

## FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR  
ELECTIONEERING COMMUNICATIONS

## 1. Person Making the Disbursements/Obligations

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

(d) Name of Employer or Principal Place of Business

(e) Occupation

## 2. FEC Identification Number

C C30002661

## 3. Is This Statement

☒ New

or

☐ Amended

## 4. Covering Period

M M M / D D D / Y Y Y Y Y  
10 / 24 / 2016

through

M M M / D D D / Y Y Y Y Y  
10 / 25 / 20165. (a) Date of Public Distribution(s) M M M / D D D / Y Y Y Y Y  
10 / 25 / 2016 (b) Communication Title Radio Ad6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☒ Other, specify: State IE PAC

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

Yes ☐No ☐

## 8. Custodian of Records

(a) Name

Thomas, Gregory, , ,

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

(c) City, State and ZIP Code

South Charleston

WV 25309

(d) Name of Employer or Principal Place of Business

Self

(e) Occupation

Consultant

## 9. Total Donations This Statement

, , , .00

## 10. Total Disbursements/Obligations This Statement

, , , 80000.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Thomas, Gregory, , ,

SIGNATURE Thomas, Gregory, , ,

[Electronically Filed] DATE 10/27/2016

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)

PAGE 2 OF 3

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

Maloney, Bill, , ,

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

(c) City, State and ZIP Code

South Charleston

WV 25309

(d) Name of Employer or Principal Place of Business

Self

(e) Occupation

President

**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**

PAGE 3 OF 3

**Disbursement(s) Made or Obligation(s)**

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>Image Associates</b> <hr/> Mailing Address of Payee 700 Virginian Street, East Suite 220 <hr/> City State Zip Code Charleston WV 25301 <hr/> Name of Employer Occupation Business Advertising Agency <hr/> Purpose of Disbursement (Including title(s) of communication(s)) Radio Ads				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y Y  10 / 24 / 2016 </div> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 80000.00 </div> Communication Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y Y  10 / 25 / 2016 </div>	
<b>Transaction ID : F94.000002</b> Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ Clinton, Hillary, , , <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President				Disbursement/Obligation For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> <hr/> Mailing Address of Payee <hr/> City State Zip Code <hr/> Name of Employer Occupation <hr/> Purpose of Disbursement (Including title(s) of communication(s))					
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y Y </div> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> Communication Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	
<b>SUBTOTAL</b> of Disbursements/Obligations This Page (optional) ..... ►				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 80000.00 </div>	
<b>TOTAL</b> This Period (last page this line number only) ..... ► (carry total from last page to Line 10)				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 80000.00 </div>	