

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS
For An Authorized Committee

RECEIVED
SENATE

14 APR 10 PM 3:38

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5

COMMITTEE TO ELECT DAVID B. WAMSLEY

ADDRESS (number and street) 39 GREENBRIER AVE

Check if different than previously reported. (ACC)

WILLIAMSTOWN WV 26187

2. **FEC IDENTIFICATION NUMBER** C00560557

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

CITY STATE ZIP CODE STATE DISTRICT

WV

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 MM / DD / YYYY in the State of

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

General (30G) Runoff (30R) Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period MM / DD / YYYY through MM / DD / YYYY

01 / 01 / 2014 through 03 / 31 / 2014

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 BRENDA R. WAMSLEY

Signature of Treasurer Brenda R. Wamsley Date MM / DD / YYYY

04 / 07 / 2014

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							
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14020180448

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Committee to Elect DAVID B. WAMSLY

Report Covering the Period: From:

01 / 01 / 2014

To:

03 / 31 / 2014

	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))...	<i>5,218.00</i>	<i>5,218.00</i>
(b) Total Contribution Refunds (from Line 20(d))..	<i>0.00</i>	<i>0.00</i>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))...	<i>5,218.00</i>	<i>5,218.00</i>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	<i>2,679.84</i>	<i>2,679.84</i>
(b) Total Offsets to Operating Expenditures (from Line 14)...	<i>0.00</i>	<i>0.00</i>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	<i>2,679.84</i>	<i>2,679.84</i>
8. Cash on Hand at Close of Reporting Period (from Line 27)...	<i>7,981.16</i>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)...	<i>0.00</i>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)...	<i>0.00</i>	

For further information contact:

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

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

14020180449

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Committee to Elect David B. WAMSLEY

Report Covering the Period: From:

MM DD YYYY
01 01 2014

To:

MM DD YYYY
03 31 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)...

500.00

500.00

(ii) Unitemized.....

773.00

773.00

(iii) TOTAL of contributions from individuals

1,273.00

1,273.00

(b) Political Party Committees...

0.00

0.00

(c) Other Political Committees (such as PACs)...

0.00

0.00

(d) The Candidate.....

3,945.00

3,945.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

5,218.00

5,218.00

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

0.00

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)...

5,218.00

5,218.00

14020180450

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES...	2,679.84	2,679.84
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...		
(b) Of All Other Loans		
(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 ...		
(b) Political Party Committees...		
(c) Other Political Committees (such as PACs) ...		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	0.00	0.00
21. OTHER DISBURSEMENTS ..	1,740.00	1,740.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	4,419.84	4,419.84

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	5,218.00
25. SUBTOTAL (add Line 23 and Line 24) ...	5,218.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	4,419.84
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	798.16

14020180451

**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	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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

NAME OF COMMITTEE (In Full)
Committee to Elect David B Wamsley

Full Name (Last, First, Middle Initial) <i>Wamsley, David B.</i>		Date of Receipt M M / D D Y Y Y Y <i>01 / 13 2014</i>
Mailing Address <i>39 Greenbrier Ave</i>		Amount of Each Receipt this Period <i>1,780.00</i>
City <i>Williamstown</i>	State Zip Code <i>WV 26187</i>	
FEC ID number of contributing federal political committee. <i>C</i>		Amount of Each Receipt this Period <i>1,780.00</i>
Name of Employer <i>Self-employed</i>	Occupation <i>School Psychologist</i>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <i>1,780.00</i>	

Full Name (Last, First, Middle Initial) <i>WAMSLEY, DAVID B.</i>		Date of Receipt M M / D D Y Y Y Y <i>02 / 20 2014</i>
Mailing Address <i>39 Greenbrier Ave</i>		Amount of Each Receipt this Period <i>515.00</i>
City <i>Williamstown</i>	State Zip Code <i>WV 26187</i>	
FEC ID number of contributing federal political committee. <i>C</i>		Amount of Each Receipt this Period <i>2,295.00</i>
Name of Employer <i>Self-Employed</i>	Occupation <i>School Psychologist</i>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <i>WAMSLEY, DAVID B</i>		Date of Receipt M M / D D Y Y Y Y <i>02 / 26 2014</i>
Mailing Address <i>39 Greenbrier Ave</i>		Amount of Each Receipt this Period <i>1,650.00</i>
City <i>Williamstown</i>	State Zip Code <i>WV 26187</i>	
FEC ID number of contributing federal political committee. <i>C</i>		Amount of Each Receipt this Period <i>3,945.00</i>
Name of Employer <i>Self-Employed</i>	Occupation <i>School Psychologist</i>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	
TOTAL This Period (last page this line number only).....	<i>3,945.00</i>

14020180452

**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 1 OF 1			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Committee to Elect DAVID B. Wamsley

Full Name (Last, First, Middle Initial) A. <i>John P. Kiger</i>		Date of Receipt M M / D D / Y Y Y Y <i>03 / 29 / 2014</i>	
Mailing Address <i>2906 Avery St.</i>			
City <i>Parkersburg</i>	State <i>WV</i>	Zip Code <i>26101</i>	
FEC ID number of contributing federal political committee. <i>C</i>		Amount of Each Receipt this Period <i>500.00</i>	
Name of Employer <i>Self - Kiger Tax Service</i>	Occupation <i>Accountant</i>		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <i>500.00</i>		

Full Name (Last, First, Middle Initial) B.		Date of Receipt	
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee. <i>C</i>		Amount of Each Receipt this Period	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		

Full Name (Last, First, Middle Initial) C.		Date of Receipt	
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee. <i>C</i>		Amount of Each Receipt this Period	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		

SUBTOTAL of Receipts This Page (optional).....	
TOTAL This Period (last page this line number only).....	<i>500.00</i>

14020180453

**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 1 OF 2

<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)

Committee to Elect David B. Wamsley

Full Name (Last, First, Middle Initial)

A. *Fern Wood Computer Services*

Date of Disbursement

M M D D Y Y Y Y
02 25 2014

Mailing Address
PO Box 808

City *Belpre* State *OH* Zip Code *45714*

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Website maintenance

001

Candidate Name
David B Wamsley

Category/
Type

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

State: *WV* District:

Full Name (Last, First, Middle Initial)

B. *Fern Wood Computer Services*

Date of Disbursement

M M D D Y Y Y Y
02 27 2014

Mailing Address
PO Box 808

City *Belpre* State *OH* Zip Code *45714*

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Website maintenance

001

Candidate Name
David B Wamsley

Category/
Type

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

State: *WV* District:

Full Name (Last, First, Middle Initial)

C. *Fern Wood Computer Services*

Date of Disbursement

M M D D Y Y Y Y
03 11 2014

Mailing Address
PO Box 808

City *Belpre* State *OH* Zip Code *45714*

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Website maintenance

001

Candidate Name
David B. Wamsley

Category/
Type

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

State: *WV* District:

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

1,500.00

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

2,000.00

14020180454

**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 1 OF 2
	<input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Committee to Elect David B Wamsley

Full Name (Last, First, Middle Initial) <i>Fern Wood Computer Services</i>		Date of Disbursement <i>03 18 2014</i>
Mailing Address <i>P.O. Box 808</i>		Amount of Each Disbursement this Period <i>500.00</i>
City <i>Belpre</i>	State <i>OH</i>	
Zip Code <i>45714</i>		Category/ Type <i>001</i>
Purpose of Disbursement <i>Website maintenance</i>		
Candidate Name <i>David B. Wamsley</i>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <i>WV</i> District:	

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

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

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	<i>500.00</i>

14020180455

**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 / OF 1
	<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)
Committee to Elect David B. Wamsley

Full Name (Last, First, Middle Initial) <i>Sir Speedy Printing</i>		Date of Disbursement M M / D D / Y Y Y Y <i>03 / 18 / 2014</i>
Mailing Address <i>3901 Emerson Ave</i>		Amount of Each Disbursement this Period <i>291.50</i>
City <i>Parkersburg</i>	State <i>WV</i> Zip Code <i>26104</i>	
Purpose of Disbursement <i>printing cards</i>		Category/ Type <i>006</i>
Candidate Name <i>David B. Wamsley</i>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <i>WV</i> District:		

Full Name (Last, First, Middle Initial) <i>Sir Speedy Printing</i>		Date of Disbursement M M / D D / Y Y Y Y <i>03 / 27 / 2014</i>
Mailing Address <i>3901 Emerson Ave</i>		Amount of Each Disbursement this Period <i>285.08</i>
City <i>Parkersburg</i>	State <i>WV</i> Zip Code <i>26104</i>	
Purpose of Disbursement <i>printing car decals</i>		Category/ Type <i>006</i>
Candidate Name <i>David B. Wamsley</i>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <i>WV</i> 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		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).....	
TOTAL This Period (last page this line number only).....	<i>576.58</i>

14020180456

**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	OF
	<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)
Committee to Elect David B. Wamsley

Full Name (Last, First, Middle Initial) <i>WV Secretary of State</i>		Date of Disbursement M M / D D / Y Y Y Y <i>01 / 15 / 2014</i>
Mailing Address <i>Capitol Complex</i>		Amount of Each Disbursement this Period <i>1,740.00</i>
City <i>Charleston</i>	State <i>WV</i>	
Purpose of Disbursement <i>registration as candidate</i>	Category/Type <i>001</i>	
Candidate Name <i>David B. Wamsley</i>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <i>WV</i>	District:	

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

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

SUBTOTAL of Disbursements This Page (optional).....	
TOTAL This Period (last page this line number only).....	<i>1,740.00</i>

14020180457

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

None

Excluding Loans

NAME OF COMMITTEE (In Full)
Committee to Elect David B Wamsley

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional) ...	
2) TOTALS This Period (last page this line number only) ...	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)...	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

14020180458

SCHEDULE C-1 (FEC Form 3)

None

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) Committee to Elect David B. Wamsley; FEC IDENTIFICATION NUMBER C

LENDING INSTITUTION (LENDER) Full Name; Amount of Loan; Interest Rate (APR) %

Mailing Address; Date Incurred or Established; Date Due

A. Has loan been restructured? No Yes; If yes, date originally incurred

B. If line of credit, Amount of this Draw; Total Outstanding Balance

C. Are other parties secondarily liable for the debt incurred? No Yes

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? No Yes; What is the value of this collateral? Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes; What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account: Address: City, State, Zip: Date account established:

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature; DATE

H. Attach a signed copy of the loan agreement. I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature; Title; DATE

14020180459

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

None

NAME OF COMMITTEE (In Full)
Committee to Elect David B. Wamsley

LOAN SOURCE Full Name (Last, First, Middle Initial)

Mailing Address

City State ZIP Code

Election:
 Primary
 General
 Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred: / /

Date Due: / /

Interest Rate: % (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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....

TOTALS This Period (last page in this line only) ...

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