

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) 5019 MacCorkle Avenue SW
 Check if different than previously reported. (ACC)
South Charleston WV 25309

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 (12G)
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 06 01 2007 through 06 30 2007

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 Theresa Waxman
Signature of Treasurer Electronically Filed by Theresa Waxman Date 07 20 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		2461.53
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	2816.27									
(c) Total Receipts (from Line 19)	11855.70	116553.30								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	14671.97	119014.83								
7. Total Disbursements (from Line 31)	12970.56	117313.42								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1701.41	1701.41								
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)	4042.15									

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**

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

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	4635.70	60478.54
(i) Itemized (use Schedule A)	1235.00	41520.78
(ii) Unitemized	5870.70	101999.32
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	5985.00	13970.00
(c) Other Political Committees (such as PACs)	11855.70	115969.32
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
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	583.98
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))	11855.70	116553.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	11855.70	116553.30

DETAILED SUMMARY PAGE
of Disbursements

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.....	12970.56	117268.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	12970.56	117268.42
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	45.00
(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	45.00
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))..	12970.56	117313.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	12970.56	117313.42

DETAILED SUMMARY PAGE
of Disbursements

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)	11855.70	115969.32
34. Total Contribution Refunds (from Line 28(d))	0.00	45.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11855.70	115924.32
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	12970.56	117268.42
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	583.98
38. Net Operating Expenditures (subtract Line 37 from Line 36)	12970.56	116684.44

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 29
	<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	

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) Donna Boley Mailing Address Rt 4 Box 72 City St. Marys State WV Zip Code 26170 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7 Transaction ID: SA11A1.8587 Amount of Each Receipt this Period 35.00
Name of Employer State of WV Occupation State Senator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		

B. Full Name (Last, First, Middle Initial) Philip E. Cline Mailing Address P.O. Box 119 City Huntington State WV Zip Code 25706 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7 Transaction ID: SA11A1.8590 Amount of Each Receipt this Period 100.00
Name of Employer Self Occupation Business Consultant 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) Col. Jack Fincham Mailing Address Box 436 City Brenton State WV Zip Code 24818 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7 Transaction ID: SA11A1.8560 Amount of Each Receipt this Period 100.00
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 ▼ 235.00		

SUBTOTAL of Receipts This Page (optional)	▶	235.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 29
	<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)
Fred Gillespie

Mailing Address 1205 Market Street

City Parkersburg State WV Zip Code 26101

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

Name of Employer self
Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1160.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	1	/	2	0	0	7

Transaction ID: SA11A1.8552

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Fred Gillespie

Mailing Address 1205 Market Street

City Parkersburg State WV Zip Code 26101

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

Name of Employer self
Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	1	/	2	0	0	7

Transaction ID: SA11A1.8570

Amount of Each Receipt this Period
85.00

C. Full Name (Last, First, Middle Initial)
James H Harless

Mailing Address PO Box 1210

City Gilbert State WV Zip Code 25621

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

Name of Employer International Industries
Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	5	/	2	0	0	7

Transaction ID: SA11A1.8563

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional)	▶	3085.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 29
	<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) Gary G. Howell		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 8 / 2 0 0 7	
Mailing Address P.O. Box 39		Transaction ID: SA11A1.8592	
City State Zip Code Keyser WV 26726	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer self Occupation business owner	Aggregate Year-to-Date ▼ 268.27		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) Joseph Long		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 1 / 2 0 0 7	
Mailing Address 85 Flat Top Lake Rd		Transaction ID: SA11A1.8571	
City State Zip Code Ghent WV 25843	Amount of Each Receipt this Period 170.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Retired Occupation	Aggregate Year-to-Date ▼ 365.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) Catherine McKinney		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7	
Mailing Address 636 Rivendell Dr		Transaction ID: SA11A1.8547	
City State Zip Code Bridgeport WV 26330	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 1214.03		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	270.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 29
	<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)
Doug McKinney

Mailing Address 636 Rivendell Drive

City State Zip Code
Bridgeport WV 26330

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

Name of Employer Self Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 8374.51

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 08 / 2007

Transaction ID: SA11A1.8548

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Doug McKinney

Mailing Address 636 Rivendell Drive

City State Zip Code
Bridgeport WV 26330

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

Name of Employer Self Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 8544.51

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 21 / 2007

Transaction ID: SA11A1.8572

Amount of Each Receipt this Period
170.00

C. Full Name (Last, First, Middle Initial)
Doug McKinney

Mailing Address 636 Rivendell Drive

City State Zip Code
Bridgeport WV 26330

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

Name of Employer Self Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 8574.51

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 28 / 2007

Transaction ID: SA11A1.8596

Amount of Each Receipt this Period
30.00

Book purchases

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 29
	<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.

Full Name (Last, First, Middle Initial) A. Doug McKinney		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2007	
Mailing Address 636 Rivendell Drive		Transaction ID: SA11A1.8611	
City State Zip Code Bridgeport WV 26330	Amount of Each Receipt this Period 1500.03		
FEC ID number of contributing federal political committee. C	Cash Expenses for June [MEMO ITEM]		
Name of Employer Self Occupation Physician	Aggregate Year-to-Date ▼ .00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Doug McKinney		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2007	
Mailing Address 636 Rivendell Drive		Transaction ID: SA11A1.8612	
City State Zip Code Bridgeport WV 26330	Amount of Each Receipt this Period 223.44		
FEC ID number of contributing federal political committee. C	Credit Card expenses for June [MEMO ITEM]		
Name of Employer Self Occupation Physician	Aggregate Year-to-Date ▼ .00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Doug McKinney		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2007	
Mailing Address 636 Rivendell Drive		Transaction ID: SA11A1.8616	
City State Zip Code Bridgeport WV 26330	Amount of Each Receipt this Period 859.49		
FEC ID number of contributing federal political committee. C	Mileage Expenses for June [MEMO ITEM]		
Name of Employer Self Occupation Physician	Aggregate Year-to-Date ▼ .00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 29
	<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.

Full Name (Last, First, Middle Initial) A. Rick Modesitt		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 7	
Mailing Address PO Box 2206		Transaction ID: SA11A1.8567	
City Parkersburg	State WV	Zip Code 26102	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Wood County	Occupation Commissioner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

Full Name (Last, First, Middle Initial) B. Rick Modesitt		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 1 / 2 0 0 7	
Mailing Address PO Box 2206		Transaction ID: SA11A1.8573	
City Parkersburg	State WV	Zip Code 26102	Amount of Each Receipt this Period 35.00
FEC ID number of contributing federal political committee. C			
Name of Employer Wood County	Occupation Commissioner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) C. Romey L Nelson		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address 6980 Lick Creek Rd		Transaction ID: SA11A1.8599	
City Danville	State WV	Zip Code 25053	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer	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) ▶	185.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 29
	<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) Marti Riggall Mailing Address 838 Carroll Road City State Zip Code Charleston WV 25314 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 06 / 28 / 2007 Transaction ID: SA11A1.8609 Amount of Each Receipt this Period 219.63 In-kind - HQ Sewage Bill
Name of Employer Self Occupation Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 271.13	

B. Full Name (Last, First, Middle Initial) Marshall W Robinson Mailing Address 118883 Widen Ridge Road City State Zip Code Clay WV 25043 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007 Transaction ID: SA11A1.8549 Amount of Each Receipt this Period 40.00
Name of Employer Allegheny Surveys Occupation Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

C. Full Name (Last, First, Middle Initial) Lynn Staton Mailing Address 368 Jaguar Drive City State Zip Code Inwood WV 25428 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2007 Transaction ID: SA11A1.8576 Amount of Each Receipt this Period 170.00
Name of Employer Homemaker Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 740.00	

SUBTOTAL of Receipts This Page (optional)	429.63
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 29
	<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) Frank Tuckwiller Mailing Address Route 2, Box 322 City Lewisburg State WV Zip Code 24901 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.8550 Amount of Each Receipt this Period <table border="1"> <tr> <td>50.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	8		2	0	0	7	50.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		0	8		2	0	0	7														
50.00																							
Name of Employer Self Occupation Farmer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>250.00</td> </tr> </table>		250.00																					
250.00																							

B. Full Name (Last, First, Middle Initial) Theresa Waxman Mailing Address RT 1 Box 352 City Clarksburg State WV Zip Code 26301 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.8605 Amount of Each Receipt this Period <table border="1"> <tr> <td>18.40</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	2		2	0	0	7	18.40
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	2		2	0	0	7														
18.40																							
Name of Employer Homemaker Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>4193.54</td> </tr> </table>		4193.54	In-kind - postage																				
4193.54																							

C. Full Name (Last, First, Middle Initial) Theresa Waxman Mailing Address RT 1 Box 352 City Clarksburg State WV Zip Code 26301 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.8607 Amount of Each Receipt this Period <table border="1"> <tr> <td>22.67</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	6		2	0	0	7	22.67
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	6		2	0	0	7														
22.67																							
Name of Employer Homemaker Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>4216.21</td> </tr> </table>		4216.21	In-kind - Postage																				
4216.21																							

SUBTOTAL of Receipts This Page (optional)	▶	<table border="1"><tr><td>91.07</td></tr></table>	91.07
91.07			
TOTAL This Period (last page this line number only)	▶	<table border="1"><tr><td></td></tr></table>	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 14 / 29	
	(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"/> 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)
Lee Worley

Mailing Address 209 McKees Creek Road

City State Zip Code
Summersville WV 26651

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

Name of Employer Occupation
Nicholas Lumber Sawmill

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2007

Transaction ID: SA11A1.8551

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional)	▶	40.00
TOTAL This Period (last page this line number only)	▶	4635.70

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 29
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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) Committee to Elect Vic Sprouse Mailing Address 1003 Cobb Street City State Zip Code South Charleton WV 25309 FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 235.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11C.8575 Amount of Each Receipt this Period <table border="1"> <tr> <td>135.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	1		2	0	0	7	135.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	1		2	0	0	7														
135.00																							

B. Full Name (Last, First, Middle Initial) Harrison County Republican Club Mailing Address 223 Gordon Street City State Zip Code Bridgeport WV 26330 FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11C.8583 Amount of Each Receipt this Period <table border="1"> <tr> <td>600.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	8		2	0	0	7	600.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	8		2	0	0	7														
600.00																							

C. Full Name (Last, First, Middle Initial) Shelley Moore Capito for Congress Mailing Address PO Box 11519 City State Zip Code Charleston WV 25339 FEC ID number of contributing federal political committee. C C00347849 Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 10000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11C.8568 Amount of Each Receipt this Period <table border="1"> <tr> <td>5000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	0	7	5000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	5		2	0	0	7														
5000.00																							

SUBTOTAL of Receipts This Page (optional)	5735.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 16 / 29	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<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)
Tucker Co. Republican Exc. Comm.

Mailing Address P.O. Box 225

City State Zip Code
Hendricks WV 26271

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	8	/	2	0	0	7

Transaction ID: SA11C.8585

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	5985.00

**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 17 / 29

<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.

Full Name (Last, First, Middle Initial) A. Abernathy Strategies		Transaction ID: SB21B.8514 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 7
Mailing Address 57 La Belle Street		Amount of Each Disbursement this Period 2000.00
City Dayton State OH Zip Code 45403	Purpose of Disbursement Consulting-GOTV 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. American Electric Power		Transaction ID: SB21B.8499 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address PO Box 24413		Amount of Each Disbursement this Period 107.57
City Canton State OH Zip Code 44701	Purpose of Disbursement HQ Electric Bill 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. American Electric Power		Transaction ID: SB21B.8532 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address PO Box 24413		Amount of Each Disbursement this Period 165.00
City Canton State OH Zip Code 44701	Purpose of Disbursement HQ Electric Bill 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	2272.57
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 18 / 29

<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. Michael Ankrom Full Name (Last, First, Middle Initial) Mailing Address 231 Clemms Rd City Huntington State WV Zip Code 25705 Purpose of Disbursement Consulting-Computer Work 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: SB21B.8503 Date of Disbursement 06 / 01 / 2007 Amount of Each Disbursement this Period 576.80 Category/Type
---	--	---

B. Michael Ankrom Full Name (Last, First, Middle Initial) Mailing Address 231 Clemms Rd City Huntington State WV Zip Code 25705 Purpose of Disbursement per diem 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: SB21B.8504 Date of Disbursement 06 / 01 / 2007 Amount of Each Disbursement this Period 400.00 Category/Type
---	--	---

C. Michael Ankrom Full Name (Last, First, Middle Initial) Mailing Address 231 Clemms Rd City Huntington State WV Zip Code 25705 Purpose of Disbursement Consulting-Computer Work 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: SB21B.8512 Date of Disbursement 06 / 18 / 2007 Amount of Each Disbursement this Period 1000.00 Category/Type
---	--	--

SUBTOTAL of Disbursements This Page (optional) ▶	1976.80
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)

PAGE 19 / 29

<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.

Full Name (Last, First, Middle Initial) A. Michael Ankrom		Transaction ID: SB21B.8513 Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2007	
Mailing Address 231 Clemms Rd		Amount of Each Disbursement this Period 200.00	
City Huntington	State WV	Zip Code 25705	Category/ Type
Purpose of Disbursement per diem		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) B. Michael Ankrom		Transaction ID: SB21B.8536 Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2007	
Mailing Address 231 Clemms Rd		Amount of Each Disbursement this Period 1000.00	
City Huntington	State WV	Zip Code 25705	Category/ Type
Purpose of Disbursement Consulting-Computer Work		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) C. Michael Ankrom		Transaction ID: SB21B.8537 Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2007	
Mailing Address 231 Clemms Rd		Amount of Each Disbursement this Period 200.00	
City Huntington	State WV	Zip Code 25705	Category/ Type
Purpose of Disbursement per diem		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1400.00
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 20 / 29

<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.

Full Name (Last, First, Middle Initial) A. Aristotle International		Transaction ID: SB21B.8540 Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2007
Mailing Address 205 Pennsylvania Ave		Amount of Each Disbursement this Period 11.45
City Washington State DC Zip Code 20003	Purpose of Disbursement Credit Card Processing Fee 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Aristotle International		Transaction ID: SB21B.8541 Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2007
Mailing Address 205 Pennsylvania Ave		Amount of Each Disbursement this Period 24.60
City Washington State DC Zip Code 20003	Purpose of Disbursement Credit Card Processing Fee 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Dream Catcher		Transaction ID: SB21B.8510 Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2007
Mailing Address PO Box 5		Amount of Each Disbursement this Period 24.95
City Charleston State WV Zip Code 25321	Purpose of Disbursement Web Host 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	61.00
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)

PAGE 21 / 29

<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.

Full Name (Last, First, Middle Initial) A. Fibernet		Transaction ID: SB21B.8509 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7	
Mailing Address PO Box 2021		Amount of Each Disbursement this Period 265.22	
City Mechanicsburg State PA Zip Code 17055	Purpose of Disbursement HQ Phone Bill 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. Todd Gunter		Transaction ID: SB21B.8508 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7	
Mailing Address RR 2, Box 306A		Amount of Each Disbursement this Period 116.00	
City Charleston State WV Zip Code 25314	Purpose of Disbursement Consulting-Computer Work 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. Mountaineer Gas		Transaction ID: SB21B.8506 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7	
Mailing Address PO Box 362		Amount of Each Disbursement this Period 1.58	
City Charleston State WV Zip Code 25322	Purpose of Disbursement HQ Gas Bill 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) ▶	382.80
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 22 / 29

<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.

Full Name (Last, First, Middle Initial) A. PDQ Print Shop/Graphics inc.		Transaction ID: SB21B.8505	
Mailing Address 124 S. Third Street		Date of Disbursement MM / DD / YYYY 06 / 01 / 2007	
City Clarksburg	State WV	Zip Code 26301	Amount of Each Disbursement this Period 273.80
Purpose of Disbursement Printing Letterhead		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. PDQ Print Shop/Graphics inc.		Transaction ID: SB21B.8517	
Mailing Address 124 S. Third Street		Date of Disbursement MM / DD / YYYY 06 / 21 / 2007	
City Clarksburg	State WV	Zip Code 26301	Amount of Each Disbursement this Period 818.59
Purpose of Disbursement Printing-Summer Meeting		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. Presort Plus, Inc		Transaction ID: SB21B.8515	
Mailing Address P.O. Box 47 1000 Morgantown Ave.		Date of Disbursement MM / DD / YYYY 06 / 18 / 2007	
City Fairmont	State WV	Zip Code 26554	Amount of Each Disbursement this Period 273.13
Purpose of Disbursement Postage		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)	1365.52
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.

Full Name (Last, First, Middle Initial) A. Presort Plus, Inc		Transaction ID: SB21B.8531 Date of Disbursement MM / DD / YYYY 06 / 27 / 2007
Mailing Address P.O. Box 47 1000 Morgantown Ave.		Amount of Each Disbursement this Period 600.87
City Fairmont State WV Zip Code 26554	Purpose of Disbursement Print,sort stuff Mailing Summer Mtg 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Presort Plus, Inc		Transaction ID: SB21B.8538 Date of Disbursement MM / DD / YYYY 06 / 29 / 2007
Mailing Address P.O. Box 47 1000 Morgantown Ave.		Amount of Each Disbursement this Period 72.03
City Fairmont State WV Zip Code 26554	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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Marti Riggall		Transaction ID: SB21B.8502 Date of Disbursement MM / DD / YYYY 06 / 01 / 2007
Mailing Address 838 Carroll Road		Amount of Each Disbursement this Period 900.00
City Charleston State WV Zip Code 25314	Purpose of Disbursement Fundraising Consulting 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	1572.90
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.

Full Name (Last, First, Middle Initial) A. Marti Riggall		Transaction ID: SB21B.8511 Date of Disbursement 06 / 18 / 2007	
Mailing Address 838 Carroll Road		Amount of Each Disbursement this Period 1200.00	
City Charleston State WV Zip Code 25314	Purpose of Disbursement Fundraising Consulting 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. Marti Riggall		Transaction ID: SB21B.8522 Date of Disbursement 06 / 27 / 2007	
Mailing Address 838 Carroll Road		Amount of Each Disbursement this Period 245.37	
City Charleston State WV Zip Code 25314	Purpose of Disbursement Reimbursement for June Expenses 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. U.S.Post Office		Transaction ID: SB21B.8522.0 Date of Disbursement 06 / 14 / 2007	
Mailing Address Dunbar Main P.O.		Amount of Each Disbursement this Period 87.00	
City Dunbar State WV Zip Code 25064	Purpose of Disbursement Postage-Summer Meeting Packets 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) ▼		

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	1445.37
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.

Full Name (Last, First, Middle Initial) A. ExxonMobil		Transaction ID: SB21B.8522.1 Date of Disbursement 06 / 19 / 2007	
Mailing Address PO Box 4597		Amount of Each Disbursement this Period 117.03	
City Carol Stream State IL Zip Code 60197	Purpose of Disbursement Gas Bill Payment	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. Marti Riggall		Transaction ID: SB21B.8526 Date of Disbursement 06 / 27 / 2007	
Mailing Address 838 Carroll Road		Amount of Each Disbursement this Period 152.08	
City Charleston State WV Zip Code 25314	Purpose of Disbursement Reimbursement for Office Expenses	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. U.S.Post Office		Transaction ID: SB21B.8526.0 Date of Disbursement 05 / 23 / 2007	
Mailing Address Dunbar Main P.O.		Amount of Each Disbursement this Period 104.40	
City Dunbar State WV Zip Code 25064	Purpose of Disbursement Postage	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) ▶	152.08
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.

Full Name (Last, First, Middle Initial) A. Marti Riggall		Transaction ID: SB21B.8610 Date of Disbursement 06 / 28 / 2007	
Mailing Address 838 Carroll Road		Amount of Each Disbursement this Period 219.63	
City Charleston State WV Zip Code 25314	Purpose of Disbursement In-kind - HQ Sewage Bill		
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. Marti Riggall		Transaction ID: SB21B.8535 Date of Disbursement 06 / 30 / 2007	
Mailing Address 838 Carroll Road		Amount of Each Disbursement this Period 1320.00	
City Charleston State WV Zip Code 25314	Purpose of Disbursement Fundraising Consulting		
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. Shuman, McCuskey & Slicer, PLLC		Transaction ID: SB21B.8533 Date of Disbursement 06 / 27 / 2007	
Mailing Address 1411 Virginia Street East, Ste 200		Amount of Each Disbursement this Period 15.60	
City Charleston State WV Zip Code 25301	Purpose of Disbursement Legal Work		
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) ▶	1555.23
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)

<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.

Full Name (Last, First, Middle Initial) A. Suddenlink		Transaction ID: SB21B.8507 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address P.O. Box 742529		Amount of Each Disbursement this Period 159.58
City Cincinnati, State OH Zip Code 45274	Purpose of Disbursement HQ Cable Bill 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. West Virginia American Water		Transaction ID: SB21B.8501 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address PO Box 70824		Amount of Each Disbursement this Period 113.57
City Charlotte, State NC Zip Code 28272	Purpose of Disbursement HQ Water Bill 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. West Virginia American Water		Transaction ID: SB21B.8539 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address PO Box 70824		Amount of Each Disbursement this Period 260.11
City Charlotte, State NC Zip Code 28272	Purpose of Disbursement HQ Water Bill 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) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	533.26
TOTAL This Period (last page this line number only) ▶	12717.53

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 Doug McKinney	Nature of Debt (Purpose): Mileage Expenses for May
Mailing Address 636 Rivendell Drive	
City State ZIP Code Bridgeport WV 26330	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.8542	
Amount Incurred This Period 455.90	Payment This Period 0.00	Outstanding Balance at Close of This Period 455.90

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Doug McKinney	Nature of Debt (Purpose): Cash Expenses for May
Mailing Address 636 Rivendell Drive	
City State ZIP Code Bridgeport WV 26330	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.8543	
Amount Incurred This Period 363.12	Payment This Period 0.00	Outstanding Balance at Close of This Period 363.12

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Doug McKinney	Nature of Debt (Purpose): Credit Expenses for May
Mailing Address 636 Rivendell Drive	
City State ZIP Code Bridgeport WV 26330	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.8613	
Amount Incurred This Period 640.17	Payment This Period 0.00	Outstanding Balance at Close of This Period 640.17

1) SUBTOTALS This Period This Page (optional).....	1459.19
2) TOTALS This Period (last page this line number only).....	
3) TOTALS 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 Doug McKinney	Nature of Debt (Purpose): Cash Expenses for June
Mailing Address 636 Rivendell Drive	
City State ZIP Code Bridgeport WV 26330	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.8614	
Amount Incurred This Period 1500.03	Payment This Period 0.00	Outstanding Balance at Close of This Period 1500.03

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Doug McKinney	Nature of Debt (Purpose): Credit Expenses for June
Mailing Address 636 Rivendell Drive	
City State ZIP Code Bridgeport WV 26330	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.8615	
Amount Incurred This Period 223.44	Payment This Period 0.00	Outstanding Balance at Close of This Period 223.44

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Doug McKinney	Nature of Debt (Purpose): Mileage Expenses for June
Mailing Address 636 Rivendell Drive	
City State ZIP Code Bridgeport WV 26330	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.8617	
Amount Incurred This Period 859.49	Payment This Period 0.00	Outstanding Balance at Close of This Period 859.49

1) SUBTOTALS This Period This Page (optional).....	▶	2582.96
2) TOTALS This Period (last page this line number only).....	▶	4042.15
3) TOTALS 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)	▶	