

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
West Virginia Republican Party, Inc.

ADDRESS (number and street) 5 Greenbrier St
 Check if different than previously reported. (ACC)
Charleston WV 25311

2. **FEC IDENTIFICATION NUMBER** C00417063
3. IS THIS REPORT NEW (N) OR AMENDED (A)

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 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 04 01 2010 through 04 30 2010

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 Ms. Michelle L. Wilshere

Signature of Treasurer Electronically Filed by Ms. Michelle L. Wilshere Date 12 24 2010

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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FEC FORM 3X
(Rev. 12/2004)

A. Form/Schedule : **F3XA**

Transaction ID :

Response to FEC Letter dated 11/26/2010 Reference: Amended May Monthly Report (4/01/10 - 4/30/10), received 11/02/10 (On July 24, 2010 at a regularly scheduled meeting of the West Virginia Republican Party (the 'Party'), new leadership, including a new Chairman, was selected during the Party's election of officers. As is customary, the Chairman appointed new leadership for all administrative positions.) After receiving a letter (dated 9/29/10) from the FEC requesting clarification regarding month-to-date and year-to-date financial balances, the Party initiated an internal audit of finances and, subsequently, amended earlier monthly reports to properly and fully illustrate any prior discrepancies. As a result, disbursements included in the original May Monthly report were moved to the actual month in which the disbursements were made, and therefore the correct activity was reported and became part of the Party's official FEC filings for the May Monthly Report. We are not aware of the reason that the disbursements were reported in the incorrect month(s) by the previous administration. The intent of the amended FEC reports is to ensure full and complete compliance with all FEC regulations and to ensure, to the best of our knowledge and ability, that all accounting procedures of the Party are consistent with best practices and federal and state guidelines.

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
West Virginia Republican Party, Inc.

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		8371.42
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	11665.72									
(c) Total Receipts (from Line 19)	14506.61	74244.31								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	26172.33	82615.73								
7. Total Disbursements (from Line 31)	4640.73	61084.13								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	21531.60	21531.60								
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)	64927.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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 3X (Rev. 06/2004)

Write or Type Committee Name
West Virginia Republican Party, Inc.

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	1786.61	20626.24
(ii) Unitemized	12720.00	27268.07
(iii) TOTAL (add Lines 11(a)(i) and (ii)	14506.61	47894.31
(b) Political Party Committees	0.00	25100.00
(c) Other Political Committees (such as PACs)	0.00	1250.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	14506.61	74244.31
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	14506.61	74244.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	14506.61	74244.31

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	4640.73	61084.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	4640.73	61084.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	4640.73	61084.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4640.73	61084.13

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	14506.61	74244.31
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14506.61	74244.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	4640.73	61084.13
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4640.73	61084.13

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 26
	(check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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)
West Virginia Republican Party, Inc.

A.	Full Name (Last, First, Middle Initial) Mrs. Betty S. Ireland	Date of Receipt MM / DD / YYYY 04 / 05 / 2010
	Mailing Address 948 Ridgemont Rd.	Transaction ID: A6ABB49DD30144209926
	City State Zip Code Charleston WV 25314-1136	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 820.00

B.	Full Name (Last, First, Middle Initial) Mr. Douglas E. McKinney, MD	Date of Receipt MM / DD / YYYY 04 / 09 / 2010
	Mailing Address 636 Rivendell Drive	Transaction ID: A064BA029273F4D28A8F
	City State Zip Code Bridgeport WV 26330-1358	Amount of Each Receipt this Period 5.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Va Medical Center Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4044.63

C.	Full Name (Last, First, Middle Initial) Mr. Douglas E. McKinney, MD	Date of Receipt MM / DD / YYYY 04 / 10 / 2010
	Mailing Address 636 Rivendell Drive	Transaction ID: ABBE2CB97D3C743089A2
	City State Zip Code Bridgeport WV 26330-1358	Amount of Each Receipt this Period 44.25
	FEC ID number of contributing federal political committee. C	
	Name of Employer Va Medical Center Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4306.24

In-kind:

SUBTOTAL of Receipts This Page (optional)	69.25
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
West Virginia Republican Party, Inc.

A.

Full Name (Last, First, Middle Initial)
Mr. Douglas E. McKinney, MD

Mailing Address 636 Rivendell Drive

City State Zip Code
Bridgeport WV 26330-1358

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Va Medical Center Information Requested

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4306.24

Date of Receipt M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 1 0

Transaction ID: A9D250AC9580A4A72AC3

Amount of Each Receipt this Period 16.04

In-kind:postage

B.

Full Name (Last, First, Middle Initial)
Mr. Douglas E. McKinney, MD

Mailing Address 636 Rivendell Drive

City State Zip Code
Bridgeport WV 26330-1358

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Va Medical Center Information Requested

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4306.24

Date of Receipt M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 1 0

Transaction ID: AE83FB4407FD5400FAB7

Amount of Each Receipt this Period 56.67

In-kind:office supplies

C.

Full Name (Last, First, Middle Initial)
Mr. Douglas E. McKinney, MD

Mailing Address 636 Rivendell Drive

City State Zip Code
Bridgeport WV 26330-1358

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Va Medical Center Information Requested

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4306.24

Date of Receipt M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 1 0

Transaction ID: A74FFEE9B6AFA437EA4F

Amount of Each Receipt this Period 66.00

In-kind:office supplies

SUBTOTAL of Receipts This Page (optional) 138.71

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 26
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
West Virginia Republican Party, Inc.

A.

Full Name (Last, First, Middle Initial)
Mr. Douglas E. McKinney, MD

Mailing Address 636 Rivendell Drive

City State Zip Code
Bridgeport WV 26330-1358

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

Name of Employer Va Medical Center Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4306.24

Date of Receipt
MM / DD / YYYY
04 / 10 / 2010

Transaction ID: A45BCF83DB4EF46FAB71

Amount of Each Receipt this Period
69.82

In-kind:postage

B.

Full Name (Last, First, Middle Initial)
Mr. Douglas E. McKinney, MD

Mailing Address 636 Rivendell Drive

City State Zip Code
Bridgeport WV 26330-1358

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

Name of Employer Va Medical Center Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4306.24

Date of Receipt
MM / DD / YYYY
04 / 10 / 2010

Transaction ID: A63B30A2FCFA445E08CA

Amount of Each Receipt this Period
8.83

In-kind:office supplies

C.

Full Name (Last, First, Middle Initial)
Mr. Douglas E. McKinney, MD

Mailing Address 636 Rivendell Drive

City State Zip Code
Bridgeport WV 26330-1358

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

Name of Employer Va Medical Center Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4406.24

Date of Receipt
MM / DD / YYYY
04 / 13 / 2010

Transaction ID: A97BCC4CF6DD04544B59

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **178.65**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
West Virginia Republican Party, Inc.

A.	Full Name (Last, First, Middle Initial) Mr. Douglas E. McKinney, MD		Date of Receipt MM / DD / YYYY 04 / 15 / 2010		
	Mailing Address 636 Rivendell Drive		Transaction ID: A62A3B46ECAFB46BAB1A		
	City Bridgeport	State WV	Zip Code 26330-1358	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Va Medical Center	Occupation Information Requested			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4456.24			

B.	Full Name (Last, First, Middle Initial) Dr. Stephen L. Sebert, MD		Date of Receipt MM / DD / YYYY 04 / 15 / 2010		
	Mailing Address 8 Meadow Creek		Transaction ID: AE79FC057BAA34B47908		
	City Barboursville	State WV	Zip Code 25504-9471	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Physician	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

C.	Full Name (Last, First, Middle Initial) Bob & Ruth Allen		Date of Receipt MM / DD / YYYY 04 / 15 / 2010		
	Mailing Address 246 Ridgeway Drive		Transaction ID: AA6E85070E951495480D		
	City Bridgeport	State WV	Zip Code 26330-1152	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer None	Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	▶	400.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
West Virginia Republican Party, Inc.

A.

Full Name (Last, First, Middle Initial)
Mr. Lewis H. Rexroad

Mailing Address 126 Gihon Meadows Dr.

City State Zip Code
Parkersburg WV 26101-9005

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

Name of Employer Occupation
UPS Information Requested

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: A378D015B89AB43C8B15

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Greg Smith

Mailing Address 600 55th St.

City State Zip Code
Vienna WV 26105-3218

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

Name of Employer Occupation
Retired Information Requested

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 0

Transaction ID: AE951487F15164B7B88B

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Greg Smith

Mailing Address 600 55th St.

City State Zip Code
Vienna WV 26105-3218

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

Name of Employer Occupation
Retired Information Requested

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0

Transaction ID: AC5885AAEB04A48078DE

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ►

250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 26
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
West Virginia Republican Party, Inc.

A.	Full Name (Last, First, Middle Initial) Dr. Stephen Shy		Date of Receipt
	Mailing Address 3174 Rt. 75		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Huntington	WV	25704-9150
	FEC ID number of contributing federal political committee.		Transaction ID: AD1B89AEAF5BE4AFF8ED
Name of Employer Self		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

B.	Full Name (Last, First, Middle Initial) Mrs. Eleanor W. Herkness		Date of Receipt
	Mailing Address P.O. Box 511		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Lewisburg	WV	24901-0511
	FEC ID number of contributing federal political committee.		Transaction ID: AF40B87D559C044A288F
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 1500.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
TOTAL This Period (last page this line number only)	<input type="text"/> 1786.61

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
West Virginia Republican Party, Inc.

A. Full Name (Last, First, Middle Initial) Mr. Douglas E. McKinney, MD <hr/> Mailing Address 636 Rivendell Drive <hr/> City Bridgeport State WV Zip Code 26330-1358 Purpose of Disbursement In-kind: Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BBBE2CB97D3C743089A2 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 1 0
	Amount of Each Disbursement this Period 44.25
	Category/ Type
	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Mr. Douglas E. McKinney, MD <hr/> Mailing Address 636 Rivendell Drive <hr/> City Bridgeport State WV Zip Code 26330-1358 Purpose of Disbursement In-kind:postage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B9D250AC9580A4A72AC3 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 1 0
	Amount of Each Disbursement this Period 16.04
	Category/ Type
	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Mr. Douglas E. McKinney, MD <hr/> Mailing Address 636 Rivendell Drive <hr/> City Bridgeport State WV Zip Code 26330-1358 Purpose of Disbursement In-kind:office supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BE83FB4407FD5400FAB7 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 1 0
	Amount of Each Disbursement this Period 56.67
	Category/ Type
	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	116.96
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
West Virginia Republican Party, Inc.

A.	Full Name (Last, First, Middle Initial) Mr. Douglas E. McKinney, MD	Transaction ID: B74FFEE9B6AFA437EA4F
	Mailing Address 636 Rivendell Drive	Date of Disbursement MM / DD / YYYY 04 / 10 / 2010
	City Bridgeport State WV Zip Code 26330-1358	Amount of Each Disbursement this Period 66.00
	Purpose of Disbursement In-kind:office supplies Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mr. Douglas E. McKinney, MD	Transaction ID: B45BCF83DB4EF46FAB71
	Mailing Address 636 Rivendell Drive	Date of Disbursement MM / DD / YYYY 04 / 10 / 2010
	City Bridgeport State WV Zip Code 26330-1358	Amount of Each Disbursement this Period 69.82
	Purpose of Disbursement In-kind:postage Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mr. Douglas E. McKinney, MD	Transaction ID: B63B30A2FCFA445E08CA
	Mailing Address 636 Rivendell Drive	Date of Disbursement MM / DD / YYYY 04 / 10 / 2010
	City Bridgeport State WV Zip Code 26330-1358	Amount of Each Disbursement this Period 8.83
	Purpose of Disbursement In-kind:office supplies Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	144.65
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

PAGE 16 / 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
West Virginia Republican Party, Inc.

<p>A. Full Name (Last, First, Middle Initial) Mountaineer Gas</p> <p>Mailing Address PO Box 362</p> <p>City Charleston State WV Zip Code 25322</p> <p>Purpose of Disbursement utilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B0A77312185D04F08AA6</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="253.17"/></p>
<p>B. Full Name (Last, First, Middle Initial) Aristotle International</p> <p>Mailing Address 205 Pennsylvania Ave</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement cc processing fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B6663C2AE518848C39EC</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="23.70"/></p>
<p>C. Full Name (Last, First, Middle Initial) Staples - Charleston</p> <p>Mailing Address 2810 Mountaineer Blvd.</p> <p>City Charleston State WV Zip Code 25309</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B5875DF5D0D9D422BAAA</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="175.95"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="452.82"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
West Virginia Republican Party, Inc.

<p>A. Full Name (Last, First, Middle Initial) Aristotle International</p> <p>Mailing Address 205 Pennsylvania Ave</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement cc service fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B97BB3DB4805E43FFB16</p> <p>Date of Disbursement</p> <p><input type="text" value="04"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="22.10"/></p>
<p>B. Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address 1002 Lee Street East</p> <p>City Charleston State WV Zip Code 25301</p> <p>Purpose of Disbursement postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B4CE788FFA6F94874B98</p> <p>Date of Disbursement</p> <p><input type="text" value="04"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Officemax</p> <p>Mailing Address 228 RLH Blvd</p> <p>City Charleston State WV Zip Code 25309</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B0F4D48793870495A958</p> <p>Date of Disbursement</p> <p><input type="text" value="04"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="42.38"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

564.48

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
West Virginia Republican Party, Inc.

A.	Full Name (Last, First, Middle Initial) USPS Mailing Address 1002 Lee Street East City Charleston State WV Zip Code 25301 Purpose of Disbursement postage 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) ▼	Transaction ID: BD82ED03E456646529FA Date of Disbursement 04 / 20 / 2010 Amount of Each Disbursement this Period 5.15
B.	Full Name (Last, First, Middle Initial) Erie Insurance Mailing Address 100 Erie Insurance Place City Erie State PA Zip Code 16530 Purpose of Disbursement insurance 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) ▼	Transaction ID: BD613D2F59420410D862 Date of Disbursement 04 / 23 / 2010 Amount of Each Disbursement this Period 631.81
C.	Full Name (Last, First, Middle Initial) USPS Mailing Address 1002 Lee Street East City Charleston State WV Zip Code 25301 Purpose of Disbursement postage 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) ▼	Transaction ID: B44DA4484911B4739A81 Date of Disbursement 04 / 28 / 2010 Amount of Each Disbursement this Period 7.50

SUBTOTAL of Disbursements This Page (optional)	644.46
TOTAL This Period (last page this line number only)	4447.53

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
West Virginia Republican Party, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cellular One/ A R Systems			Nature of Debt (Purpose): Cell Phone Bill from 4/1-05
Mailing Address P.O. Box 80766			
City Valley Forge	State PA	ZIP Code 19484	

Outstanding Balance Beginning This Period		Transaction ID: DC3068D8514F8455BB69	
1057.45			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1057.45	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Strategic Telecommunications			Nature of Debt (Purpose): Interest on Strategic Fundraising
Mailing Address 7591 9th Street North			
City Oakdale	State MN	ZIP Code 55128	

Outstanding Balance Beginning This Period		Transaction ID: D869D6D1194434CB9B41	
1639.49			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1639.49	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Christine Mcnalley			Nature of Debt (Purpose): election contract consulting-from 4/1/05
Mailing Address 44 Regent Court			
City Swansea	State MA	ZIP Code 02777	

Outstanding Balance Beginning This Period		Transaction ID: D25462FEAC2224BFE9E5	
2400.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	2400.00	

1) SUBTOTALS This Period This Page (optional).....	▶	5096.94
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)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 20 / 26
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
West Virginia Republican Party, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Regional Distributing Center	Nature of Debt (Purpose): Toner and cartridge from 4/1/05
Mailing Address 872 S. Milwaukee Avenue #293	
City State ZIP Code Libertyville IL 60048	

Outstanding Balance Beginning This Period 369.85	Transaction ID: D0E587ECFD6C840AE9DC	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 369.85

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Tiffany Gibson	Nature of Debt (Purpose): Contract labor and expenses from 10/30/04
Mailing Address P.O. Box 425	
City State ZIP Code Parkersburg WV 26101	

Outstanding Balance Beginning This Period 1030.95	Transaction ID: D88348031D76B4F6E893	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1030.95

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bjw Printing & Office Supplies	Nature of Debt (Purpose): printing from 11/19/04
Mailing Address 3100 Robert Byrd Drive	
City State ZIP Code Beckley WV 25802	

Outstanding Balance Beginning This Period 337.62	Transaction ID: D4EF771A3F5514EDD9BD	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 337.62

1) SUBTOTALS This Period This Page (optional).....	1738.42
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)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
West Virginia Republican Party, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bjw Printing & Office Supplies	Nature of Debt (Purpose): Interest
Mailing Address 3100 Robert Byrd Drive	
City State ZIP Code Beckley WV 25802	

Outstanding Balance Beginning This Period 291.15	Transaction ID: D6825545A7104462E97A	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 291.15

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Time Warner Cable	Nature of Debt (Purpose): Victory Field Office cable bill from 4/05
Mailing Address P.O Box 580485	
City State ZIP Code Charlotte NC 28258	

Outstanding Balance Beginning This Period 135.00	Transaction ID: D7704A876900941CB963	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 135.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Feather Larson Synhorst-dci	Nature of Debt (Purpose): fundraising calls from 10- /31/2004
Mailing Address 7320 N Dreamy Draw Drive	
City State ZIP Code Phoenix AZ 85020	

Outstanding Balance Beginning This Period 7119.20	Transaction ID: D6F78C6722F78438A82C	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7119.20

1) SUBTOTALS This Period This Page (optional).....	▶	7545.35
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)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 22 / 26
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
West Virginia Republican Party, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Fibernet-charleston	Nature of Debt (Purpose): Victory Field Office Phone Acct.26417
Mailing Address 211 Leon Sullivan Way	
City Charleston State WV ZIP Code 25301	

Outstanding Balance Beginning This Period 872.87	Transaction ID: D8F0AC59401D741A28E3	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 872.87

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Fibernet-charleston	Nature of Debt (Purpose): Phones for 110 Capitol St. Office
Mailing Address 211 Leon Sullivan Way	
City Charleston State WV ZIP Code 25301	

Outstanding Balance Beginning This Period 1744.90	Transaction ID: D3B3C0EDD479D432D978	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1744.90

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Komax Business Systems	Nature of Debt (Purpose): copier service and parts past due 10/04
Mailing Address 500 D Street	
City South Charleston State WV ZIP Code 25303	

Outstanding Balance Beginning This Period 1960.01	Transaction ID: D0C9639D782124A75ADA	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1960.01

1) SUBTOTALS This Period This Page (optional).....	▶	4577.78
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)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
West Virginia Republican Party, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Komax Business Systems			Nature of Debt (Purpose): Incorrect Debt Previously Reported 7/05
Mailing Address 500 D Street			
City South Charleston	State WV	ZIP Code 25303	

Outstanding Balance Beginning This Period		Transaction ID: D316A8B6DC2754ADFBC9	
1.95			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1.95	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Tcs Technology Service			Nature of Debt (Purpose): Computer Rental from 10/3-0/2004
Mailing Address 4430 Kanawha Turnpike Suite B			
City South Charleston	State WV	ZIP Code 25309	

Outstanding Balance Beginning This Period		Transaction ID: D9D2104C1A2E94DB3940	
927.31			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	927.31	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Tcs Technology Service			Nature of Debt (Purpose): Computer Rental from 9/30-/2004
Mailing Address 4430 Kanawha Turnpike Suite B			
City South Charleston	State WV	ZIP Code 25309	

Outstanding Balance Beginning This Period		Transaction ID: DB43F53E3F16E430DB25	
506.32			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	506.32	

1) SUBTOTALS This Period This Page (optional).....	▶	1435.58
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)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
West Virginia Republican Party, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Strategic Fundraising	Nature of Debt (Purpose): fundraising services from 11/15/04
Mailing Address 7591 9th Street North	
City State ZIP Code Oakdale MN 55128	

Outstanding Balance Beginning This Period 5411.86	Transaction ID: DD238924E343448EC960	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5411.86

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Strategic Fundraising	Nature of Debt (Purpose): Interest from 7/31/05
Mailing Address 7591 9th Street North	
City State ZIP Code Oakdale MN 55128	

Outstanding Balance Beginning This Period 135.77	Transaction ID: D8DB931917DAA4E53924	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 135.77

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Strategic Fundraising	Nature of Debt (Purpose): interest per Statement Summary today 1/08
Mailing Address 7591 9th Street North	
City State ZIP Code Oakdale MN 55128	

Outstanding Balance Beginning This Period 689.32	Transaction ID: DC7D28A2143CB4F51AB5	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 689.32

1) SUBTOTALS This Period This Page (optional).....	▶	6236.95
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)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
West Virginia Republican Party, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Dennie Data Comm			Nature of Debt (Purpose): past due bill from 10/30/-04
Mailing Address 1339 Smith Street			
City	State	ZIP Code	
Charleston	WV	25301	

Outstanding Balance Beginning This Period		Transaction ID: D24FCCC3C7843427C8F7	
428.32			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	428.32	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alltell			Nature of Debt (Purpose): Victory Cell Bill from 4/-1/05
Mailing Address Bldg. 4 2nd Floor			
City	State	ZIP Code	
Little Rock	AR	72202	

Outstanding Balance Beginning This Period		Transaction ID: D5F118EE3E608403BB7E	
8653.10			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	8653.10	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ac Express, Inc.			Nature of Debt (Purpose): Travel expense for speaker for conventio
Mailing Address 1150 Airport Road			
City	State	ZIP Code	
Fairmont	WV	26554	

Outstanding Balance Beginning This Period		Transaction ID: DD7A1B8D4F58A4BE3ACB	
4214.56			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	4214.56	

1) SUBTOTALS This Period This Page (optional).....	▶	13295.98
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)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 26 / 26	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
West Virginia Republican Party, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor West Virginia Republican Party, Inc.			Nature of Debt (Purpose): Monies withdrawn by Doug McKinney from non-fed. bldg. acct, put into the Fed acct.
Mailing Address 5 Greenbrier St			
City Charleston	State WV	ZIP Code 25311	

Outstanding Balance Beginning This Period		Transaction ID: D194C40A34397401F85F	
25000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	25000.00	

1) SUBTOTALS This Period This Page (optional).....	25000.00
2) TOTALS This Period (last page this line number only).....	64927.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	64927.00