

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name **West Virginia Chamber of Commerce**

(b) Address (number and street) check if different than previously reported
1624 Kanawha Boulevard East

(c) City, State and ZIP Code
Charleston WV 25311

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

2. FEC Identification Number

C C30002406

3. Is This Statement

New
or
 Amended

4. Covering Period

M M M / D D D / Y Y Y Y Y Y
04 / 22 / 2016
through
M M M / D D D / Y Y Y Y Y Y
04 / 26 / 2016

5. (a) Date of Public Distribution(s)

M M M / D D D / Y Y Y Y Y Y
04 / 26 / 2016

(b) Communication Title

Lawless

6. The filer is a(n):

- (a) Individual
- (b) Unincorporated Organization
- (c) Qualified Nonprofit Corporation (11 CFR 114.10)
- (d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15
- (e) Other, specify: Corporation

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

Yes No

8. Custodian of Records

(a) Name
John M Canfield

(b) Address (number and street)
1624 Kanawha Boulevard East

(c) City, State and ZIP Code
Charleston WV 25311

(d) Name of Employer or Principal Place of Business (e) Occupation
West Virginia Chamber of Commerce VP & Counsel

9. Total Donations This Statement

_____,_____,_____.00

10. Total Disbursements/Obligations This Statement

_____,_____,169414.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM David Eric Lycan

SIGNATURE David Eric Lycan

[Electronically Filed] DATE 04/25/2016

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

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

11. Person(s) Sharing/Exercising Control

A. (a) Name		Transaction ID : F91.000001	
Stephen G. Roberts			
(b) Address (number and street)	1624 Kanawha Boulevard East		
(c) City, State and ZIP Code	Charleston	WV	25311
(d) Name of Employer or Principal Place of Business	West Virginia Chamber of Commerce	(e) Occupation	President
B. (a) Name			

(b) Address (number and street)			

(c) City, State and ZIP Code			

(d) Name of Employer or Principal Place of Business		(e) Occupation	
_____		_____	
C. (a) Name			

(b) Address (number and street)			

(c) City, State and ZIP Code			

(d) Name of Employer or Principal Place of Business		(e) Occupation	
_____		_____	
D. (a) Name			

(b) Address (number and street)			

(c) City, State and ZIP Code			

(d) Name of Employer or Principal Place of Business		(e) Occupation	
_____		_____	
E. (a) Name			

(b) Address (number and street)			

(c) City, State and ZIP Code			

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

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

<p>A. Full Name (Last, First, Middle Initial) of Payee Strategic Media Services, Inc.</p> <p>Mailing Address of Payee 1911 N. Fort Myer Drive Suite 400</p> <p>City State Zip Code Arlington VA 22209</p> <p>Name of Employer Occupation</p> <p>Purpose of Disbursement (Including title(s) of communication(s)) Advertising - TV - "Lawless"</p>	<p>Date of Disbursement or Obligation MM / DD / YYYY 04 / 22 / 2016</p> <p>Amount 169414.00</p> <p>Communication Date MM / DD / YYYY 04 / 26 / 2016</p> <p>Transaction ID : F93.000001</p>
<p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: WV Hillary Clinton <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President</p> <p>Transaction ID : F94.000002</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p>	<p>Disbursement/Obligation For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p>
<p>B. Full Name (Last, First, Middle Initial) of Payee</p> <p>Mailing Address of Payee</p> <p>City State Zip Code</p> <p>Name of Employer Occupation</p> <p>Purpose of Disbursement (Including title(s) of communication(s))</p>	<p>Date of Disbursement or Obligation MM / DD / YYYY</p> <p>Amount</p> <p>Communication Date MM / DD / YYYY</p>
<p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p>	<p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p>
<p>SUBTOTAL of Disbursements/Obligations This Page (optional) ▶</p> <p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)</p>	
<p>169414.00</p> <p>169414.00</p>	