

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name **Mountaineers Are Always Free PAC**

(b) Address (number and street) check if different than previously reported
1747 Pennsylvania Avenue, NW
Suite 800

(c) City, State and ZIP Code
Washington DC 20006

(d) Name of Employer or Principal Place of Business (e) Occupation

2. FEC Identification Number

C C30002604

3. Is This Statement

New
or
 Amended

4. Covering Period

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2016
through
M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2016

5. (a) Date of Public Distribution(s) M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2016 (b) Communication Title What's at Risk

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: WV pol. committee

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name
Russell, Lee, , ,

(b) Address (number and street)
1747 Pennsylvania Avenue, NW
Suite 800

(c) City, State and ZIP Code
Washington DC 20006

(d) Name of Employer or Principal Place of Business (e) Occupation
Republican Attorneys General Assoc. Chief Financial Officer

9. Total Donations This Statement

_____,_____,_____.00

10. Total Disbursements/Obligations This Statement

_____,_____,18617.35

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Russell, Lee, , ,

SIGNATURE Russell, Lee, , , [Electronically Filed] DATE 10/26/2016

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

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

11. Person(s) Sharing/Exercising Control

A. (a) Name		Transaction ID : F91.000001	
Russell, Lee, , ,			
(b) Address (number and street)	1747 Pennsylvania Avenue, NW Suite 800		
(c) City, State and ZIP Code	Washington	DC	20006
(d) Name of Employer or Principal Place of Business	Republican Attorneys General Assoc.	(e) Occupation	Chief Financial Officer
B. (a) Name			
(b) Address (number and street)			
(c) City, State and ZIP Code			
(d) Name of Employer or Principal Place of Business		(e) Occupation	
C. (a) Name			
(b) Address (number and street)			
(c) City, State and ZIP Code			
(d) Name of Employer or Principal Place of Business		(e) Occupation	
D. (a) Name			
(b) Address (number and street)			
(c) City, State and ZIP Code			
(d) Name of Employer or Principal Place of Business		(e) Occupation	
E. (a) Name			
(b) Address (number and street)			
(c) City, State and ZIP Code			
(d) Name of Employer or Principal Place of Business		(e) Occupation	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

<p>A. Full Name (Last, First, Middle Initial) of Payee Red October Productions, Inc.</p> <hr/> <p>Mailing Address of Payee 1851A McGuckian Street</p> <hr/> <p>City State Zip Code Annapolis MD 21401</p> <hr/> <p>Name of Employer Occupation</p> <hr/> <p>Purpose of Disbursement (Including title(s) of communication(s)) Television Advertising - Production "What's at Risk"</p>	<p>Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2016</p> <hr/> <p>Amount 18617.35</p> <hr/> <p>Communication Date MM / DD / YYYY 10 / 25 / 2016</p> <hr/> <p>Transaction ID : F93.000001</p>
<p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: WV Clinton, Hillary, , , <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President</p> <p>Transaction ID : F94.000002</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p>	<p>Disbursement/Obligation For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p>
<p>B. Full Name (Last, First, Middle Initial) of Payee</p> <hr/> <p>Mailing Address of Payee</p> <hr/> <p>City State Zip Code</p> <hr/> <p>Name of Employer Occupation</p> <hr/> <p>Purpose of Disbursement (Including title(s) of communication(s))</p>	<p>Date of Disbursement or Obligation MM / DD / YYYY</p> <hr/> <p>Amount</p> <hr/> <p>Communication Date MM / DD / YYYY</p> <hr/>
<p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p>	<p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p>
<p>SUBTOTAL of Disbursements/Obligations This Page (optional) ▶</p> <hr/> <p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)</p>	