELLI

Mailing Address 8 STONEY PT. ROAD

City: CHARLESTON State: WV Zip Code: 25314-1670

FEC ID number of contributing federal political committee: C

Name of Employer: SECURITY AMERICA, INC. Occupation: OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2000.00

Date of Receipt: 09 / 05 / 2014

Transaction ID : SA11.7813

Amount of Each Receipt this Period: 500.00

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 46 OF 156
	<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)
DR. DANIEL C. SIZEMORE

Mailing Address 4132 COVE POINT DR.

City MORGANTOWN State WV Zip Code 26508-8678

FEC ID number of contributing federal political committee.

Name of Employer SELF EMPLOYED Occupation ANESTHESIOLOGIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.7980

Amount of Each Receipt this Period

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.

Name of Employer STEPTOE & JOHNSON, PLLC Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.7842

Amount of Each Receipt this Period

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. BRADLEY A. SMITH

Mailing Address 332 W. ELM ST.

City GRANVILLE State OH Zip Code 43023-1109

FEC ID number of contributing federal political committee.

Name of Employer STEPTOE JOHNSON Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.7857

Amount of Each Receipt this Period

CONTRIBUTION

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

TOTAL 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: PAGE 47 OF 156
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
McKinley for Congress

A. Full Name (Last, First, Middle Initial)
MRS. CHARLOTTE S. SNEAD

Mailing Address 608 BATTON HOLLOW RD

City State Zip Code
MOUNT CLARE WV 26408-7016

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
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 24 2014

Transaction ID : SA11.7662

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. CHARLOTTE S. SNEAD

Mailing Address 608 BATTON HOLLOW RD

City State Zip Code
MOUNT CLARE WV 26408-7016

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
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 02 2014

Transaction ID : SA11.7688

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ROBERT M. STEPTOE JR.

Mailing Address 400 WHITE OAKS BLVD.

City State Zip Code
BRIDGEPORT WV 26330-4500

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

Name of Employer Occupation
STEPTOE & JOHNSON PLLC CHAIRMAN OF THE FIRM

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 30 2014

Transaction ID : SA11.7922

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

450.00

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

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

FOR LINE NUMBER: PAGE 48 OF 156
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
McKinley for Congress

A. Full Name (Last, First, Middle Initial)
MR. MICHAEL B. STUART

Mailing Address 11 SOUTH COVE LANE

City SOUTH CHARLESTON State WV Zip Code 25309-8550

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

Name of Employer STEPTOE AND JOHNSON, PLLC Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 550.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 29 / 2014

Transaction ID : SA11.7874

Amount of Each Receipt this Period
 _____ 300.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. CHARLES M. SWART III

Mailing Address 28 WALNUT AVE

City WHEELING State WV Zip Code 26003-4778

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

Name of Employer ALADDIN FUND MANAGEMENT Occupation CFO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 20 / 2014

Transaction ID : SA11.7867

Amount of Each Receipt this Period
 _____ 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RAYMOND V. THALMAN III

Mailing Address 50 REDWOOD LN.

City WHEELING State WV Zip Code 26003-4854

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

Name of Employer WARWOOD ARMATURE REPAIR COMPANY, Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1200.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 05 / 2014

Transaction ID : SA11.7844

Amount of Each Receipt this Period
 _____ 200.00
 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 49 OF 156
	<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. WOODY THRASHER

Mailing Address P.O. BOX 940

City BRIDGEPORT State WV Zip Code 26330-

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

Name of Employer THRASHER ENGINEERING Occupation OWNER/PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 05 / 2014

Transaction ID : SA11.7858

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. WOODY THRASHER

Mailing Address P.O. BOX 940

City BRIDGEPORT State WV Zip Code 26330-

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

Name of Employer THRASHER ENGINEERING Occupation OWNER/PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11.7945

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ROGER F. TOPPING

Mailing Address P.O. BOX 5311

City PRINCETON State WV Zip Code 24740-5311

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

Name of Employer PRINCETON HEALTH CARE CENTER Occupation ADMINISTRATOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 24 / 2014

Transaction ID : SA11.7665

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

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

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

2100.00

**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 50 OF 156
	<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)
DR. MANUEL C. VALLEJO JR.

Mailing Address 714 CARRIAGE DR.

City: WEXFORD State: PA Zip Code: 15090-8797

FEC ID number of contributing federal political committee: C

Name of Employer: WVU Occupation: PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 09 / 30 / 2014

Transaction ID : SA11.7981

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. NANCY ALLEN VARLAS

Mailing Address 8 SANDY AVE.

City: MOUNDSVILLE State: WV Zip Code: 26041-1020

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: 09 / 05 / 2014

Transaction ID : SA11.7816

Amount of Each Receipt this Period: 100.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. MARTHA N. WABLE

Mailing Address 109 S CHELSEA ST

City: SISTERSVILLE State: WV Zip Code: 26175-1615

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: 300.00

Date of Receipt: 08 / 15 / 2014

Transaction ID : SA11.7713

Amount of Each Receipt this Period: 100.00

CONTRIBUTION

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

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

1200.00

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

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

FOR LINE NUMBER: PAGE 51 OF 156
(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)
MRS. BETH D. WALKER

Mailing Address 24 OAK RIDGE DR.

City MORGANTOWN State WV Zip Code 26508-8620

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

Name of Employer WVU HEALTHCARE Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3600.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 24 / 2014

Transaction ID : SA11.7870

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. GLENN L. WALTERS

Mailing Address 600 FULTON STREET

City WHEELING State WV Zip Code 26003-6534

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

Name of Employer WALTERS CONSTUCTION 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
 09 / 05 / 2014

Transaction ID : SA11.7805

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. FRANCES X. WEBB

Mailing Address P.O. BOX 146

City SISTERSVILLE State WV Zip Code 26175-0146

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
335.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 15 / 2014

Transaction ID : SA11.7703

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

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

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

2100.00

**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 52 OF 156
	<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)
MS. JOAN WEISBURG

Mailing Address 319 WOODLAND DR

City HUNTINGTON State WV Zip Code 25705-3539

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
1700.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 05 / 2014

Transaction ID : SA11.7760

Amount of Each Receipt this Period
 200.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. KATHERINE F. WELLFORD

Mailing Address 1615 RIDGEVIEW RD

City CHARLESTON State WV Zip Code 25314-1620

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
1250.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 02 / 2014

Transaction ID : SA11.7687

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. DANA WESER

Mailing Address 973 TYRONE RD.

City MORGANTOWN State WV Zip Code 26508-2971

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
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 05 / 2014

Transaction ID : SA11.7852

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

1450.00

**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 53 OF 156
	<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. PHILLIP L. WESER

Mailing Address 973 TYRONE ROAD

City MORGANTOWN State WV Zip Code 26508-2971

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

Name of Employer MARCH WESTIN Occupation PRESIDENT/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
 09 / 05 / 2014

Transaction ID : SA11.7847

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. FRED WILLIAMS JR.

Mailing Address 4412 STAUNTON AVE. SE

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
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 05 / 2014

Transaction ID : SA11.7840

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. LOWELL T. WILLIAMS

Mailing Address 106 ELLIS AVE

City ELKINS State WV Zip Code 26241-3223

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
270.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 15 / 2014

Transaction ID : SA11.7695

Amount of Each Receipt this Period
 70.00
 CONTRIBUTION

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

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

1320.00

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

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

FOR LINE NUMBER: PAGE 54 OF 156
(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. EDWARD J. ZWOLENSKY

Mailing Address 30 HIDDEN VIEW DRIVE

City MOUNDSVILLE State WV Zip Code 26041-1378

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
 _____ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 05 / 2014

Transaction ID : SA11.7818

Amount of Each Receipt this Period
 _____ 50.00
 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).....

_____ 50.00

_____ 92380.00

**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 55 OF 156	
	<input type="checkbox"/> 11a 12	<input checked="" 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)
DODDRIDGE COUNTY REPUBLICAN EXECUTIVE COMMITTEE

Mailing Address 118 EAST COURT STREET

City WEST UNION State WV Zip Code 26456-1262

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 05 / 2014

Transaction ID : SA11.7804

Amount of Each Receipt this Period
 400.00

CONTRIBUTION

PERMISSIBLE FUNDS

B. Full Name (Last, First, Middle Initial)
TYLER COUNTY REPUBLICAN EXECUTIVE COMMITTEE

Mailing Address RT 1 BOX 169

City MIDDLEBOURNE State WV Zip Code 26149-9737

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

Name of Employer Occupation

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 Y
 09 / 30 / 2014

Transaction ID : SA11.7911

Amount of Each Receipt this Period
 300.00

CONTRIBUTION

PERMISSIBLE FUNDS

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).....

700.00

700.00

**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 56 OF 156
	<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. AIR LINE PILOTS ASSOC. INT'L PAC
 Full Name (Last, First, Middle Initial)
 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
 10000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014
Transaction ID : SA11.7965
 Amount of Each Receipt this Period
 3000.00
 CONTRIBUTION

B. AKSM UROLOGY PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 W 3RD AVE, STE 350
 City COLUMBUS State OH Zip Code 43201-7205
 FEC ID number of contributing federal political committee. **C C00489419**
 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
 07 / 28 / 2014
Transaction ID : SA11.7670
 Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

C. ALPHA NATURAL RESOURCES PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1301 PENNSYLVANIA AVE. 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
 9000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 15 / 2014
Transaction ID : SA11.7888
 Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

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

9500.00

**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 57 OF 156
	<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 ASSOCIATION OF CLINICAL UROLOGISTS-UROPAC

Mailing Address 1100 E WOODFIELD RD STE 520

City State Zip Code
SCHAUMBURG IL 60173-5125

FEC ID number of contributing federal political committee. **C** C00273003

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
09 / 15 / 2014

Transaction ID : SA11.7886

Amount of Each Receipt this Period
2500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN ACADEMY OF DERMATOLOGY ASSN. PAC(SKINPAC)

Mailing Address 1445 NEW YORK AVE NW, STE 800

City State Zip Code
WASHINGTON DC 20005-2125

FEC ID number of contributing federal political committee. **C** C00359539

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
09 / 15 / 2014

Transaction ID : SA11.7895

Amount of Each Receipt this Period
2500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN ACAD. OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Mailing Address 1650 DIAGONAL RD

City State Zip Code
ALEXANDRIA VA 22314-2857

FEC ID number of contributing federal political committee. **C** C00306449

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
09 / 30 / 2014

Transaction ID : SA11.7961

Amount of Each Receipt this Period
2500.00
CONTRIBUTION

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

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

7500.00

**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 58 OF 156
	<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 COLLEGE OF RHEUMATOLOGY(RHEUMPAC)

Mailing Address 2200 LAKE BOULEVARD NE

City ATLANTA State GA Zip Code 30319-5310

FEC ID number of contributing federal political committee. **C** C00432823

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 9000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 15 / 2014

Transaction ID : SA11.7894

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN FEDERATION GOVT EMPLOYEES PAC

Mailing Address 80 F ST NW

City WASHINGTON State DC Zip Code 20001-1528

FEC ID number of contributing federal political committee. **C** C00009936

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
 09 / 30 / 2014

Transaction ID : SA11.7966

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN IRON & STEEL INSTITUTE PAC (STEELPAC)

Mailing Address 1140 CONNECTICUT AVE. NW STE. 705

City WASHINGTON State DC Zip Code 20036-4011

FEC ID number of contributing federal political committee. **C** C00295097

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
 09 / 30 / 2014

Transaction ID : SA11.7918

Amount of Each Receipt this Period
 1000.00
 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 59 OF 156
	<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 MEDICAL ASSOCIATION PAC

Mailing Address 25 MASSACHUSETTS AVE NW, STE 600

City WASHINGTON State DC Zip Code 20001-7400

FEC ID number of contributing federal political committee. **C C00000422**

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
 09 / 30 / 2014

Transaction ID : SA11.7967

Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN OSTEOPATHIC INFORMATION PAC

Mailing Address 1090 VERMONT AVE. NW STE. 510

City WASHINGTON State DC Zip Code 20005-4949

FEC ID number of contributing federal political committee. **C C00113803**

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
 08 / 15 / 2014

Transaction ID : SA11.7742

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN OSTEOPATHIC INFORMATION PAC

Mailing Address 1090 VERMONT AVE. NW STE. 510

City WASHINGTON State DC Zip Code 20005-4949

FEC ID number of contributing federal political committee. **C C00113803**

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
 09 / 30 / 2014

Transaction ID : SA11.7969

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

7000.00

**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 60 OF 156
	<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. AMERICAN SPEECH-LANGUAGE-HEARING ASSN PAC
 Full Name (Last, First, Middle Initial)
 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
 6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : SA11.7906
 Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

B. AMERICAN SOCIETY OF ANESTHESIOLOGISTS PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1061 AMERICAN LANE
 City State Zip Code
 SCHAUMBURG IL 60173-4973
 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
 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : SA11.7970
 Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

C. ARCELORMITTAL USA GOOD GOVERNMENT COMM.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1808 I ST NW FL 5
 City State Zip Code
 WASHINGTON DC 20006-5416
 FEC ID number of contributing federal political committee. **C C00104109**
 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
 09 / 15 / 2014
Transaction ID : SA11.7892
 Amount of Each Receipt this Period
 1000.00
 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 61 OF 156
	<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)
BLOOMIN' BRANDS, INC. PAC

Mailing Address 2202 N. WEST SHORE BLVD.

City TAMPA State FL Zip Code 33607-5747

FEC ID number of contributing federal political committee. **C** C00253153

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
 09 / 26 / 2014

Transaction ID : SA11.7903

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BRAIN PAC-AMERICAN ACADEMY OF NEUROLOGY

Mailing Address 201 CHICAGO AVE

City MINNEAPOLIS State MN Zip Code 55415-1126

FEC ID number of contributing federal political committee. **C** C00435933

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
 09 / 30 / 2014

Transaction ID : SA11.7910

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BURGER KING FRANCHISEE PAC

Mailing Address 1701 BARRETT LAKES BLVD. NW STE. 180

City KENNESAW State GA Zip Code 30144-4561

FEC ID number of contributing federal political committee. **C** C00329425

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
 09 / 26 / 2014

Transaction ID : SA11.7902

Amount of Each Receipt this Period
 1000.00

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 62 OF 156
<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)
CARDINAL HEALTH INC. PAC

Mailing Address 7000 CARDINAL PL

City DUBLIN State OH Zip Code 43017-1091

FEC ID number of contributing federal political committee. **C C00332833**

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
 08 / 15 / 2014

Transaction ID : SA11.7736

Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
COMMITTEE ON PIPE & TUBE IMPORTS FED.PAC

Mailing Address 900 7TH ST. NW STE. 500

City WASHINGTON State DC Zip Code 20001-4017

FEC ID number of contributing federal political committee. **C C00436485**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11.7914

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CWA-COPE PAC(COMMUNICATIONS WORKERS OF AMERICA-COPE PAC)

Mailing Address 501 3RD ST NW

City WASHINGTON State DC Zip Code 20001-2760

FEC ID number of contributing federal political committee. **C C00002089**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
8500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 28 / 2014

Transaction ID : SA11.7672

Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

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

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

10500.00

**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 63 OF 156
	<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. DEALERS ELECTION ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 8400 WESTPARK DR

City MC LEAN State VA Zip Code 22102-5116

FEC ID number of contributing federal political committee. **C** C00040998

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
 09 / 30 / 2014

Transaction ID : SA11.7962

Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

B. DOMINION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
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 10000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11.7905

Amount of Each Receipt this Period
 1400.00
 CONTRIBUTION

C. DUKE ENERGY CORPORATION PAC

Full Name (Last, First, Middle Initial)
Mailing Address 550 S TRYON ST, DEC37D

City CHARLOTTE State NC Zip Code 28202-4200

FEC ID number of contributing federal political committee. **C** C00083535

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
 09 / 26 / 2014

Transaction ID : SA11.7901

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

7400.00

**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 64 OF 156
	<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
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2014

Transaction ID : SA11.7738

Amount of Each Receipt this Period
 3000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ENERGY TRANSFER PARTNERS PAC

Mailing Address 711 LOUISIANA ST STE 900

City State Zip Code
HOUSTON TX 77002-2831

FEC ID number of contributing federal political committee. **C** C00438754

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
 09 / 26 / 2014

Transaction ID : SA11.7896

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
EQT CORPORATION PAC

Mailing Address 625 LIBERTY AVE, STE 1700

City State Zip Code
PITTSBURGH PA 15222-3114

FEC ID number of contributing federal political committee. **C** C00151175

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
 09 / 05 / 2014

Transaction ID : SA11.7802

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

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

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

6500.00

**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 65 OF 156
	<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. FORD MOTOR CO. CIVIC ACTION FUND

Full Name (Last, First, Middle Initial)
Mailing Address THE AMERICAN ROAD

City DEARBORN State MI Zip Code 48121-

FEC ID number of contributing federal political committee. **C C00046474**

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
 09 / 05 / 2014

Transaction ID : SA11.7801

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

B. GOOGLE NETPAC

Full Name (Last, First, Middle Initial)
Mailing Address 1101 NEW YORK AVE. NW
2ND FLOOR

City WASHINGTON State DC Zip Code 20005-4344

FEC ID number of contributing federal political committee. **C C00428623**

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
 08 / 15 / 2014

Transaction ID : SA11.7741

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. HARDWOOD FEDERATION PAC, INC.

Full Name (Last, First, Middle Initial)
Mailing Address 1111 19TH ST NW, STE 800

City WASHINGTON State DC Zip Code 20036-3652

FEC ID number of contributing federal political committee. **C C00396671**

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
 09 / 30 / 2014

Transaction ID : SA11.7912

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

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(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)
HDMA PAC

Mailing Address 901 N GLEBE RD STE 1000

City ARLINGTON State VA Zip Code 22203-1854

FEC ID number of contributing federal political committee. **C** C00247569

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
 07 / 28 / 2014

Transaction ID : SA11.7673

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HEARPAC OF HEARING INDUSTRIES ASSOCIATION

Mailing Address 1444 I ST NW STE 700

City WASHINGTON State DC Zip Code 20005-6542

FEC ID number of contributing federal political committee. **C** C00437798

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
 09 / 30 / 2014

Transaction ID : SA11.7907

Amount of Each Receipt this Period
 1000.00
 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 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2014

Transaction ID : SA11.7740

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).....

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 67 OF 156
	<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)
INTERNATIONAL ORGANIZATION OF MASTERS MATES & PILOTS PAC

Mailing Address 700 MARITIME BLVD. STE. B

City LINTHICUM State MD Zip Code 21090-1953

FEC ID number of contributing federal political committee. **C** C00073056

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
 09 / 26 / 2014

Transaction ID : SA11.7899

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
INTL UNION PAINTERS/ALLIED TRADES PAC

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 7500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 04 / 2014

Transaction ID : SA11.7683

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 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 15 / 2014

Transaction ID : SA11.7890

Amount of Each Receipt this Period
 1000.00
 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 68 OF 156
	<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. LABORATORY CORP. OF AMERICA HOLDINGS PAC

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 3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 15 / 2014

Transaction ID : SA11.7891

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. MARINE ENGINEERS BENEFICIAL ASSN PAC

Full Name (Last, First, Middle Initial)
MARINE ENGINEERS BENEFICIAL ASSN PAC

Mailing Address 444 N. CAPITOL ST. NW, STE. 800

City WASHINGTON State DC Zip Code 20001-1508

FEC ID number of contributing federal political committee. **C** C00279380

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
 09 / 30 / 2014

Transaction ID : SA11.7968

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. MARKWEST ENERGY PAC

Full Name (Last, First, Middle Initial)
MARKWEST ENERGY PAC

Mailing Address 1515 ARAPAHOE ST, TOWER 2, STE 700

City DENVER State CO Zip Code 80202-2126

FEC ID number of contributing federal political committee. **C** C00489468

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
 08 / 15 / 2014

Transaction ID : SA11.7739

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 69 OF 156
	<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 9000.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 28 / 2014

Transaction ID : SA11.7669

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

B. 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 9000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11.7909

Amount of Each Receipt this Period
 3000.00

CONTRIBUTION

C. 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 5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 15 / 2014

Transaction ID : SA11.7737

Amount of Each Receipt this Period
 3000.00

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 70 OF 156
	<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)
NATIONAL ASSOCIATION OF INSURANCE & FINANCIAL ADVISORS PAC (NAIFA)

Mailing Address 2901 TELESTAR CT.

City FALLS CHURCH State VA Zip Code 22042-1260

FEC ID number of contributing federal political committee. **C** C00005249

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
 09 / 30 / 2014

Transaction ID : SA11.7917

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NATIONAL CABLE AND TELECOMMUNICATIONS ASSOC. PAC (NCTA PAC)

Mailing Address 25 MASSACHUSETTS AVE NW STE 100

City WASHINGTON State DC Zip Code 20001-1434

FEC ID number of contributing federal political committee. **C** C00010082

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
 09 / 30 / 2014

Transaction ID : SA11.7913

Amount of Each Receipt this Period
 5000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NATIONAL EMERGENCY MEDICINE PAC

Mailing Address P.O. BOX 619911

City DALLAS State TX Zip Code 75261-9911

FEC ID number of contributing federal political committee. **C** C00140061

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
 09 / 30 / 2014

Transaction ID : SA11.7964

Amount of Each Receipt this Period
 2000.00

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 71 OF 156
	<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)
NATIONAL READY MIXED CONCRETE ASSOC. PAC

Mailing Address 900 SPRING ST

City State Zip Code
SILVER SPRING MD 20910-4017

FEC ID number of contributing federal political committee. **C C00114025**

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
09 / 08 / 2014

Transaction ID : SA11.7877

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NATIONAL ROOFING CONTRACTORS ASSOC PAC

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
2000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2014

Transaction ID : SA11.7887

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

Mailing Address 200 CIVIC CENTER DR

City State Zip Code
COLUMBUS OH 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
8000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11.7963

Amount of Each Receipt this Period
3000.00
CONTRIBUTION

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 72 OF 156
	<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

Full Name (Last, First, Middle Initial) NOBLE ENERGY PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2014	
Mailing Address 100 GLENBOROUGH DR STE 100		Transaction ID : SA11.7897	
City HOUSTON	State TX	Amount of Each Receipt this Period 2000.00 CONTRIBUTION	
Zip Code 77067-3618			
FEC ID number of contributing federal political committee. C C00479873			
Name of Employer Occupation			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 3000.00	

Full Name (Last, First, Middle Initial) NUCOR PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 1915 REXFORD RD.		Transaction ID : SA11.7916	
City CHARLOTTE	State NC	Amount of Each Receipt this Period 1000.00 CONTRIBUTION	
Zip Code 28211-3465			
FEC ID number of contributing federal political committee. C C00379628			
Name of Employer Occupation			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) PAC OF THE AMERICAN ASSOC. OF ORTHOPAEDIC SURGEONS(AAOS)		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2014	
Mailing Address 317 MASSACHUSETTS AVE. NE		Transaction ID : SA11.7878	
City WASHINGTON	State DC	Amount of Each Receipt this Period 4000.00 CONTRIBUTION	
Zip Code 20002-5769			
FEC ID number of contributing federal political committee. C C00343137			
Name of Employer Occupation			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 9000.00	

SUBTOTAL of Receipts This Page (optional).....	7000.00
TOTAL 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 73 OF 156
	<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)
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
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 05 / 2014

Transaction ID : SA11.7800

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
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 15 / 2014

Transaction ID : SA11.7889

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PROFESSIONAL AVIATION SAFETY SPECIALISTS PAC, AFL-CIO (PASS)

Mailing Address 1150 17TH ST NW STE 702

City WASHINGTON State DC Zip Code 20036-4614

FEC ID number of contributing federal political committee. **C C00286807**

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
 09 / 05 / 2014

Transaction ID : SA11.7803

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 74 OF 156
(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)
REALTORS PAC

Mailing Address 430 N MICHIGAN AVE

City State Zip Code
CHICAGO IL 60611-4011

FEC ID number of contributing federal political committee. **C** C00030718

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
 08 / 15 / 2014

Transaction ID : SA11.7735

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
REALTORS PAC

Mailing Address 430 N MICHIGAN AVE

City State Zip Code
CHICAGO IL 60611-4011

FEC ID number of contributing federal political committee. **C** C00030718

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
 09 / 30 / 2014

Transaction ID : SA11.7958

Amount of Each Receipt this Period
 4000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RENAL PHYSICIANS ASSOCIATION PAC (RPAPAC)

Mailing Address 1700 ROCKVILLE PIKE STE. 220

City State Zip Code
ROCKVILLE MD 20852-1631

FEC ID number of contributing federal political committee. **C** C00409391

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
 09 / 30 / 2014

Transaction ID : SA11.7915

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

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

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

7000.00

**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 75 OF 156
	<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)
REPUBLICAN MAIN STREET PAC

Mailing Address 1220 L STREET NW, STE. 100-263

City	State	Zip Code
WASHINGTON	DC	20005-4018

FEC ID number of contributing federal political committee. **C** C00165159

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 Y Y
 07 / 28 / 2014

Transaction ID : SA11.7674

Amount of Each Receipt this Period
 _____ 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
REPUBLICAN MAIN STREET PAC

Mailing Address 1220 L STREET NW, STE. 100-263

City	State	Zip Code
WASHINGTON	DC	20005-4018

FEC ID number of contributing federal political committee. **C** C00165159

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 Y Y
 09 / 26 / 2014

Transaction ID : SA11.7898

Amount of Each Receipt this Period
 _____ 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SPECTRA ENERGY CORP PAC

Mailing Address 5400 WESTHEIMER CT

City	State	Zip Code
HOUSTON	TX	77056-5353

FEC ID number of contributing federal political committee. **C** C00429662

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
 09 / 30 / 2014

Transaction ID : SA11.7959

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 76 OF 156
	<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)
TRANSPORT WORKERS UNION POLITICAL CONTRIBUTIONS COMMITTEE

Mailing Address 501 THIRD ST. NW, 9TH FLOOR

City WASHINGTON State DC Zip Code 20001-2790

FEC ID number of contributing federal political committee. **C C00008268**

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
 09 / 26 / 2014

Transaction ID : SA11.7900

Amount of Each Receipt this Period
 2000.00
 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
3500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 15 / 2014

Transaction ID : SA11.7893

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
UNION PACIFIC CORP. FUND FOR EFFECTIVE GOVT

Mailing Address 600 13TH ST NW, STE 340

City WASHINGTON State DC Zip Code 20005-3012

FEC ID number of contributing federal political committee. **C C00010470**

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
 09 / 30 / 2014

Transaction ID : SA11.7960

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

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 77 OF 156
	<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
7000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 04 / 2014

Transaction ID : SA11.7682

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WALGREEN CO. PAC

Mailing Address 104 WILMOT RD.
MS. #1459

City DEERFIELD State IL Zip Code 60015-5121

FEC ID number of contributing federal political committee. **C C00160770**

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
 08 / 15 / 2014

Transaction ID : SA11.7743

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WV FARM PAC

Mailing Address 1 RED ROCK RD.

City BUCKHANNON State WV Zip Code 26201-9702

FEC ID number of contributing federal political committee. **C C00380956**

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
 08 / 15 / 2014

Transaction ID : SA11.7733

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

5000.00

**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 79 OF 156	
	<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) A. ANGIE CORDELL		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 503 57TH ST		Amount of Each Disbursement this Period 267.67
City VIENNA State WV Zip Code 26105	Purpose of Disbursement SEE MEMO ENTRIES	
Candidate Name	Category/Type	Transaction ID : SB17.I1054
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. ANGIE CORDELL		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 503 57TH ST		Amount of Each Disbursement this Period 147.60
City VIENNA State WV Zip Code 26105	Purpose of Disbursement MILEAGE	
Candidate Name	Category/Type	Transaction ID : SB17.I1055 [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:	

Full Name (Last, First, Middle Initial) C. OFFICE DEPOT		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 6600 N MILITARY TRL		Amount of Each Disbursement this Period 27.92
City BOCA RATON State FL Zip Code 33496	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.I1057 [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:	

SUBTOTAL of Disbursements This Page (optional).....	267.67
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 80 OF 156			
	<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) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 2501 CHAPLINE ST		Amount of Each Disbursement this Period 9.80
City WHEELING	State WV	
Zip Code 26003	Purpose of Disbursement POSTAGE	Transaction ID : SB17.I1056
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address P.O. BOX 25505		Amount of Each Disbursement this Period 82.35
City LEHIGH VALLEY	State PA	
Zip Code 18002	Purpose of Disbursement TELEPHONE	Transaction ID : SB17.I1058
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. ANGIE CORDELL		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 503 57TH ST		Amount of Each Disbursement this Period 837.76
City VIENNA	State WV	
Zip Code 26105	Purpose of Disbursement SALARY	Transaction ID : SB17.I1099
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:		

SUBTOTAL of Disbursements This Page (optional).....	837.76
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 81 OF 156			
	<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) A. ANGIE CORDELL		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 503 57TH ST		Amount of Each Disbursement this Period 837.76
City VIENNA	State WV Zip Code 26105	
Purpose of Disbursement SALARY	Category/Type	Transaction ID : SB17.I1111
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. ANGIE CORDELL		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 503 57TH ST		Amount of Each Disbursement this Period 501.30
City VIENNA	State WV Zip Code 26105	
Purpose of Disbursement SEE MEMO ENTRIES	Category/Type	Transaction ID : SB17.I1123
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) C. ANGIE CORDELL		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 503 57TH ST		Amount of Each Disbursement this Period 229.32
City VIENNA	State WV Zip Code 26105	
Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/Type	Transaction ID : SB17.I1134
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).....	1339.06
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 82 OF 156			
	<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)

A. USPS

Mailing Address 2501 CHAPLINE ST

City WHEELING State WV Zip Code 26003

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 04 / 2014

Amount of Each Disbursement this Period: 19.60

Transaction ID : SB17.I1138

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. VERIZON WIRELESS

Mailing Address P.O. BOX 25505

City LEHIGH VALLEY State PA Zip Code 18002

Purpose of Disbursement TELEPHONE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 04 / 2014

Amount of Each Disbursement this Period: 39.70

Transaction ID : SB17.I1137

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. WALMART

Mailing Address 702 SW 8TH ST

City BENTONVILLE State AR Zip Code 72716

Purpose of Disbursement EVENT SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 04 / 2014

Amount of Each Disbursement this Period: 23.29

Transaction ID : SB17.I1135

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

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 83 OF 156			
	<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) A. ANGIE CORDELL		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 503 57TH ST		Amount of Each Disbursement this Period 837.75 Transaction ID : SB17.I1174
City VIENNA State WV Zip Code 26105	Purpose of Disbursement SALARY	
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:		

Full Name (Last, First, Middle Initial) B. ANGIE CORDELL		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014
Mailing Address 503 57TH ST		Amount of Each Disbursement this Period 837.76 Transaction ID : SB17.I1188
City VIENNA State WV Zip Code 26105	Purpose of Disbursement SALARY	
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:		

Full Name (Last, First, Middle Initial) C. ANGIE CORDELL		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 503 57TH ST		Amount of Each Disbursement this Period 339.71 Transaction ID : SB17.I1209
City VIENNA State WV Zip Code 26105	Purpose of Disbursement SEE MEMO ENTRIES	
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:		

SUBTOTAL of Disbursements This Page (optional).....	2015.22
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 84 OF 156			
	<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) A. VERIZON WIRELESS			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address P.O. BOX 25505			Amount of Each Disbursement this Period 267.50
City LEHIGH VALLEY	State PA	Zip Code 18002	
Purpose of Disbursement TELEPHONE	Candidate Name		Transaction ID : SB17.I1214 [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:	Category/Type		

Full Name (Last, First, Middle Initial) B. ANGIE CORDELL			Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address 503 57TH ST			Amount of Each Disbursement this Period 837.76
City VIENNA	State WV	Zip Code 26105	
Purpose of Disbursement SALARY	Candidate Name		Transaction ID : SB17.I1265
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:	Category/Type		

Full Name (Last, First, Middle Initial) C. ANGIE CORDELL			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 503 57TH ST			Amount of Each Disbursement this Period 837.76
City VIENNA	State WV	Zip Code 26105	
Purpose of Disbursement SALARY	Candidate Name		Transaction ID : SB17.I1280
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:	Category/Type		

SUBTOTAL of Disbursements This Page (optional).....	1675.52
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 85 OF 156			
	<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) A. BROCK DENSEL		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 5000 HAMPTON CENTER, STE 3		Amount of Each Disbursement this Period 156.84
City MORGANTOWN State WV Zip Code 26505	Transaction ID : SB17.I1062	
Purpose of Disbursement SEE MEMO		Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. BROCK DENSEL		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 5000 HAMPTON CENTER, STE 3		Amount of Each Disbursement this Period 141.84
City MORGANTOWN State WV Zip Code 26505	Transaction ID : SB17.I1063	
Purpose of Disbursement MILEAGE		Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. AT&T		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 208 S AKARD ST		Amount of Each Disbursement this Period 15.00
City DALLAS State TX Zip Code 75202	Transaction ID : SB17.I1064	
Purpose of Disbursement CELL PHONE		Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	156.84
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 86 OF 156			
	<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) A. BROCK DENSEL		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 5000 HAMPTON CENTER, STE 3		Amount of Each Disbursement this Period 971.13 Transaction ID : SB17.I1100
City MORGANTOWN State WV Zip Code 26505	Purpose of Disbursement SALARY	
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:		

Full Name (Last, First, Middle Initial) B. BROCK DENSEL		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 5000 HAMPTON CENTER, STE 3		Amount of Each Disbursement this Period 971.14 Transaction ID : SB17.I1112
City MORGANTOWN State WV Zip Code 26505	Purpose of Disbursement SALARY	
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:		

Full Name (Last, First, Middle Initial) C. BROCK DENSEL		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 5000 HAMPTON CENTER, STE 3		Amount of Each Disbursement this Period 485.30 Transaction ID : SB17.I1124
City MORGANTOWN State WV Zip Code 26505	Purpose of Disbursement SEE MEMO ENTRIES	
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:		

SUBTOTAL of Disbursements This Page (optional).....	2427.57
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 87 OF 156			
	<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) A. BROCK DENSEL		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 5000 HAMPTON CENTER, STE 3		Amount of Each Disbursement this Period 288.72
City MORGANTOWN State WV Zip Code 26505	Purpose of Disbursement MILEAGE REIMBURSEMENT	
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)	Transaction ID : SB17.I1141 [MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. SHEETZ		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 5700 6TH AVE.		Amount of Each Disbursement this Period 150.00
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement TRAVEL EXPENSE	
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)	Transaction ID : SB17.I1140 [MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. WALMART		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 702 SW 8TH ST		Amount of Each Disbursement this Period 46.58
City BENTONVILLE State AR Zip Code 72716	Purpose of Disbursement EVENT SUPPLIES	
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)	Transaction ID : SB17.I1139 [MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 88 OF 156			
	<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) A. BROCK DENSEL		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 5000 HAMPTON CENTER, STE 3		Amount of Each Disbursement this Period 971.13 Transaction ID : SB17.I1175
City MORGANTOWN State WV Zip Code 26505	Purpose of Disbursement SALARY	
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:		

Full Name (Last, First, Middle Initial) B. BROCK DENSEL		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014
Mailing Address 5000 HAMPTON CENTER, STE 3		Amount of Each Disbursement this Period 971.14 Transaction ID : SB17.I1189
City MORGANTOWN State WV Zip Code 26505	Purpose of Disbursement SALARY	
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:		

Full Name (Last, First, Middle Initial) C. BROCK DENSEL		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 5000 HAMPTON CENTER, STE 3		Amount of Each Disbursement this Period 172.80 Transaction ID : SB17.I1210
City MORGANTOWN State WV Zip Code 26505	Purpose of Disbursement MILEAGE REIMBURSEMENT	
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:		

SUBTOTAL of Disbursements This Page (optional).....	2115.07
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 89 OF 156			
	<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) A. BROCK DENSEL		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address 5000 HAMPTON CENTER, STE 3		Amount of Each Disbursement this Period 971.13 Transaction ID : SB17.I1266
City MORGANTOWN State WV Zip Code 26505	Purpose of Disbursement SALARY	
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:		

Full Name (Last, First, Middle Initial) B. BROCK DENSEL		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 5000 HAMPTON CENTER, STE 3		Amount of Each Disbursement this Period 971.14 Transaction ID : SB17.I1281
City MORGANTOWN State WV Zip Code 26505	Purpose of Disbursement SALARY	
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:		

Full Name (Last, First, Middle Initial) C. COLEBY MATHEWS		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 61225 WEBB HEIGHTS RD		Amount of Each Disbursement this Period 580.76 Transaction ID : SB17.I1059
City SHADYSIDE State OH Zip Code 43947	Purpose of Disbursement SEE MEMO ENTRY	
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:		

SUBTOTAL of Disbursements This Page (optional).....	523.03
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 90 OF 156			
	<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) A. COLEBY MATHEWS		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 61225 WEBB HEIGHTS RD		Amount of Each Disbursement this Period 272.16
City SHADYSIDE State OH Zip Code 43947	Purpose of Disbursement MILEAGE	
Candidate Name	Category/Type	Transaction ID : SB17.I1060 [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:	

Full Name (Last, First, Middle Initial) B. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 500 STAPLES DR.		Amount of Each Disbursement this Period 308.60
City FRAMINGHAM State MA Zip Code 01702	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.I1061 [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:	

Full Name (Last, First, Middle Initial) C. COLEBY MATHEWS		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 61225 WEBB HEIGHTS RD		Amount of Each Disbursement this Period 837.76
City SHADYSIDE State OH Zip Code 43947	Purpose of Disbursement SALARY	
Candidate Name	Category/Type	Transaction ID : SB17.I1101
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).....	837.76
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 91 OF 156			
	<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) A. COLEBY MATHEWS		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 61225 WEBB HEIGHTS RD		Amount of Each Disbursement this Period 837.76
City SHADYSIDE State OH Zip Code 43947	Purpose of Disbursement SALARY	
Candidate Name		Transaction ID : SB17.I1113
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. COLEBY MATHEWS		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 61225 WEBB HEIGHTS RD		Amount of Each Disbursement this Period 792.42
City SHADYSIDE State OH Zip Code 43947	Purpose of Disbursement SEE MEMO ENTRIES	
Candidate Name		Transaction ID : SB17.I1125
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. COLEBY MATHEWS		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 61225 WEBB HEIGHTS RD		Amount of Each Disbursement this Period 206.64
City SHADYSIDE State OH Zip Code 43947	Purpose of Disbursement MILEAGE REIMBURSEMENT	
Candidate Name		Transaction ID : SB17.I1144
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:	Category/Type	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	1630.18
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 92 OF 156			
	<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) A. KROGER		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 1014 VINE ST		Amount of Each Disbursement this Period 96.68
City CINCINNATI	State OH	
Zip Code 45202	Purpose of Disbursement EVENT SUPPLIES	Transaction ID : SB17.I1143
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. WALMART		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 702 SW 8TH ST		Amount of Each Disbursement this Period 447.99
City BENTONVILLE	State AR	
Zip Code 72716	Purpose of Disbursement OFFICE/EVENT SUPPLIES	Transaction ID : SB17.I1142
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. COLEBY MATHEWS		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 61225 WEBB HEIGHTS RD		Amount of Each Disbursement this Period 837.75
City SHADYSIDE	State OH	
Zip Code 43947	Purpose of Disbursement SALARY	Transaction ID : SB17.I1176
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:		

SUBTOTAL of Disbursements This Page (optional).....	837.75
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 93 OF 156			
	<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) A. COLEBY MATHEWS			Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014	
Mailing Address 61225 WEBB HEIGHTS RD			Amount of Each Disbursement this Period 837.76	
City SHADYSIDE	State OH	Zip Code 43947	Transaction ID : SB17.I1190	
Purpose of Disbursement SALARY		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. COLEBY MATHEWS			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014	
Mailing Address 61225 WEBB HEIGHTS RD			Amount of Each Disbursement this Period 475.75	
City SHADYSIDE	State OH	Zip Code 43947	Transaction ID : SB17.I1211	
Purpose of Disbursement SEE MEMO ENTRIES		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) C. COLEBY MATHEWS			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014	
Mailing Address 61225 WEBB HEIGHTS RD			Amount of Each Disbursement this Period 304.20	
City SHADYSIDE	State OH	Zip Code 43947	Transaction ID : SB17.I1217	
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:				

SUBTOTAL of Disbursements This Page (optional).....	1313.51
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 94 OF 156			
	<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) A. KROGER		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 1014 VINE ST		Amount of Each Disbursement this Period 15.08
City CINCINNATI	State OH Zip Code 45202	
Purpose of Disbursement MEETING SUPPLIES	Category/Type	Transaction ID : SB17.I1215
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:		

Full Name (Last, First, Middle Initial) B. LOWE'S		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 1000 LOWES BLVD		Amount of Each Disbursement this Period 106.54
City MOORESVILLE	State NC Zip Code 28117	
Purpose of Disbursement SIGN SUPPLIES	Category/Type	Transaction ID : SB17.I1216
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:		

Full Name (Last, First, Middle Initial) C. COLEBY MATHEWS		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address 61225 WEBB HEIGHTS RD		Amount of Each Disbursement this Period 837.76
City SHADYSIDE	State OH Zip Code 43947	
Purpose of Disbursement SALARY	Category/Type	Transaction ID : SB17.I1267
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).....	837.76
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 95 OF 156			
	<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) A. COLEBY MATHEWS		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 61225 WEBB HEIGHTS RD		Amount of Each Disbursement this Period 837.76 Transaction ID : SB17.I1282
City SHADYSIDE State OH Zip Code 43947	Purpose of Disbursement SALARY	
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:		

Full Name (Last, First, Middle Initial) B. AMY MCKINLEY		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 3204 ILLINOIS LN		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.I1053
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:		

Full Name (Last, First, Middle Initial) C. AMY MCKINLEY		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address 3204 ILLINOIS LN		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.I1089
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:		

SUBTOTAL of Disbursements This Page (optional).....	4837.76
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 96 OF 156			
	<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) A. AMY MCKINLEY		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address 3204 ILLINOIS LN		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.I1160
City BELLINGHAM	State WA	
Zip Code 98226	Purpose of Disbursement FINANCE CONSULTING	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. AMY MCKINLEY		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 3204 ILLINOIS LN		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.I1196
City BELLINGHAM	State WA	
Zip Code 98226	Purpose of Disbursement FINANCE CONSULTING	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) C. MARY MCKINLEY		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address 147 BETHANY PIKE		Amount of Each Disbursement this Period 3560.54 Transaction ID : SB17.I1181
City WHEELING	State WV	
Zip Code 26003	Purpose of Disbursement SEE MEMO ENTRY	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:	

SUBTOTAL of Disbursements This Page (optional).....	11560.54
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 97 OF 156			
	<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) A. DUNBAR PRINTING & GRAPHICS LLC			Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014		
Mailing Address 1310 OHIO AVE			Amount of Each Disbursement this Period 3560.54		
City DUNBAR	State WV	Zip Code 25064	Transaction ID : SB17.I1182 [MEMO ITEM]		
Purpose of Disbursement PRINTING		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. THOMAS MIDANEK			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014		
Mailing Address 5000 HAMPTON CENTER, STE 3			Amount of Each Disbursement this Period 4767.98		
City MORGANTOWN	State WV	Zip Code 26505	Transaction ID : SB17.I1068		
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:					

Full Name (Last, First, Middle Initial) C. THOMAS MIDANEK			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014		
Mailing Address 5000 HAMPTON CENTER, STE 3			Amount of Each Disbursement this Period 430.56		
City MORGANTOWN	State WV	Zip Code 26505	Transaction ID : SB17.I1069 [MEMO ITEM]		
Purpose of Disbursement MILEAGE		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:					

SUBTOTAL of Disbursements This Page (optional).....	4767.98
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 98 OF 156			
	<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) A. AMAZON		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 1516 2ND AVE		Amount of Each Disbursement this Period 680.72
City SEATTLE	State WA Zip Code 98101	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Transaction ID : SB17.I1071
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 208 S AKARD ST		Amount of Each Disbursement this Period 165.00
City DALLAS	State TX Zip Code 75202	
Purpose of Disbursement TELEPHONE	Candidate Name	Transaction ID : SB17.I1073
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. GOT PRINT		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 7625 N SAN FERNANDO RD		Amount of Each Disbursement this Period 34.09
City BURBANK	State CA Zip Code 91505	
Purpose of Disbursement PRINTING	Candidate Name	Transaction ID : SB17.I1082
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 99 OF 156			
	<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) A. KROGER		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 1014 VINE ST		Amount of Each Disbursement this Period 8.46
City CINCINNATI	State OH	
Zip Code 45202	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I1077
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. NATION BUILDER		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 448 S HILL ST, STE 200		Amount of Each Disbursement this Period 241.00
City LOS ANGELES	State CA	
Zip Code 90013	Purpose of Disbursement WEB/EMAIL MANAGEMENT	Transaction ID : SB17.I1074
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. NEWEGG.COM		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 9997 ROSE HILLS ROAD		Amount of Each Disbursement this Period 2159.82
City WHITTIER	State CA	
Zip Code 90601	Purpose of Disbursement OFFICE EQUIPMENT	Transaction ID : SB17.I1080
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 100 OF 156	
	<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)
A. OFFICE DEPOT

Mailing Address 6600 N MILITARY TRL

City BOCA RATON State FL Zip Code 33496

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 02 / 2014

Amount of Each Disbursement this Period: 66.22

Transaction ID : SB17.I1078

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. ONLINESTORES.COM

Mailing Address 1000 WESTINGHOUSE DR. STE. 1

City NEW STANTON State PA Zip Code 15672

Purpose of Disbursement FLAGS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 02 / 2014

Amount of Each Disbursement this Period: 278.10

Transaction ID : SB17.I1081

[MEMO ITEM]

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

Mailing Address 5700 6TH AVE.

City ALTOONA State PA Zip Code 16602

Purpose of Disbursement TRAVEL EXPENSE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 02 / 2014

Amount of Each Disbursement this Period: 100.00

Transaction ID : SB17.I1075

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... 0.00

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 101 OF 156			
	<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) A. UPS		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 55 GLENLAKE PKWY NE		Amount of Each Disbursement this Period 265.35
City ATLANTA	State GA Zip Code 30328	
Purpose of Disbursement SHIPPING/POSTAGE	Category/Type	Transaction ID : SB17.I1076
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:		

Full Name (Last, First, Middle Initial) B. THOMAS MIDANEK		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 5000 HAMPTON CENTER, STE 3		Amount of Each Disbursement this Period 1763.84
City MORGANTOWN	State WV Zip Code 26505	
Purpose of Disbursement SALARY	Category/Type	Transaction ID : SB17.I1102
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) C. THOMAS MIDANEK		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 5000 HAMPTON CENTER, STE 3		Amount of Each Disbursement this Period 1763.84
City MORGANTOWN	State WV Zip Code 26505	
Purpose of Disbursement SALARY	Category/Type	Transaction ID : SB17.I1114
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).....	3527.68
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 102 OF 156	
	<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) A. THOMAS MIDANEK		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 5000 HAMPTON CENTER, STE 3		Amount of Each Disbursement this Period 2678.12
City MORGANTOWN State WV Zip Code 26505	Purpose of Disbursement SEE MEMO ENTRIES	
Candidate Name		Transaction ID : SB17.I1126
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. THOMAS MIDANEK		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 5000 HAMPTON CENTER, STE 3		Amount of Each Disbursement this Period 339.48
City MORGANTOWN State WV Zip Code 26505	Purpose of Disbursement MILEAGE REIMBURSEMENT	
Candidate Name		Transaction ID : SB17.I1158
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:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. AMAZON		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 1516 2ND AVE		Amount of Each Disbursement this Period 452.06
City SEATTLE State WA Zip Code 98101	Purpose of Disbursement OFFICE SUPPLIES/EQUIPMENT	
Candidate Name		Transaction ID : SB17.I1155
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:	Category/Type	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	2678.12
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 103 OF 156	
	<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) A. AT&T		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 208 S AKARD ST		Amount of Each Disbursement this Period 152.00
City DALLAS	State TX	
Zip Code 75202	Purpose of Disbursement TELEPHONE	Transaction ID : SB17.I1156
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. GOT PRINT		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 7625 N SAN FERNANDO RD		Amount of Each Disbursement this Period 61.92
City BURBANK	State CA	
Zip Code 91505	Purpose of Disbursement PRINTING	Transaction ID : SB17.I1157
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. KROGER		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 1014 VINE ST		Amount of Each Disbursement this Period 42.19
City CINCINNATI	State OH	
Zip Code 45202	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I1152
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 104 OF 156			
	<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) A. LOWE'S		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 1000 LOWES BLVD		Amount of Each Disbursement this Period 193.42
City MOORESVILLE	State NC	
Zip Code 28117	Purpose of Disbursement EVENT SUPPLIES	Transaction ID : SB17.I1147
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. NATION BUILDER		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 448 S HILL ST, STE 200		Amount of Each Disbursement this Period 241.00
City LOS ANGELES	State CA	
Zip Code 90013	Purpose of Disbursement SOFTWARE	Transaction ID : SB17.I1153
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. NEWEGG.COM		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 9997 ROSE HILLS ROAD		Amount of Each Disbursement this Period 314.93
City WHITTIER	State CA	
Zip Code 90601	Purpose of Disbursement SOFTWARE	Transaction ID : SB17.I1154
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 106 OF 156	
	<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) A. THOMAS MIDANEK		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 5000 HAMPTON CENTER, STE 3		Amount of Each Disbursement this Period 1763.84 Transaction ID : SB17.I1177
City MORGANTOWN State WV Zip Code 26505	Purpose of Disbursement SALARY	
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:		

Full Name (Last, First, Middle Initial) B. THOMAS MIDANEK		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014
Mailing Address 5000 HAMPTON CENTER, STE 3		Amount of Each Disbursement this Period 1763.84 Transaction ID : SB17.I1191
City MORGANTOWN State WV Zip Code 26505	Purpose of Disbursement SALARY	
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:		

Full Name (Last, First, Middle Initial) C. THOMAS MIDANEK		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 5000 HAMPTON CENTER, STE 3		Amount of Each Disbursement this Period 3355.91 Transaction ID : SB17.I1212
City MORGANTOWN State WV Zip Code 26505	Purpose of Disbursement SEE MEMO ENTRIES	
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:		

SUBTOTAL of Disbursements This Page (optional).....	6883.91
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 107 OF 156	
	<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) A. THOMAS MIDANEK			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014	
Mailing Address 5000 HAMPTON CENTER, STE 3			Amount of Each Disbursement this Period 406.80	
City MORGANTOWN	State WV	Zip Code 26505	Transaction ID : SB17.I1218	
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:				

Full Name (Last, First, Middle Initial) B. AMAZON			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014	
Mailing Address 1516 2ND AVE			Amount of Each Disbursement this Period 63.57	
City SEATTLE	State WA	Zip Code 98101	Transaction ID : SB17.I1224	
Purpose of Disbursement OFFICE 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:				

Full Name (Last, First, Middle Initial) C. AT&T			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014	
Mailing Address 208 S AKARD ST			Amount of Each Disbursement this Period 182.50	
City DALLAS	State TX	Zip Code 75202	Transaction ID : SB17.I1227	
Purpose of Disbursement TELEPHONE		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:				

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 108 OF 156	
	<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) A. MR. ROOTER PLUMBING		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 4330 BUCHANAN RD		Amount of Each Disbursement this Period 562.74
City WATERFORD State OH Zip Code 45786	Purpose of Disbursement OFFICE MAINTENANCE	
Candidate Name		Transaction ID : SB17.I1222 [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:	Category/Type	

Full Name (Last, First, Middle Initial) B. NATION BUILDER		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 448 S HILL ST, STE 200		Amount of Each Disbursement this Period 482.00
City LOS ANGELES State CA Zip Code 90013	Purpose of Disbursement SOFTWARE	
Candidate Name		Transaction ID : SB17.I1226 [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:	Category/Type	

Full Name (Last, First, Middle Initial) C. NEWEGG.COM		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 9997 ROSE HILLS ROAD		Amount of Each Disbursement this Period 471.92
City WHITTIER State CA Zip Code 90601	Purpose of Disbursement SOFTWARE	
Candidate Name		Transaction ID : SB17.I1225 [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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 109 OF 156			
	<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) A. OFFICE DEPOT		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 6600 N MILITARY TRL		Amount of Each Disbursement this Period 57.22
City BOCA RATON State FL Zip Code 33496	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.I1220 [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:	

Full Name (Last, First, Middle Initial) B. SHEETZ		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 5700 6TH AVE.		Amount of Each Disbursement this Period 85.00
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement TRAVEL EXPENSE	
Candidate Name	Category/Type	Transaction ID : SB17.I1219 [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:	

Full Name (Last, First, Middle Initial) C. UPS		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 55 GLENLAKE PKWY NE		Amount of Each Disbursement this Period 11.75
City ATLANTA State GA Zip Code 30328	Purpose of Disbursement SHIPPING	
Candidate Name	Category/Type	Transaction ID : SB17.I1223 [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:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 110 OF 156			
	<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) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 2501 CHAPLINE ST		Amount of Each Disbursement this Period 3527.68
City WHEELING	State WV	
Zip Code 26003	Purpose of Disbursement POSTAGE	Transaction ID : SB17.I1221
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. THOMAS MIDANEK		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address 5000 HAMPTON CENTER, STE 3		Amount of Each Disbursement this Period 1763.84
City MORGANTOWN	State WV	
Zip Code 26505	Purpose of Disbursement SALARY	Transaction ID : SB17.I1268
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:		

Full Name (Last, First, Middle Initial) C. THOMAS MIDANEK		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 5000 HAMPTON CENTER, STE 3		Amount of Each Disbursement this Period 1763.84
City MORGANTOWN	State WV	
Zip Code 26505	Purpose of Disbursement SALARY	Transaction ID : SB17.I1283
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:		

SUBTOTAL of Disbursements This Page (optional).....	3527.68
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 111 OF 156	
	<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) A. SAMANTHA WALDRON		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 411 PINNACLE HEIGHTS		Amount of Each Disbursement this Period 409.08
City MORGANTOWN	State WV	
Zip Code 26505	Purpose of Disbursement SEE MEMO ENTRY	Transaction ID : SB17.I1084
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:		

Full Name (Last, First, Middle Initial) B. SAMANTHA WALDRON		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 411 PINNACLE HEIGHTS		Amount of Each Disbursement this Period 244.08
City MORGANTOWN	State WV	
Zip Code 26505	Purpose of Disbursement MILEAGE	Transaction ID : SB17.I1085
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address P.O. BOX 25505		Amount of Each Disbursement this Period 165.00
City LEHIGH VALLEY	State PA	
Zip Code 18002	Purpose of Disbursement TELEPHONE	Transaction ID : SB17.I1086
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	409.08
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 112 OF 156			
	<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) A. SAMANTHA WALDRON		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 411 PINNACLE HEIGHTS		Amount of Each Disbursement this Period 1385.06 Transaction ID : SB17.I1103
City MORGANTOWN State WV Zip Code 26505	Purpose of Disbursement SALARY	
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:		

Full Name (Last, First, Middle Initial) B. SAMANTHA WALDRON		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 411 PINNACLE HEIGHTS		Amount of Each Disbursement this Period 770.47 Transaction ID : SB17.I1115
City MORGANTOWN State WV Zip Code 26505	Purpose of Disbursement SALARY	
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:		

Full Name (Last, First, Middle Initial) C. SAMANTHA WALDRON		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 411 PINNACLE HEIGHTS		Amount of Each Disbursement this Period 770.47 Transaction ID : SB17.I1178
City MORGANTOWN State WV Zip Code 26505	Purpose of Disbursement SALARY	
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:		

SUBTOTAL of Disbursements This Page (optional).....	2926.00
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 113 OF 156			
	<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) A. SAMANTHA WALDRON		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014
Mailing Address 411 PINNACLE HEIGHTS		Amount of Each Disbursement this Period 770.47 Transaction ID : SB17.I1192
City MORGANTOWN State WV Zip Code 26505	Purpose of Disbursement SALARY	
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:		

Full Name (Last, First, Middle Initial) B. SAMANTHA WALDRON		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address 411 PINNACLE HEIGHTS		Amount of Each Disbursement this Period 770.47 Transaction ID : SB17.I1269
City MORGANTOWN State WV Zip Code 26505	Purpose of Disbursement SALARY	
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:		

Full Name (Last, First, Middle Initial) C. SAMANTHA WALDRON		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 411 PINNACLE HEIGHTS		Amount of Each Disbursement this Period 770.47 Transaction ID : SB17.I1284
City MORGANTOWN State WV Zip Code 26505	Purpose of Disbursement SALARY	
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:		

SUBTOTAL of Disbursements This Page (optional).....	2311.41
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 114 OF 156	
	<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) A. ACQUIRE DIGITAL		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 113A 17TH AVE S		Amount of Each Disbursement this Period 6000.00 Transaction ID : SB17.I1172
City NASHVILLE State TN Zip Code 37203	Purpose of Disbursement ADVERTISING	
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:		

Full Name (Last, First, Middle Initial) B. ACQUIRE DIGITAL		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 113A 17TH AVE S		Amount of Each Disbursement this Period 6000.00 Transaction ID : SB17.I1261
City NASHVILLE State TN Zip Code 37203	Purpose of Disbursement ADVERTISING	
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:		

Full Name (Last, First, Middle Initial) C. BOWE PARTIN VISUAL MEDIA		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 2250 CLARENDON BLVD. APT. 207		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.I1092
City ARLINGTON State VA Zip Code 22201	Purpose of Disbursement PHOTOGRAPHY	
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:		

SUBTOTAL of Disbursements This Page (optional).....	12750.00
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 115 OF 156	
	<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) A. CAPITOL HILL CLUB		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2014
Mailing Address 300 1ST ST SE		Amount of Each Disbursement this Period 659.18 Transaction ID : SB17.I1260
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement MEETING EXPENSE	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. CMDI		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 1593 SPRING HILL RD, STE 400		Amount of Each Disbursement this Period 2400.00 Transaction ID : SB17.I1199
City TYSONS CORNER	State VA	
Zip Code 22182	Purpose of Disbursement SOFTWARE	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) C. DEEM STRATEGIC CONSULTING, LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 337 FOUNTAIN VIEW		Amount of Each Disbursement this Period 1542.64 Transaction ID : SB17.I1051
City MORGANTOWN	State WV	
Zip Code 26505	Purpose of Disbursement FUNDRAISING CONSULTING	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:	

SUBTOTAL of Disbursements This Page (optional).....	4601.82
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 116 OF 156			
	<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) A. DIRECT MAIL SYSTEMS, INC.		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014
Mailing Address 12450 AUTOMOBILE BLVD		Amount of Each Disbursement this Period 1575.00
City CLEARWATER State FL Zip Code 33762	Purpose of Disbursement POSTAGE	
Candidate Name	Category/Type	Transaction ID : SB17.I1098
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. DIRECT MAIL SYSTEMS, INC.		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 12450 AUTOMOBILE BLVD		Amount of Each Disbursement this Period 2828.78
City CLEARWATER State FL Zip Code 33762	Purpose of Disbursement DIRECT MARKETING	
Candidate Name	Category/Type	Transaction ID : SB17.I1200
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) C. DIRECT MAIL SYSTEMS, INC.		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2014
Mailing Address 12450 AUTOMOBILE BLVD		Amount of Each Disbursement this Period 1330.00
City CLEARWATER State FL Zip Code 33762	Purpose of Disbursement POSTAGE	
Candidate Name	Category/Type	Transaction ID : SB17.I1276
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).....	5733.78
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 117 OF 156	
	<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) A. FLS CONNECT, LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 7300 HUDSON BLVD, STE 270		Amount of Each Disbursement this Period 1137.70
City ST. PAUL State MN Zip Code 55128	Purpose of Disbursement TELEMARKETING	
Candidate Name		Transaction ID : SB17.I1093
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. FLS CONNECT, LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014
Mailing Address 7300 HUDSON BLVD, STE 270		Amount of Each Disbursement this Period 1013.20
City ST. PAUL State MN Zip Code 55128	Purpose of Disbursement TELEMARKETING	
Candidate Name		Transaction ID : SB17.I1186
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. MAI & ASSOCIATES LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2014
Mailing Address 901 N MONROE ST APT 1306		Amount of Each Disbursement this Period 5047.89
City ARLINGTON State VA Zip Code 22201	Purpose of Disbursement CAMPAIGN STRATEGY	
Candidate Name		Transaction ID : SB17.I1088
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	7198.79
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 118 OF 156			
	<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) A. MAI & ASSOCIATES LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 901 N MONROE ST APT 1306		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.I1095
City ARLINGTON State VA Zip Code 22201	Purpose of Disbursement CAMPAIGN STRATEGY	
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:		

Full Name (Last, First, Middle Initial) B. MAI & ASSOCIATES LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address 901 N MONROE ST APT 1306		Amount of Each Disbursement this Period 5009.55 Transaction ID : SB17.I1183
City ARLINGTON State VA Zip Code 22201	Purpose of Disbursement SEE MEMO ENTRIES	
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:		

Full Name (Last, First, Middle Initial) C. MAI & ASSOCIATES LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address 901 N MONROE ST APT 1306		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.I1184 [MEMO ITEM]
City ARLINGTON State VA Zip Code 22201	Purpose of Disbursement CAMPAIGN STRATEGY	
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:		

SUBTOTAL of Disbursements This Page (optional).....	10009.55
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 119 OF 156	
	<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) A. MAI & ASSOCIATES LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address 901 N MONROE ST APT 1306		Amount of Each Disbursement this Period 5591.09
City ARLINGTON State VA Zip Code 22201	Purpose of Disbursement SEE MEMO ENTRIES	
Candidate Name		Transaction ID : SB17.I1277
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. MAI & ASSOCIATES LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014
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		Transaction ID : SB17.I1278 [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:	Category/Type	

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 306.20
City PHOENIX State AZ Zip Code 85034	Purpose of Disbursement AIRFARE	
Candidate Name		Transaction ID : SB17.I1291 [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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	5591.09
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 120 OF 156			
	<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) A. MR. ROOTER PLUMBING		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014
Mailing Address 4330 BUCHANAN RD		Amount of Each Disbursement this Period 149.60 Transaction ID : SB17.I1187
City WATERFORD State OH Zip Code 45786	Purpose of Disbursement OFFICE MAINTENANCE	
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:		

Full Name (Last, First, Middle Initial) B. NATION BUILDER		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 448 S HILL ST, STE 200		Amount of Each Disbursement this Period 46.55 Transaction ID : SB17.I1106
City LOS ANGELES State CA Zip Code 90013	Purpose of Disbursement CC TRANSACTION FEES	
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:		

Full Name (Last, First, Middle Initial) C. NATION BUILDER		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 448 S HILL ST, STE 200		Amount of Each Disbursement this Period 44.67 Transaction ID : SB17.I1108
City LOS ANGELES State CA Zip Code 90013	Purpose of Disbursement CC TRANSACTION FEES	
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:		

SUBTOTAL of Disbursements This Page (optional).....	240.82
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 121 OF 156			
	<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. NATION BUILDER

Full Name (Last, First, Middle Initial)
Mailing Address 448 S HILL ST, STE 200

City LOS ANGELES State CA Zip Code 90013

Purpose of Disbursement
CC TRANSACTION FEES

Candidate Name

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

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 02 / 2014

Amount of Each Disbursement this Period
18.95

Transaction ID : SB17.I1109

B. NATION BUILDER

Full Name (Last, First, Middle Initial)
Mailing Address 448 S HILL ST, STE 200

City LOS ANGELES State CA Zip Code 90013

Purpose of Disbursement
CC TRANSACTION FEES

Candidate Name

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

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 26 / 2014

Amount of Each Disbursement this Period
25.17

Transaction ID : SB17.I1118

C. NATION BUILDER

Full Name (Last, First, Middle Initial)
Mailing Address 448 S HILL ST, STE 200

City LOS ANGELES State CA Zip Code 90013

Purpose of Disbursement
CC TRANSACTION FEES

Candidate Name

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

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 03 / 2014

Amount of Each Disbursement this Period
40.75

Transaction ID : SB17.I1119

SUBTOTAL of Disbursements This Page (optional)..... 84.87

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 122 OF 156			
	<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) A. NATION BUILDER		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2014
Mailing Address 448 S HILL ST, STE 200		Amount of Each Disbursement this Period 100.37
City LOS ANGELES State CA Zip Code 90013	Purpose of Disbursement CC TRANSACTION FEES	
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)	Transaction ID : SB17.I1207
State: District:		

Full Name (Last, First, Middle Initial) B. NATION BUILDER		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address 448 S HILL ST, STE 200		Amount of Each Disbursement this Period 36.62
City LOS ANGELES State CA Zip Code 90013	Purpose of Disbursement CC TRANSACTION FEES	
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)	Transaction ID : SB17.I1208
State: District:		

Full Name (Last, First, Middle Initial) C. NATION BUILDER		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 448 S HILL ST, STE 200		Amount of Each Disbursement this Period 13.52
City LOS ANGELES State CA Zip Code 90013	Purpose of Disbursement CC TRANSACTION FEES	
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)	Transaction ID : SB17.I1263
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	150.51
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 123 OF 156			
	<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) A. NATION BUILDER		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 448 S HILL ST, STE 200		Amount of Each Disbursement this Period 3.95
City LOS ANGELES	State CA	
Zip Code 90013	Purpose of Disbursement CC TRANSACTION FEES	Transaction ID : SB17.I1264
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:		

Full Name (Last, First, Middle Initial) B. NATION BUILDER		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 448 S HILL ST, STE 200		Amount of Each Disbursement this Period 1.13
City LOS ANGELES	State CA	
Zip Code 90013	Purpose of Disbursement CC TRANSACTION FEES	Transaction ID : SB17.I1274
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:		

Full Name (Last, First, Middle Initial) C. NATION BUILDER		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 448 S HILL ST, STE 200		Amount of Each Disbursement this Period 1.13
City LOS ANGELES	State CA	
Zip Code 90013	Purpose of Disbursement CC TRANSACTION FEES	Transaction ID : SB17.I1287
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:		

SUBTOTAL of Disbursements This Page (optional).....	6.21
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 124 OF 156	
	<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) A. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 911 PANORAMA TRL S		Amount of Each Disbursement this Period 2638.74
City ROCHESTER	State NY	
Zip Code 14625	Purpose of Disbursement PAYROLL TAXES	Transaction ID : SB17.I1104
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:		

Full Name (Last, First, Middle Initial) B. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 911 PANORAMA TRL S		Amount of Each Disbursement this Period 117.11
City ROCHESTER	State NY	
Zip Code 14625	Purpose of Disbursement PAYROLL FEES	Transaction ID : SB17.I1105
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:		

Full Name (Last, First, Middle Initial) C. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 911 PANORAMA TRL S		Amount of Each Disbursement this Period 64.32
City ROCHESTER	State NY	
Zip Code 14625	Purpose of Disbursement PAYROLL FEES	Transaction ID : SB17.I1116
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:		

SUBTOTAL of Disbursements This Page (optional).....	2820.17
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 125 OF 156	
	<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)
A. PAYCHEX

Mailing Address 911 PANORAMA TRL S

City ROCHESTER State NY Zip Code 14625

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 31 / 2014

Amount of Each Disbursement this Period: 2499.24

Transaction ID : SB17.I1117

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

Mailing Address 911 PANORAMA TRL S

City ROCHESTER State NY Zip Code 14625

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 15 / 2014

Amount of Each Disbursement this Period: 2489.57

Transaction ID : SB17.I1179

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

Mailing Address 911 PANORAMA TRL S

City ROCHESTER State NY Zip Code 14625

Purpose of Disbursement PAYROLL FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 15 / 2014

Amount of Each Disbursement this Period: 68.75

Transaction ID : SB17.I1180

SUBTOTAL of Disbursements This Page (optional) 5057.56

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 126 OF 156	
	<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) A. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address 911 PANORAMA TRL S		Amount of Each Disbursement this Period 2479.04 Transaction ID : SB17.I1193
City ROCHESTER State NY Zip Code 14625	Purpose of Disbursement PAYROLL TAXES	
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:		

Full Name (Last, First, Middle Initial) B. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address 911 PANORAMA TRL S		Amount of Each Disbursement this Period 54.32 Transaction ID : SB17.I1194
City ROCHESTER State NY Zip Code 14625	Purpose of Disbursement PAYROLL FEES	
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:		

Full Name (Last, First, Middle Initial) C. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address 911 PANORAMA TRL S		Amount of Each Disbursement this Period 2476.05 Transaction ID : SB17.I1270
City ROCHESTER State NY Zip Code 14625	Purpose of Disbursement PAYROLL TAXES	
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:		

SUBTOTAL of Disbursements This Page (optional).....	5009.41
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 127 OF 156	
	<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) A. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address 911 PANORAMA TRL S		Amount of Each Disbursement this Period 54.32
City ROCHESTER	State NY	
Zip Code 14625	Purpose of Disbursement PAYROLL FEES	Transaction ID : SB17.I1271
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:		

Full Name (Last, First, Middle Initial) B. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 911 PANORAMA TRL S		Amount of Each Disbursement this Period 2462.54
City ROCHESTER	State NY	
Zip Code 14625	Purpose of Disbursement PAYROLL TAXES	Transaction ID : SB17.I1285
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:		

Full Name (Last, First, Middle Initial) C. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 911 PANORAMA TRL S		Amount of Each Disbursement this Period 54.11
City ROCHESTER	State NY	
Zip Code 14625	Purpose of Disbursement PAYROLL FEES	Transaction ID : SB17.I1286
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:		

SUBTOTAL of Disbursements This Page (optional).....	2570.97
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 128 OF 156			
	<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										
A. PAYPAL		<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>07</td> <td></td> <td>02</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	07		02		2014
M M	/	D D	/	Y Y Y Y								
07		02		2014								
Mailing Address 2211 N 1ST ST		Amount of Each Disbursement this Period										
City	State Zip Code											
SAN JOSE	CA 95131	<table border="1"> <tr> <td>30.00</td> </tr> </table>	30.00									
30.00												
Purpose of Disbursement CC TRANSACTION FEES		Transaction ID : SB17.I1097										
Candidate Name												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type										
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												
State:	District:											

Full Name (Last, First, Middle Initial)		Date of Disbursement										
B. PAYPAL		<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>07</td> <td></td> <td>01</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	07		01		2014
M M	/	D D	/	Y Y Y Y								
07		01		2014								
Mailing Address 2211 N 1ST ST		Amount of Each Disbursement this Period										
City	State Zip Code											
SAN JOSE	CA 95131	<table border="1"> <tr> <td>3.40</td> </tr> </table>	3.40									
3.40												
Purpose of Disbursement CC TRANSACTION FEES		Transaction ID : SB17.I1107										
Candidate Name												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type										
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												
State:	District:											

Full Name (Last, First, Middle Initial)		Date of Disbursement										
C. PAYPAL		<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>08</td> <td></td> <td>01</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	08		01		2014
M M	/	D D	/	Y Y Y Y								
08		01		2014								
Mailing Address 2211 N 1ST ST		Amount of Each Disbursement this Period										
City	State Zip Code											
SAN JOSE	CA 95131	<table border="1"> <tr> <td>30.00</td> </tr> </table>	30.00									
30.00												
Purpose of Disbursement CC TRANSACTION FEES		Transaction ID : SB17.I1169										
Candidate Name												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type										
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												
State:	District:											

SUBTOTAL of Disbursements This Page (optional).....	<table border="1"> <tr> <td>63.40</td> </tr> </table>	63.40
63.40		
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

**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 129 OF 156			
	<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										
A. PAYPAL		<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>08</td> <td></td> <td>13</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	08		13		2014
M M	/	D D	/	Y Y Y Y								
08		13		2014								
Mailing Address 2211 N 1ST ST		Amount of Each Disbursement this Period										
City	State Zip Code											
SAN JOSE	CA 95131	<table border="1"> <tr> <td>2.93</td> </tr> </table>	2.93									
2.93												
Purpose of Disbursement	Category/Type	Transaction ID : SB17.I1202										
CC TRANSACTION FEES												
Candidate Name												
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:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
B. PAYPAL		<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>08</td> <td></td> <td>18</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	08		18		2014
M M	/	D D	/	Y Y Y Y								
08		18		2014								
Mailing Address 2211 N 1ST ST		Amount of Each Disbursement this Period										
City	State Zip Code											
SAN JOSE	CA 95131	<table border="1"> <tr> <td>9.92</td> </tr> </table>	9.92									
9.92												
Purpose of Disbursement	Category/Type	Transaction ID : SB17.I1203										
CC TRANSACTION FEES												
Candidate Name												
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:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
C. PAYPAL		<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>09</td> <td></td> <td>01</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	09		01		2014
M M	/	D D	/	Y Y Y Y								
09		01		2014								
Mailing Address 2211 N 1ST ST		Amount of Each Disbursement this Period										
City	State Zip Code											
SAN JOSE	CA 95131	<table border="1"> <tr> <td>30.00</td> </tr> </table>	30.00									
30.00												
Purpose of Disbursement	Category/Type	Transaction ID : SB17.I1204										
CC TRANSACTION FEES												
Candidate Name												
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:												

SUBTOTAL of Disbursements This Page (optional).....	<table border="1"> <tr> <td>42.85</td> </tr> </table>	42.85
42.85		
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

**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 130 OF 156			
	<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) A. PAYPAL		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 2211 N 1ST ST		Amount of Each Disbursement this Period 967.66 Transaction ID : SB17.I1205
City SAN JOSE	State CA	
Zip Code 95131	Purpose of Disbursement CC TRANSACTION FEES	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. PAYPAL		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 2211 N 1ST ST		Amount of Each Disbursement this Period 62.30 Transaction ID : SB17.I1206
City SAN JOSE	State CA	
Zip Code 95131	Purpose of Disbursement CC TRANSACTION FEES	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) C. PROCLEAN CARPET & UPHOLSTERY CLEANING		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address PO BOX 641		Amount of Each Disbursement this Period 886.16 Transaction ID : SB17.I1122
City MINERAL WELLS	State WV	
Zip Code 26150	Purpose of Disbursement OFFICE MAINTENANCE	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:	

SUBTOTAL of Disbursements This Page (optional).....	967.66
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 131 OF 156	
	<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) A. PROFESSIONAL DATA SERVICES, INC.		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 2470 DANIELS BRIDGE RD STE 121		Amount of Each Disbursement this Period 3078.89 Transaction ID : SB17.I1065
City ATHENS State GA Zip Code 30606	Purpose of Disbursement COMPLIANCE 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:		

Full Name (Last, First, Middle Initial) B. PROFESSIONAL DATA SERVICES, INC.		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address 2470 DANIELS BRIDGE RD STE 121		Amount of Each Disbursement this Period 1551.26 Transaction ID : SB17.I1161
City ATHENS State GA Zip Code 30606	Purpose of Disbursement COMPLIANCE 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:		

Full Name (Last, First, Middle Initial) C. PUBLIC OPINION STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 214 N FAYETTE ST		Amount of Each Disbursement this Period 25000.00 Transaction ID : SB17.I1066
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement RESEARCH	
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:		

SUBTOTAL of Disbursements This Page (optional).....	29630.15
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 132 OF 156			
	<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) A. RISING TIDE MEDIA GROUP LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 226 S FAYETTE ST		Amount of Each Disbursement this Period 25000.00
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement MEDIA PRODUCTION	Transaction ID : SB17.I1067
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:		

Full Name (Last, First, Middle Initial) B. ROBINSON & MCELWEE PLLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2014
Mailing Address PO BOX 1791		Amount of Each Disbursement this Period 225.00
City CHARLESTON	State WV	
Zip Code 25326	Purpose of Disbursement PARKING EXPENSE	Transaction ID : SB17.I1185
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:		

Full Name (Last, First, Middle Initial) C. SIGNS PLUS		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 1342 GREENBAG RD		Amount of Each Disbursement this Period 1632.35
City MORGANTOWN	State WV	
Zip Code 26508	Purpose of Disbursement T-SHIRTS	Transaction ID : SB17.I1087
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:		

SUBTOTAL of Disbursements This Page (optional).....	26857.35
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 133 OF 156	
	<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) A. SIGNS PLUS		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 1342 GREENBAG RD		Amount of Each Disbursement this Period 5534.11
City MORGANTOWN State WV Zip Code 26508	Purpose of Disbursement SIGNS	
Candidate Name		Transaction ID : SB17.I1094
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. SIGNS PLUS		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 1342 GREENBAG RD		Amount of Each Disbursement this Period 4793.30
City MORGANTOWN State WV Zip Code 26508	Purpose of Disbursement SIGNS	
Candidate Name		Transaction ID : SB17.I1159
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. STRATEGIC MEDIA SERVICES, INC.		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 3299 K ST NW, STE 200		Amount of Each Disbursement this Period 165754.00
City WASHINGTON State DC Zip Code 20007	Purpose of Disbursement MEDIA BUY	
Candidate Name		Transaction ID : SB17.I1259
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	176081.41
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 134 OF 156	
	<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) A. STRATEGIC MEDIA SERVICES, INC.			Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014	
Mailing Address 3299 K ST NW, STE 200			Amount of Each Disbursement this Period 81501.00	
City WASHINGTON	State DC	Zip Code 20007	Transaction ID : SB17.I1272	
Purpose of Disbursement MEDIA BUY		Category/ Type		
Candidate Name				
Office Sought:	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. STRATEGIC MEDIA SERVICES, INC.			Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014	
Mailing Address 3299 K ST NW, STE 200			Amount of Each Disbursement this Period 85406.00	
City WASHINGTON	State DC	Zip Code 20007	Transaction ID : SB17.I1273	
Purpose of Disbursement MEDIA BUY		Category/ Type		
Candidate Name				
Office Sought:	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) C. THE THEODORE COMPANY, LLC			Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014	
Mailing Address P.O. BOX 320412			Amount of Each Disbursement this Period 11440.85	
City ALEXANDRIA	State VA	Zip Code 22320	Transaction ID : SB17.I1162	
Purpose of Disbursement SEE MEMO ENTRIES		Category/ Type		
Candidate Name				
Office Sought:	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).....	178347.85
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 135 OF 156	
	<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) A. AMERICAN CHEMISTRY COUNCIL		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address 700 SECOND ST NE		Amount of Each Disbursement this Period 375.00
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement EVENT ROOM RENTAL	
Candidate Name		Transaction ID : SB17.I1164 [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:	Category/Type	

Full Name (Last, First, Middle Initial) B. CHARLIE PALMER STEAK		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address 101 CONSTITUTION AVE NW		Amount of Each Disbursement this Period 1449.85
City WASHINGTON State DC Zip Code 20001	Purpose of Disbursement EVENT CATERING	
Candidate Name		Transaction ID : SB17.I1165 [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:	Category/Type	

Full Name (Last, First, Middle Initial) C. CMDI		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address 1593 SPRING HILL RD, STE 400		Amount of Each Disbursement this Period 192.13
City TYSONS CORNER State VA Zip Code 22182	Purpose of Disbursement DATABASE MANAGEMENT/E-MARKETING	
Candidate Name		Transaction ID : SB17.I1166 [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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 136 OF 156	
	<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)
A. FEDERAL EXPRESS

Mailing Address 13155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement SHIPPING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 08 / 2014

Amount of Each Disbursement this Period: 61.87

Transaction ID : SB17.I1163

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. THE THEODORE COMPANY, LLC

Mailing Address P.O. BOX 320412

City ALEXANDRIA State VA Zip Code 22320

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 08 / 2014

Amount of Each Disbursement this Period: 9320.00

Transaction ID : SB17.I1167

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. WEST VIRGINIANS FOR LIFE

Mailing Address 25 CANYON RD

City MORGANTOWN State WV Zip Code 26508

Purpose of Disbursement ADVERTISING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 11 / 2014

Amount of Each Disbursement this Period: 200.00

Transaction ID : SB17.I1168

SUBTOTAL of Disbursements This Page (optional) 200.00

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 137 OF 156	
	<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. MINERAL COUNTY REPUBLICAN EXECUTIVE COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 39

City KEYSER State WV Zip Code 26726

Purpose of Disbursement SEE MEMO

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 14 / 2014

Amount of Each Disbursement this Period: 208.96

Transaction ID : SB17.I1171

B. THE MINERAL COUNTY FAIR

Full Name (Last, First, Middle Initial)
Mailing Address RR 28

City FORT ASHBY State WV Zip Code 26719

Purpose of Disbursement LIVESTOCK

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 14 / 2014

Amount of Each Disbursement this Period: 208.96

Transaction ID : SB17.I1173

[MEMO ITEM]

C. WEST VIRGINIA REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 2711

City CHARLESTON State WV Zip Code 25330

Purpose of Disbursement RENT AND DATABASE REIMBURSEMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 01 / 2014

Amount of Each Disbursement this Period: 1375.00

Transaction ID : SB17.I1052

SUBTOTAL of Disbursements This Page (optional) 1583.96

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 138 OF 156	
	<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) A. WEST VIRGINIA REPUBLICAN PARTY		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address P.O. BOX 2711		Amount of Each Disbursement this Period 1375.00 Transaction ID : SB17.I1120
City CHARLESTON State WV Zip Code 25330	Purpose of Disbursement RENT AND DATABASE REIMBURSEMENT	
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:		

Full Name (Last, First, Middle Initial) B. WEST VIRGINIA REPUBLICAN PARTY		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address P.O. BOX 2711		Amount of Each Disbursement this Period 1375.00 Transaction ID : SB17.I1201
City CHARLESTON State WV Zip Code 25330	Purpose of Disbursement RENT AND DATABASE REIMBURSEMENT	
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:		

Full Name (Last, First, Middle Initial) C.		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 <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2750.00
TOTAL This Period (last page this line number only).....	540594.72

**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 139 OF 156	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
McKinley for Congress

Full Name (Last, First, Middle Initial) A. AZINGER FOR HOUSE		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 100 WILLOWBROOK DR, #72		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.I1229
City PARKERSBURG	State WV	
Zip Code 26104	Purpose of Disbursement CONTRIBUTION TO STATE/LOCAL COMMITTEE	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. BARTLEY FOR HOUSE		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address PO BOX 224		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.I1230
City LUMBERPORT	State WV	
Zip Code 26386	Purpose of Disbursement CONTRIBUTION TO STATE/LOCAL COMMITTEE	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) C. CINDY FRICH FOR HOUSE OF DELEGATES		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 1248 BAKERS RIDGE RD		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.I1231
City MORGANTOWN	State WV	
Zip Code 26505	Purpose of Disbursement CONTRIBUTION TO STATE/LOCAL COMMITTEE	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:	

SUBTOTAL of Disbursements This Page (optional).....	750.00
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 140 OF 156	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
McKinley for Congress

Full Name (Last, First, Middle Initial) A. CITIZENS FOR AMY SUMMERS		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 98 MEADLAND RD		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.I1232
City FLEMINGTON State WV Zip Code 26347	Purpose of Disbursement CONTRIBUTION TO STATE/LOCAL COMMITTEE	
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:		

Full Name (Last, First, Middle Initial) B. COMMITTEE FOR BETTER GOVERNMENT		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address PO BOX 6036		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.I1233
City WHEELING State WV Zip Code 26003	Purpose of Disbursement CONTRIBUTION TO STATE/LOCAL COMMITTEE	
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:		

Full Name (Last, First, Middle Initial) C. COMMITTEE TO ELECT ANNA BORDER		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 39 HIGHLAND MEADOWS DR		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.I1234
City DAVISVILLE State WV Zip Code 26142	Purpose of Disbursement CONTRIBUTION TO STATE/LOCAL COMMITTEE	
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:		

SUBTOTAL of Disbursements This Page (optional).....	750.00
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 141 OF 156	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
McKinley for Congress

Full Name (Last, First, Middle Initial) A. COMMITTEE TO ELECT BILL ANDERSON		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 1011 HIGHLAND AVE		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.I1235
City WILLIAMSTOWN	State WV	
Zip Code 26187	Purpose of Disbursement CONTRIBUTION TO STATE/LOCAL COMMITTEE	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. COMMITTEE TO ELECT DANNY HAMRICK		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address PO BOX 4386		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.I1236
City CLARKSBURG	State WV	
Zip Code 26302	Purpose of Disbursement CONTRIBUTION TO STATE/LOCAL COMMITTEE	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) C. COMMITTEE TO ELECT MARK ZATEZALO		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 540 N 12TH ST		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.I1237
City WEIRTON	State WV	
Zip Code 26062	Purpose of Disbursement CONTRIBUTION TO STATE/LOCAL COMMITTEE	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:	

SUBTOTAL of Disbursements This Page (optional).....	750.00
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 142 OF 156	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
McKinley for Congress

Full Name (Last, First, Middle Initial) A. COMMITTEE TO ELECT MORRIS		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 2334 WILLIAMSBURG DR		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.I1238
City GLEN DALE	State WV	
Zip Code 26038	Purpose of Disbursement CONTRIBUTION TO STATE/LOCAL COMMITTEE	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. COMMITTEE TO ELECT RYAN WELD		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 2225 MARIANNA ST		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.I1239
City WELLSBURG	State WV	
Zip Code 26070	Purpose of Disbursement CONTRIBUTION TO STATE/LOCAL COMMITTEE	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) C. DAVID NOHE FOR WEST VIRGINIA SENATE		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 15 CHADWICK SQ		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.I1240
City VIENNA	State WV	
Zip Code 26105	Purpose of Disbursement CONTRIBUTION TO STATE/LOCAL COMMITTEE	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:	

SUBTOTAL of Disbursements This Page (optional).....	750.00
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 143 OF 156			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
McKinley for Congress

Full Name (Last, First, Middle Initial) A. EVANS FOR HOUSE		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 15 PLEASANT DR		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.I1241
City CAMERON State WV Zip Code 26033	Purpose of Disbursement CONTRIBUTION TO STATE/LOCAL COMMITTEE	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. FRANK DEEM CAMPAIGN		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 5518 2ND AVE		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.I1242
City VIENNA State WV Zip Code 26105	Purpose of Disbursement CONTRIBUTION TO STATE/LOCAL COMMITTEE	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. FRIENDS FOR FLANIGAN		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 250 FRED ST		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.I1243
City MORGANTOWN State WV Zip Code 26501	Purpose of Disbursement CONTRIBUTION TO STATE/LOCAL COMMITTEE	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 144 OF 156			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
McKinley for Congress

Full Name (Last, First, Middle Initial) A. FRIENDS OF MIKE QUEEN		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address PO BOX 907		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.I1244
City CLARKSBURG	State WV	
Zip Code 26302	Purpose of Disbursement CONTRIBUTION TO STATE/LOCAL COMMITTEE	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. FRIENDS OF RYAN FERNS COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 37 JENNA WAY DR		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.I1245
City WHEELING	State WV	
Zip Code 26003	Purpose of Disbursement CONTRIBUTION TO STATE/LOCAL COMMITTEE	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) C. FRIENDS TO ELECT BARRY BLEDSOE TO YOUR HOUSE		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 171 BAILEY CIRCLE		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.I1246
City FAIRMONT	State WV	
Zip Code 26554	Purpose of Disbursement CONTRIBUTION TO STATE/LOCAL COMMITTEE	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:	

SUBTOTAL of Disbursements This Page (optional).....	1750.00
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 145 OF 156			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
McKinley for Congress

Full Name (Last, First, Middle Initial)
A. FRIENDS TO ELECT JOHN KELLY

Mailing Address 2802 BROOKVIEW ST

City PARKERSBURG State WV Zip Code 26104

Purpose of Disbursement
CONTRIBUTION TO STATE/LOCAL COMMITTEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
09 / 05 / 2014

Amount of Each Disbursement this Period
250.00

Transaction ID : SB21.I1247

Full Name (Last, First, Middle Initial)
B. JUNE TURNER FOR HOUSE

Mailing Address 2607 DUCK RUN RD

City GLENNVILLE State WV Zip Code 26351

Purpose of Disbursement
CONTRIBUTION TO STATE/LOCAL COMMITTEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
09 / 05 / 2014

Amount of Each Disbursement this Period
250.00

Transaction ID : SB21.I1248

Full Name (Last, First, Middle Initial)
C. KENT FOR WV

Mailing Address 616 HAPPY LN

City FAIRVIEW State WV Zip Code 26570

Purpose of Disbursement
CONTRIBUTION TO STATE/LOCAL COMMITTEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
09 / 05 / 2014

Amount of Each Disbursement this Period
1000.00

Transaction ID : SB21.I1249

SUBTOTAL of Disbursements This Page (optional)..... 1500.00

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 146 OF 156	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
McKinley for Congress

Full Name (Last, First, Middle Initial) A. KURCABA FOR HOUSE		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address PO BOX 30		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.I1250
City MORGANTOWN	State WV	
Zip Code 26507	Purpose of Disbursement CONTRIBUTION TO STATE/LOCAL COMMITTEE	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. LEE TERRY FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address PO BOX 540098		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB21.I1279
City OMAHA	State NE	
Zip Code 68154	Purpose of Disbursement CONTRIBUTION	Category/ Type
Candidate Name LEE TERRY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NE District: 02	

Full Name (Last, First, Middle Initial) C. MOONEY FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address PO BOX 1863		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.I1096
City MARTINSBURG	State WV	
Zip Code 25402	Purpose of Disbursement CONTRIBUTION	Category/ Type
Candidate Name ALEXANDER XAVIER MOONEY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WV District: 02	

SUBTOTAL of Disbursements This Page (optional).....	3250.00
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 147 OF 156	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
McKinley for Congress

Full Name (Last, First, Middle Initial) A. PASDON FOR HOUSE COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address PO BOX 106		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.I1251
City MORGANTOWN State WV Zip Code 26507	Purpose of Disbursement CONTRIBUTION TO STATE/LOCAL COMMITTEE	
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:		

Full Name (Last, First, Middle Initial) B. PHIL MALLOW FOR HOUSE OF DELEGATES		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 101 ROSEWOOD AVE		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.I1252
City FAIRMONT State WV Zip Code 26554	Purpose of Disbursement CONTRIBUTION TO STATE/LOCAL COMMITTEE	
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:		

Full Name (Last, First, Middle Initial) C. STATLER FOR HOUSE		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 97 LONG DRAIN RD		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.I1253
City CORE State WV Zip Code 26541	Purpose of Disbursement CONTRIBUTION TO STATE/LOCAL COMMITTEE	
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:		

SUBTOTAL of Disbursements This Page (optional).....	750.00
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 148 OF 156			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
McKinley for Congress

Full Name (Last, First, Middle Initial) A. STORCH FOR WV HOUSE		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 5 EDGEWOOD ST		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.I1254
City WHEELING	State WV	
Zip Code 26003	Purpose of Disbursement CONTRIBUTION TO STATE/LOCAL COMMITTEE	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. TRUMP FOR SENATE		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 171 S WASHINGTON ST		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.I1255
City BERKELEY SPRINGS	State WV	
Zip Code 25411	Purpose of Disbursement CONTRIBUTION TO STATE/LOCAL COMMITTEE	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) C. WAGNER FOR HOUSE		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 107 KEYES AVE		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.I1256
City PHILIPPI	State WV	
Zip Code 26416	Purpose of Disbursement CONTRIBUTION TO STATE/LOCAL COMMITTEE	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:	

SUBTOTAL of Disbursements This Page (optional).....	1000.00
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 149 OF 156			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
McKinley for Congress

Full Name (Last, First, Middle Initial) A. WARNER FOR SENATE COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 2044 LAKESIDE DR		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.I1257
City MORGANTOWN State WV Zip Code 26508	Category/ Type	
Purpose of Disbursement CONTRIBUTION TO STATE/LOCAL COMMITTEE		
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. WAXMAN FOR WV HOUSE		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 49 DIAMOND COVE RD		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.I1258
City BRIDGEPORT State WV Zip Code 26330	Category/ Type	
Purpose of Disbursement CONTRIBUTION TO STATE/LOCAL COMMITTEE		
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) C. NATIONAL REPUBLICAN CONGRESSIONAL COMMIT		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address 320 FIRST ST SE		Amount of Each Disbursement this Period 20000.00 Transaction ID : SB21.I1195
City WASHINGTON State DC Zip Code 20003	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
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).....	21250.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 150 OF 156			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
McKinley for Congress

Full Name (Last, First, Middle Initial) A. MARION CO. REPUBLICAN EXECUTIVE COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 1489 LOCUST AVE		Amount of Each Disbursement this Period 400.00 Transaction ID : SB21.I1197
City FAIRMONT State WV Zip Code 26554	Purpose of Disbursement CONTRIBUTION	
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:		

Full Name (Last, First, Middle Initial) B. WEST VIRGINIA REPUBLICAN PARTY		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address P.O. BOX 2711		Amount of Each Disbursement this Period 10000.00 Transaction ID : SB21.I1121
City CHARLESTON State WV Zip Code 25330	Purpose of Disbursement CONTRIBUTION	
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:		

Full Name (Last, First, Middle Initial) C. WEST VIRGINIA REPUBLICAN PARTY		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address P.O. BOX 2711		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB21.I1275
City CHARLESTON State WV Zip Code 25330	Purpose of Disbursement CONTRIBUTION	
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:		

SUBTOTAL of Disbursements This Page (optional).....	15400.00
TOTAL This Period (last page this line number only).....	48650.00

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

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.C1097**

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
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) 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)..... ▶ 50000.00

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.C1098**

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 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) 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)..... 100000.00

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.C1100**

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 100000.00 50000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
06 / 30 / 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)..... ▶ 50000.00

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.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: M 09 / D 30 / Y 2010
 Date Due: M / 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:

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 Date Due Interest Rate Secured:
M M / D D / Y Y Y Y M M / D D / Y Y Y Y 0.00 % (apr) Yes No
10 26 / 2010 On Demand

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)..... ▶ 50000.00
TOTALS 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.