

# 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 11 25 2008 through 12 31 2008

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 Mary V. Riggall  
Signature of Treasurer Electronically Filed by Mary V. Riggall Date 01 31 2009

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 **FEC FORM 3X** (Rev. 12/2004)

**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 |
| 1 | 1 |

|   |   |
|---|---|
| D | D |
| 2 | 5 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 2 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

|                                                                                                                                                                                                                         | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand<br>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>8</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 0 | 8 |  | 34480.88 |
| Y                                                                                                                                                                                                                       | Y                       | Y                                 | Y |   |   |   |   |   |  |          |
| 2                                                                                                                                                                                                                       | 0                       | 0                                 | 8 |   |   |   |   |   |  |          |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....                                                                                                                                                              | 31061.78                |                                   |   |   |   |   |   |   |  |          |
| (c) Total Receipts (from Line 19) .....                                                                                                                                                                                 | 717.48                  | 218364.07                         |   |   |   |   |   |   |  |          |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....                                                                                                                    | 31779.26                | 252844.95                         |   |   |   |   |   |   |  |          |
| 7. Total Disbursements (from Line 31) .....                                                                                                                                                                             | 12898.48                | 233964.17                         |   |   |   |   |   |   |  |          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                                                                                                                               | 18880.78                | 18880.78                          |   |   |   |   |   |   |  |          |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....                                                                                                         | 0.00                    |                                   |   |   |   |   |   |   |  |          |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....                                                                                                        | 39927.00                |                                   |   |   |   |   |   |   |  |          |

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**

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

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 1 | 1 |

|   |   |
|---|---|
| D | D |
| 2 | 5 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 2 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| I. Receipts                                                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:                                                             |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees                                                | 562.48                        | 105491.30                         |
| (i) Itemized (use Schedule A) .....                                                                    | 155.00                        | 33268.19                          |
| (ii) Unitemized .....                                                                                  | 717.48                        | 138759.49                         |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....                                                         | 0.00                          | 0.00                              |
| (b) Political Party Committees .....                                                                   | 0.00                          | 6545.00                           |
| (c) Other Political Committees (such as PACs) .....                                                    | 717.48                        | 145304.49                         |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 0.00                          | 44174.58                          |
| 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                          | 28885.00                          |
| 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)) .....                          | 717.48                        | 218364.07                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 717.48                        | 218364.07                         |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| <b>II. DISBURSEMENTS</b>                                                                       | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------|
| 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.....                                                  | 12898.48                              | 164409.19                                 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....                          | 12898.48                              | 164409.19                                 |
| 22. Transfers to Affiliated/Other Party Committees.....                                        | 0.00                                  | 19000.00                                  |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00                                  | 0.00                                      |
| 24. Independent Expenditure (use Schedule E) .....                                             | 0.00                                  | 2485.90                                   |
| 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                                  | 6525.00                                   |
| (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                                  | 6525.00                                   |
| 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                                  | 41544.08                                  |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....              | 0.00                                  | 41544.08                                  |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..       | 12898.48                              | 233964.17                                 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 12898.48                              | 233964.17                                 |

**DETAILED SUMMARY PAGE**  
of Disbursements

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|-------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 717.48                        | 145304.49                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 6525.00                           |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 717.48                        | 138779.49                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 12898.48                      | 164409.19                         |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 12898.48                      | 164409.19                         |

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

|                                                                               |                                                                                                                                             |             |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                           | PAGE 6 / 31 |
|                                                                               | <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.

|                                                                                                                                 |                                                                     |                                      |                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>A.</b>                                                                                                                       | Full Name (Last, First, Middle Initial)<br>Catherine McKinney       |                                      | Date of Receipt                                                                                       |
|                                                                                                                                 | Mailing Address 636 Rivendell Dr                                    |                                      | <input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2008"/> |
|                                                                                                                                 | City                                                                | State                                | Zip Code                                                                                              |
|                                                                                                                                 | Bridgeport                                                          | WV                                   | 26330                                                                                                 |
|                                                                                                                                 | FEC ID number of contributing federal political committee. <b>C</b> |                                      | <b>Transaction ID:</b> SA11AI.14228                                                                   |
| Name of Employer none                                                                                                           |                                                                     | Occupation Retired                   | Amount of Each Receipt this Period                                                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                     | Aggregate Year-to-Date ▼             | <input type="text" value="232.80"/>                                                                   |
|                                                                                                                                 |                                                                     | <input type="text" value="6831.18"/> | In-kind - DC for VP Cheney Reception                                                                  |

|                                                                                                                                 |                                                                     |                                      |                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>B.</b>                                                                                                                       | Full Name (Last, First, Middle Initial)<br>Catherine McKinney       |                                      | Date of Receipt                                                                                       |
|                                                                                                                                 | Mailing Address 636 Rivendell Dr                                    |                                      | <input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2008"/> |
|                                                                                                                                 | City                                                                | State                                | Zip Code                                                                                              |
|                                                                                                                                 | Bridgeport                                                          | WV                                   | 26330                                                                                                 |
|                                                                                                                                 | FEC ID number of contributing federal political committee. <b>C</b> |                                      | <b>Transaction ID:</b> SA11AI.14230                                                                   |
| Name of Employer none                                                                                                           |                                                                     | Occupation Retired                   | Amount of Each Receipt this Period                                                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                     | Aggregate Year-to-Date ▼             | <input type="text" value="40.00"/>                                                                    |
|                                                                                                                                 |                                                                     | <input type="text" value="6871.18"/> | In-kind - taxi service VP Cheney party                                                                |

|                                                                                                                                 |                                                                     |                                      |                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>C.</b>                                                                                                                       | Full Name (Last, First, Middle Initial)<br>Catherine McKinney       |                                      | Date of Receipt                                                                                       |
|                                                                                                                                 | Mailing Address 636 Rivendell Dr                                    |                                      | <input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2008"/> |
|                                                                                                                                 | City                                                                | State                                | Zip Code                                                                                              |
|                                                                                                                                 | Bridgeport                                                          | WV                                   | 26330                                                                                                 |
|                                                                                                                                 | FEC ID number of contributing federal political committee. <b>C</b> |                                      | <b>Transaction ID:</b> SA11AI.14187                                                                   |
| Name of Employer none                                                                                                           |                                                                     | Occupation Retired                   | Amount of Each Receipt this Period                                                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                     | Aggregate Year-to-Date ▼             | <input type="text" value="50.00"/>                                                                    |
|                                                                                                                                 |                                                                     | <input type="text" value="6921.18"/> |                                                                                                       |

|                                                                  |                                     |
|------------------------------------------------------------------|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="322.80"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 31  
(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)  
Catherine McKinney

Mailing Address 636 Rivendell Dr

City State Zip Code  
Bridgeport WV 26330

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

Name of Employer none Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 6944.46

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 8

**Transaction ID:** SA11AI.14234

Amount of Each Receipt this Period  
23.28

In-kind - mileage Taylor  
Cnty REC dinner

**B.**

Full Name (Last, First, Middle Initial)  
Catherine McKinney

Mailing Address 636 Rivendell Dr

City State Zip Code  
Bridgeport WV 26330

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

Name of Employer none Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 7060.86

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 8

**Transaction ID:** SA11AI.14232

Amount of Each Receipt this Period  
116.40

In-kind - mileage M. Stee-  
le dinner/Char.

**C.**

Full Name (Last, First, Middle Initial)  
Romey L Nelson

Mailing Address 6980 Lick Creek Rd

City State Zip Code  
Danville WV 25053

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

Name of Employer none Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 8

**Transaction ID:** SA11AI.14176

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **189.68**

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

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

|                                                                               |                                         |                              |                                                         |                             |
|-------------------------------------------------------------------------------|-----------------------------------------|------------------------------|---------------------------------------------------------|-----------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:                        |                              | PAGE 8 / 31                                             |                             |
|                                                                               | (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.

|                                                                                                                                 |                                                                  |                                     |                                                                                                                                                                                                                                                             |                                    |                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>A.</b>                                                                                                                       | Full Name (Last, First, Middle Initial)<br>Barbara H. Tuckwiller |                                     | Date of Receipt                                                                                                                                                                                                                                             |                                    |                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                                                                                                                                 | Mailing Address RR. 2, Box 322                                   |                                     | <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>1</td><td>2</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> |                                    | M                                   | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | / | 0 | 9 | / | 2 | 0 | 0 | 8 |
|                                                                                                                                 | M                                                                | M                                   | /                                                                                                                                                                                                                                                           | D                                  | D                                   | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                                                                                                                                 | 1                                                                | 2                                   | /                                                                                                                                                                                                                                                           | 0                                  | 9                                   | / | 2 | 0 | 0 | 8 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                                                                                                                                 | City                                                             | State                               | Zip Code                                                                                                                                                                                                                                                    |                                    | <b>Transaction ID:</b> SA11AI.14191 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                                                                                                                                 | Lewisburg                                                        | WV                                  | 24901                                                                                                                                                                                                                                                       |                                    |                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| FEC ID number of contributing federal political committee.                                                                      |                                                                  | <input type="text" value="C"/>      |                                                                                                                                                                                                                                                             | Amount of Each Receipt this Period |                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Name of Employer<br>Self                                                                                                        |                                                                  | Occupation<br>Farmer/Vitner         |                                                                                                                                                                                                                                                             | <input type="text" value="50.00"/> |                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                  | Aggregate Year-to-Date ▼            |                                                                                                                                                                                                                                                             |                                    |                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                                                                                                                                 |                                                                  | <input type="text" value="660.00"/> |                                                                                                                                                                                                                                                             |                                    |                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

|                                                                  |                                     |
|------------------------------------------------------------------|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="50.00"/>  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text" value="562.48"/> |

# 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.

|    |                                                                                                                                      |                                                                                                                                |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial)<br>Gary Abernathy                                                                            | Transaction ID: SB21B.14200<br>Date of Disbursement<br>12 / 11 / 2008                                                          |
|    | Mailing Address P.O. Box 11511                                                                                                       | Amount of Each Disbursement this Period<br>1500.00                                                                             |
|    | City Charleston State WV Zip Code 25339                                                                                              |                                                                                                                                |
|    | Purpose of Disbursement executive director consulting fee<br>Candidate Name                                                          | Category/Type                                                                                                                  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |                                                                                                                                      |                                                                                                                                |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial)<br>Appalachian Electric Power                                                                | Transaction ID: SB21B.14209<br>Date of Disbursement<br>12 / 13 / 2008                                                          |
|    | Mailing Address PO Box 24413                                                                                                         | Amount of Each Disbursement this Period<br>158.17                                                                              |
|    | City Canton State OH Zip Code 44701                                                                                                  |                                                                                                                                |
|    | Purpose of Disbursement HQ power bill<br>Candidate Name                                                                              | Category/Type                                                                                                                  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |                                                                                                                                      |                                                                                                                                |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial)<br>Aristotle International                                                                   | Transaction ID: SB21B.14193<br>Date of Disbursement<br>12 / 09 / 2008                                                          |
|    | Mailing Address 205 Pennsylvania Ave                                                                                                 | Amount of Each Disbursement this Period<br>26.15                                                                               |
|    | City Washington State DC Zip Code 20003                                                                                              |                                                                                                                                |
|    | Purpose of Disbursement<br>Candidate Name                                                                                            | Category/Type                                                                                                                  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|                                                                  |   |         |
|------------------------------------------------------------------|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 1684.32 |
| <b>TOTAL</b> 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.

|    |                                                                                                                  |                                                                                                                                |
|----|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial)<br>Fibernet                                                              | Transaction ID: SB21B.14203                                                                                                    |
|    | Mailing Address PO Box 2021                                                                                      | Date of Disbursement<br>12 / 12 / 2008                                                                                         |
|    | City Mechanicsburg State PA Zip Code 17055                                                                       | Amount of Each Disbursement this Period<br>523.19                                                                              |
|    | Purpose of Disbursement HQ phone bill                                                                            | 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:                                                                                                 |                                                                                                                                |

|    |                                                                                                                  |                                                                                                                                |
|----|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial)<br>Catherine McKinney                                                    | Transaction ID: SB21B.14229                                                                                                    |
|    | Mailing Address 636 Rivendell Dr                                                                                 | Date of Disbursement<br>12 / 04 / 2008                                                                                         |
|    | City Bridgeport State WV Zip Code 26330                                                                          | Amount of Each Disbursement this Period<br>232.80                                                                              |
|    | Purpose of Disbursement In-kind - DC for VP Cheney Reception                                                     | 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:                                                                                                 |                                                                                                                                |

|    |                                                                                                                  |                                                                                                                                |
|----|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial)<br>Catherine McKinney                                                    | Transaction ID: SB21B.14231                                                                                                    |
|    | Mailing Address 636 Rivendell Dr                                                                                 | Date of Disbursement<br>12 / 04 / 2008                                                                                         |
|    | City Bridgeport State WV Zip Code 26330                                                                          | Amount of Each Disbursement this Period<br>40.00                                                                               |
|    | Purpose of Disbursement In-kind - taxi service VP Cheney party                                                   | 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:                                                                                                 |                                                                                                                                |

|                                                                  |        |
|------------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 795.99 |
| <b>TOTAL</b> 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.

|    |                                                                                                                                      |                                                                                                                                   |
|----|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial)<br>Catherine McKinney                                                                        | Transaction ID: SB21B.14235<br>Date of Disbursement                                                                               |
|    | Mailing Address 636 Rivendell Dr                                                                                                     | <input type="text" value="12"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="08"/> |
|    | City Bridgeport State WV Zip Code 26330                                                                                              | Amount of Each Disbursement this Period                                                                                           |
|    | Purpose of Disbursement<br>In-kind - mileage Taylor Cnty REC dinner                                                                  | <input type="text" value="23.28"/>                                                                                                |
|    | Candidate Name                                                                                                                       | Category/<br>Type                                                                                                                 |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼    |

|    |                                                                                                                                      |                                                                                                                                   |
|----|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial)<br>Catherine McKinney                                                                        | Transaction ID: SB21B.14233<br>Date of Disbursement                                                                               |
|    | Mailing Address 636 Rivendell Dr                                                                                                     | <input type="text" value="12"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="08"/> |
|    | City Bridgeport State WV Zip Code 26330                                                                                              | Amount of Each Disbursement this Period                                                                                           |
|    | Purpose of Disbursement<br>In-kind - mileage M. Steele dinner/Char.                                                                  | <input type="text" value="116.40"/>                                                                                               |
|    | Candidate Name                                                                                                                       | Category/<br>Type                                                                                                                 |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼    |

|    |                                                                                                                                      |                                                                                                                                   |
|----|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial)<br>Mountaineer Gas                                                                           | Transaction ID: SB21B.14201<br>Date of Disbursement                                                                               |
|    | Mailing Address PO Box 362                                                                                                           | <input type="text" value="12"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="08"/> |
|    | City Charleston State WV Zip Code 25322                                                                                              | Amount of Each Disbursement this Period                                                                                           |
|    | Purpose of Disbursement<br>HQ gas bill                                                                                               | <input type="text" value="534.74"/>                                                                                               |
|    | Candidate Name                                                                                                                       | Category/<br>Type                                                                                                                 |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼    |

|                                                                  |                                     |
|------------------------------------------------------------------|-------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="674.42"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                |

# 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)<br>Old Colony Property Management                                                            | Transaction ID: SB21B.14222                                                                                                    |
|    | Mailing Address 111 Hale Street                                                                                                      | Date of Disbursement<br>12 / 10 / 2008                                                                                         |
|    | City Charleston State WV Zip Code 25301                                                                                              | Amount of Each Disbursement this Period<br>176.09                                                                              |
|    | Purpose of Disbursement<br>Victory HQ aug utilities                                                                                  | Category/<br>Type                                                                                                              |
|    | Candidate Name                                                                                                                       |                                                                                                                                |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |                                                                                                                                      |                                                                                                                                |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial)<br>Old Colony Property Management                                                            | Transaction ID: SB21B.14223                                                                                                    |
|    | Mailing Address 111 Hale Street                                                                                                      | Date of Disbursement<br>12 / 10 / 2008                                                                                         |
|    | City Charleston State WV Zip Code 25301                                                                                              | Amount of Each Disbursement this Period<br>194.42                                                                              |
|    | Purpose of Disbursement<br>Victory HQ utilities nov                                                                                  | Category/<br>Type                                                                                                              |
|    | Candidate Name                                                                                                                       |                                                                                                                                |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |                                                                                                                                      |                                                                                                                                |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial)<br>Thomas E. Phillips, Jr.                                                                   | Transaction ID: SB21B.14205                                                                                                    |
|    | Mailing Address 60 Overlook Drive                                                                                                    | Date of Disbursement<br>12 / 12 / 2008                                                                                         |
|    | City Bridgeport State WV Zip Code 26330                                                                                              | Amount of Each Disbursement this Period<br>400.00                                                                              |
|    | Purpose of Disbursement<br>website updates                                                                                           | Category/<br>Type                                                                                                              |
|    | Candidate Name                                                                                                                       |                                                                                                                                |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|                                                                  |        |
|------------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 770.51 |
| <b>TOTAL</b> 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.

|    |                                                                                                                                      |                                                                                                                                |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial)<br>Marti Riggall                                                                             | Transaction ID: SB21B.14197<br>Date of Disbursement<br>12 / 09 / 2008                                                          |
|    | Mailing Address 838 Carroll Road                                                                                                     | Amount of Each Disbursement this Period<br>1845.00                                                                             |
|    | City Charleston State WV Zip Code 25314                                                                                              |                                                                                                                                |
|    | Purpose of Disbursement generic fundraising consulting                                                                               | Category/<br>Type                                                                                                              |
|    | Candidate Name                                                                                                                       |                                                                                                                                |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |                                                                                                                                      |                                                                                                                                |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial)<br>Marti Riggall                                                                             | Transaction ID: SB21B.14214<br>Date of Disbursement<br>12 / 16 / 2008                                                          |
|    | Mailing Address 838 Carroll Road                                                                                                     | Amount of Each Disbursement this Period<br>930.00                                                                              |
|    | City Charleston State WV Zip Code 25314                                                                                              |                                                                                                                                |
|    | Purpose of Disbursement generic fundraising                                                                                          | Category/<br>Type                                                                                                              |
|    | Candidate Name                                                                                                                       |                                                                                                                                |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |                                                                                                                                      |                                                                                                                                |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial)<br>Marti Riggall                                                                             | Transaction ID: SB21B.14215<br>Date of Disbursement<br>12 / 16 / 2008                                                          |
|    | Mailing Address 838 Carroll Road                                                                                                     | Amount of Each Disbursement this Period<br>63.98                                                                               |
|    | City Charleston State WV Zip Code 25314                                                                                              |                                                                                                                                |
|    | Purpose of Disbursement reimburse /office expense                                                                                    | Category/<br>Type                                                                                                              |
|    | Candidate Name                                                                                                                       |                                                                                                                                |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2838.98

**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)<br>Marti Riggall                                                         | Transaction ID: SB21B.14216                                                         |
|    | Mailing Address 838 Carroll Road                                                                                 | Date of Disbursement<br>12 / 16 / 2008                                              |
|    | City Charleston State WV Zip Code 25314                                                                          | Amount of Each Disbursement this Period<br>77.35                                    |
|    | Purpose of Disbursement<br>reimburse/office expense                                                              | Category/<br>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 |
|    | State: District:                                                                                                 | <input type="checkbox"/> Other (specify) ▼                                          |

|    |                                                                                                                  |                                                                                     |
|----|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial)<br>Marti Riggall                                                         | Transaction ID: SB21B.14218                                                         |
|    | Mailing Address 838 Carroll Road                                                                                 | Date of Disbursement<br>12 / 17 / 2008                                              |
|    | City Charleston State WV Zip Code 25314                                                                          | Amount of Each Disbursement this Period<br>179.29                                   |
|    | Purpose of Disbursement<br>reimburse/RNC expense                                                                 | Category/<br>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 |
|    | State: District:                                                                                                 | <input type="checkbox"/> Other (specify) ▼                                          |

|    |                                                                                                                  |                                                                                     |
|----|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial)<br>Marti Riggall                                                         | Transaction ID: SB21B.14219                                                         |
|    | Mailing Address 838 Carroll Road                                                                                 | Date of Disbursement<br>12 / 17 / 2008                                              |
|    | City Charleston State WV Zip Code 25314                                                                          | Amount of Each Disbursement this Period<br>168.00                                   |
|    | Purpose of Disbursement<br>reimburse - 4 rolls of stamps                                                         | Category/<br>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 |
|    | State: District:                                                                                                 | <input type="checkbox"/> Other (specify) ▼                                          |

|                                                                  |               |
|------------------------------------------------------------------|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>424.64</b> |
| <b>TOTAL</b> 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)<br>Cheryl A. Rust                                                                            | Transaction ID: SB21B.14194<br>Date of Disbursement<br>12 / 08 / 2008                                                          |
|    | Mailing Address Rt. 1, Box 375                                                                                                       | Amount of Each Disbursement this Period<br>1627.50                                                                             |
|    | City Buffalo State WV Zip Code 25033                                                                                                 |                                                                                                                                |
|    | Purpose of Disbursement computer work<br>Candidate Name                                                                              | Category/Type                                                                                                                  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |                                                                                                                                      |                                                                                                                                |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial)<br>Cheryl A. Rust                                                                            | Transaction ID: SB21B.14213<br>Date of Disbursement<br>12 / 16 / 2008                                                          |
|    | Mailing Address Rt. 1, Box 375                                                                                                       | Amount of Each Disbursement this Period<br>922.50                                                                              |
|    | City Buffalo State WV Zip Code 25033                                                                                                 |                                                                                                                                |
|    | Purpose of Disbursement computer work<br>Candidate Name                                                                              | Category/Type                                                                                                                  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |                                                                                                                                      |                                                                                                                                |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial)<br>Skaff Family Limited Partnership                                                          | Transaction ID: SB21B.14196<br>Date of Disbursement<br>12 / 09 / 2008                                                          |
|    | Mailing Address 2809 Ranch Road                                                                                                      | Amount of Each Disbursement this Period<br>800.00                                                                              |
|    | City South Charleston State WV Zip Code 25303                                                                                        |                                                                                                                                |
|    | Purpose of Disbursement HQ Rent<br>Candidate Name                                                                                    | Category/Type                                                                                                                  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|                                                                  |                |
|------------------------------------------------------------------|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>3350.00</b> |
| <b>TOTAL</b> 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 |

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)  
Skaff Family Limited Partnership

**Transaction ID:** SB21B.14212

Date of Disbursement

Mailing Address 2809 Ranch Road

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 1 | 6 |   | 2 | 0 | 0 | 8 |

City State Zip Code  
South Charleston WV 25303

Amount of Each Disbursement this Period

|        |
|--------|
| 800.00 |
|--------|

Purpose of Disbursement  
HQ rent

|  |
|--|
|  |
|--|

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

**B.**

Full Name (Last, First, Middle Initial)  
Suddenlink

**Transaction ID:** SB21B.14204

Date of Disbursement

Mailing Address P.O. Box 742529

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 1 | 2 |   | 2 | 0 | 0 | 8 |

City State Zip Code  
Cincinnati, OH 45274

Amount of Each Disbursement this Period

|        |
|--------|
| 345.40 |
|--------|

Purpose of Disbursement  
HQ cable and internet service bill

|  |
|--|
|  |
|--|

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

**C.**

Full Name (Last, First, Middle Initial)  
West Virginia American Water

**Transaction ID:** SB21B.14207

Date of Disbursement

Mailing Address PO Box 70824

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 1 | 2 |   | 2 | 0 | 0 | 8 |

City State Zip Code  
Charlotte NC 28272

Amount of Each Disbursement this Period

|       |
|-------|
| 23.94 |
|-------|

Purpose of Disbursement  
HQ water bill

|  |
|--|
|  |
|--|

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

|         |
|---------|
| 1169.34 |
|---------|

**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 |

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)  
West Virginia American Water

Mailing Address PO Box 70824

City State Zip Code  
Charlotte NC 28272

Purpose of Disbursement  
HQ water bill

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.14211  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)  
West Virginia Republican Party, Inc.

Mailing Address 5019 MacCorkle Avenue SW

City State Zip Code  
South Charleston WV 25309

Purpose of Disbursement  
petty cash fund

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.14221  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)  
Jack David Woodrum

Mailing Address P.O. Box 1496

City State Zip Code  
Hinton WV 25961

Purpose of Disbursement  
t-shirts for federal election

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.14208  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**TOTAL** This Period (last page this line number 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.

|                                                                                             |             |                   |                                                                       |
|---------------------------------------------------------------------------------------------|-------------|-------------------|-----------------------------------------------------------------------|
| <b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b><br>AC Express, Inc. |             |                   | Nature of Debt (Purpose):<br>Travel expense for speaker for conventio |
| Mailing Address 1150 Airport Road                                                           |             |                   |                                                                       |
| City<br>Fairmont                                                                            | State<br>WV | ZIP Code<br>26554 |                                                                       |

|                                                                                   |                                                          |                                                                                     |  |
|-----------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="4214.56"/> |                                                          | <b>Transaction ID: SD10.13223</b>                                                   |  |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                  | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="4214.56"/> |  |

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

|                                                                                   |                                                          |                                                                                     |  |
|-----------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="8653.10"/> |                                                          | <b>Transaction ID: SD10.12941</b>                                                   |  |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                  | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="8653.10"/> |  |

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

|                                                                                  |                                                          |                                                                                    |  |
|----------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="337.62"/> |                                                          | <b>Transaction ID: SD10.12943</b>                                                  |  |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                 | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="337.62"/> |  |

|                                                                                                |                                       |
|------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>1) SUBTOTALS</b> This Period This Page (optional).....                                      | <input type="text" value="13205.28"/> |
| <b>2) TOTALS</b> This Period (last page this line number only).....                            | <input type="text"/>                  |
| <b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....                        | <input type="text"/>                  |
| <b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/>                  |

**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.

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

|                                                                                  |                                                          |                                                                                    |  |
|----------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="291.15"/> |                                                          | <b>Transaction ID:</b> SD10.12945                                                  |  |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                 | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="291.15"/> |  |

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

|                                                                                   |                                                          |                                                                                     |  |
|-----------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="1057.45"/> |                                                          | <b>Transaction ID:</b> SD10.12946                                                   |  |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                  | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="1057.45"/> |  |

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

|                                                                                   |                                                          |                                                                                     |  |
|-----------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="2400.00"/> |                                                          | <b>Transaction ID:</b> SD10.12926                                                   |  |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                  | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="2400.00"/> |  |

|                                                                                                |                                      |
|------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>1) SUBTOTALS</b> This Period This Page (optional).....                                      | <input type="text" value="3748.60"/> |
| <b>2) TOTALS</b> This Period (last page this line number only).....                            | <input type="text"/>                 |
| <b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....                        | <input type="text"/>                 |
| <b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/>                 |

**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.

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

|                                                                                  |                                                          |                                                                                    |  |
|----------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="428.32"/> |                                                          | <b>Transaction ID: SD10.12948</b>                                                  |  |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                 | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="428.32"/> |  |

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

|                                                                                   |                                                          |                                                                                     |  |
|-----------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="7119.20"/> |                                                          | <b>Transaction ID: SD10.12917</b>                                                   |  |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                  | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="7119.20"/> |  |

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

|                                                                                   |                                                          |                                                                                     |  |
|-----------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="1744.90"/> |                                                          | <b>Transaction ID: SD10.12918</b>                                                   |  |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                  | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="1744.90"/> |  |

|                                                                                                |                                      |
|------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>1) SUBTOTALS</b> This Period This Page (optional).....                                      | <input type="text" value="9292.42"/> |
| <b>2) TOTALS</b> This Period (last page this line number only).....                            | <input type="text"/>                 |
| <b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....                        | <input type="text"/>                 |
| <b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/>                 |

**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.

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

|                                                                                  |                                                          |                                                                                    |  |
|----------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="872.87"/> |                                                          | <b>Transaction ID: SD10.12920</b>                                                  |  |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                 | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="872.87"/> |  |

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

|                                                                                   |                                                          |                                                                                     |  |
|-----------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="1960.01"/> |                                                          | <b>Transaction ID: SD10.12923</b>                                                   |  |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                  | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="1960.01"/> |  |

|                                                                                                   |             |                   |                                                                        |
|---------------------------------------------------------------------------------------------------|-------------|-------------------|------------------------------------------------------------------------|
| <b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b><br>Komax Business Systems |             |                   | Nature of Debt (Purpose):<br>Incorrect Debt Previously<br>Reported7/05 |
| Mailing Address 500 D Street                                                                      |             |                   |                                                                        |
| City<br>South Charleston                                                                          | State<br>WV | ZIP Code<br>25303 |                                                                        |

|                                                                                |                                                          |                                                                                  |  |
|--------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="1.95"/> |                                                          | <b>Transaction ID: SD10.12925</b>                                                |  |
| Amount Incurred This Period<br><input type="text" value="0.00"/>               | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="1.95"/> |  |

|                                                                                                |                                      |
|------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>1) SUBTOTALS</b> This Period This Page (optional).....                                      | <input type="text" value="2834.83"/> |
| <b>2) TOTALS</b> This Period (last page this line number only).....                            | <input type="text"/>                 |
| <b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....                        | <input type="text"/>                 |
| <b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/>                 |

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

|                                                   |                                                                                                           |
|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| (Use separate schedule(s) for each numbered line) | PAGE 22 / 31                                                                                              |
|                                                   | FOR LINE NUMBER:<br>(check only one) <input type="checkbox"/> 9<br><input checked="" type="checkbox"/> 10 |

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

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

|                                                                                  |                                                          |                                                                                    |
|----------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------|
| Outstanding Balance Beginning This Period<br><input type="text" value="369.85"/> | <b>Transaction ID:</b> SD10.12928                        |                                                                                    |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                 | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="369.85"/> |

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

|                                                                                   |                                                          |                                                                                     |
|-----------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------|
| Outstanding Balance Beginning This Period<br><input type="text" value="5411.86"/> | <b>Transaction ID:</b> SD10.12930                        |                                                                                     |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                  | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="5411.86"/> |

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

|                                                                                  |                                                          |                                                                                    |
|----------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------|
| Outstanding Balance Beginning This Period<br><input type="text" value="135.77"/> | <b>Transaction ID:</b> SD10.12932                        |                                                                                    |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                 | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="135.77"/> |

|                                                                                                |                                      |
|------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>1) SUBTOTALS</b> This Period This Page (optional).....                                      | <input type="text" value="5917.48"/> |
| <b>2) TOTALS</b> This Period (last page this line number only).....                            | <input type="text"/>                 |
| <b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....                        | <input type="text"/>                 |
| <b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/>                 |

**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.

|                                                                                                  |       |          |                                                                        |
|--------------------------------------------------------------------------------------------------|-------|----------|------------------------------------------------------------------------|
| <b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b><br>Strategic Fundraising |       |          | Nature of Debt (Purpose):<br>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 |                     | Transaction ID: SD10.12933                  |  |
| 689.32                                    |                     |                                             |  |
| Amount Incurred This Period               | Payment This Period | Outstanding Balance at Close of This Period |  |
| 0.00                                      | 0.00                | 689.32                                      |  |

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

|                                           |                     |                                             |  |
|-------------------------------------------|---------------------|---------------------------------------------|--|
| Outstanding Balance Beginning This Period |                     | Transaction ID: SD10.12934                  |  |
| 1639.49                                   |                     |                                             |  |
| Amount Incurred This Period               | Payment This Period | Outstanding Balance at Close of This Period |  |
| 0.00                                      | 0.00                | 1639.49                                     |  |

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

|                                           |                     |                                             |  |
|-------------------------------------------|---------------------|---------------------------------------------|--|
| Outstanding Balance Beginning This Period |                     | Transaction ID: SD10.12936                  |  |
| 506.32                                    |                     |                                             |  |
| Amount Incurred This Period               | Payment This Period | Outstanding Balance at Close of This Period |  |
| 0.00                                      | 0.00                | 506.32                                      |  |

|                                                                                                |   |         |
|------------------------------------------------------------------------------------------------|---|---------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional).....                                      | ▶ | 2835.13 |
| 2) <b>TOTALS</b> This Period (last page this line number only).....                            | ▶ |         |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....                        | ▶ |         |
| 4) <b>ADD 2) and 3)</b> 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.

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

|                                                                                  |                                                          |                                                                                    |  |
|----------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="927.31"/> |                                                          | <b>Transaction ID: SD10.12938</b>                                                  |  |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                 | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="927.31"/> |  |

|                                                                                           |       |          |                                                                        |
|-------------------------------------------------------------------------------------------|-------|----------|------------------------------------------------------------------------|
| <b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b><br>Tiffany Gibson |       |          | Nature of Debt (Purpose):<br>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<br><input type="text" value="1030.95"/> |                                                          | <b>Transaction ID: SD10.12921</b>                                                   |  |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                  | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="1030.95"/> |  |

|                                                                                              |       |          |                                                                        |
|----------------------------------------------------------------------------------------------|-------|----------|------------------------------------------------------------------------|
| <b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b><br>Time Warner Cable |       |          | Nature of Debt (Purpose):<br>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<br><input type="text" value="135.00"/> |                                                          | <b>Transaction ID: SD10.12939</b>                                                  |  |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                 | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="135.00"/> |  |

|                                                                                                |                 |
|------------------------------------------------------------------------------------------------|-----------------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional).....                                      | <b>2093.26</b>  |
| 2) <b>TOTALS</b> This Period (last page this line number only).....                            | <b>39927.00</b> |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....                        | <b>0.00</b>     |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) | <b>39927.00</b> |

**Image# 29990936912**

Form/Schedule: **SB21B**

Transaction ID: **SB21B.14215**

Security Suite Software / Marti Riggall's computer

Form/Schedule: **SB21B**

Transaction ID: **SB21B.14216**

printer cartridges for two office computers

\*\*\*\*\*

**Image# 29990936913**

Form/Schedule: **SB21B**

Transaction ID: **SB21B.14218**

Vehicle rental for RNC lawyer monitoring November 4 federal election

Form/Schedule: **SB21B**

Transaction ID: **SB21B.14219**

4 rolls of stamps for office bills / letters

\*\*\*\*\*

**Image# 29990936914**

Form/Schedule: **SD10**

Transaction ID: **SD10.12941**

After multiple phone calls with multiple Alltell representatives, Kevin in the Financial Services informed us that this account was written off as of May 2005 and it is now out of statute for collection. It is not possible to pay Alltell the \$8653.10. We will be requesting permission from the Federal Election Commission to write off this balance.

Form/Schedule: **SD10**

Transaction ID: **SD10.12926**

Christine A. McNally did not provide proof of Claim for this bill. Therefore, we will request permission from the Federal Election Commission to write off this debt.

\*\*\*\*\*

Image# 29990936915

Form/Schedule: **SD10**

Transaction ID: **SD10.12917**

Doug McKinney spoke with Mark Trant concerning the WV Republican State Executive Committee Account. Mr. Trant informed us that they had previously done a balance adjustment and the balance was at zero. We will request permission from the Federal Election Commission to write off this balance.

Form/Schedule: **SD10**

Transaction ID: **SD10.12918**

Incorrected debt was previously listed. The actual amount owed to Fibernet is \$1744.90. This is based on communication with Fibernet. This memo was entered 9/14/05. 1/11/2008 After phone conversions with multiple customer service agents, there were no balances owed to Fibernet by the WV Republican State Executive Committee of the Victory Campaign. We will request permission from the Federal Election Commission to write off this balance.

\*\*\*\*\*

Image# 29990936916

Form/Schedule: **SD10**

Transaction ID: **SD10.12920**

Incorrect debt was previously listed. The actual amount owed to Fibernet is \$872.87. This is based on communication with Fibernet. This memo was entered 9/14/2005. 1/11/2008 After phone conversations with multiple customer service agents, there were no balances owed to Fibernet by the WV Republican State Executive Committee or the Victory Campaign. We will request permission from the Federal Election Commission to write off this balance.

Form/Schedule: **SD10**

Transaction ID: **SD10.12928**

A check in the amount of \$369.85 was sent to Regional Distributing Center. The check was returned as not deliverable and unable to forward. We have been unable to locate this company. We will request permission from the Federal Election Commission to write off this debt as unpayable.

\*\*\*\*\*

Image# 29990936917

Form/Schedule: **SD10**

Transaction ID: **SD10.12930**

This debt balance is the balance after a payment 7500.00 on 1/10/08. The original debt was 12911.86.

Form/Schedule: **SD10**

Transaction ID: **SD10.12921**

A check for \$1030.95 was sent to Tiffany Gibson at her last known address on January 10, 2008. The check was returned unclaimed and unable to forward. We have been unable to locate Tiffany Gibson. We will request permission from the Federal Election Commission to write off this debt as unpayable.

\*\*\*\*\*

Image# 29990936918

Form/Schedule: **SD10**

Transaction ID: **SD10.12939**

Doris Elliott of Time Warner Cable searched all records for the West Virginia Republican State Executive Committee under any possible name and was unable to locate a bill due Time Warner Cable for \$135.00. Without a physical address, which we do not have record of, there is no way to find this bill and pay this bill. We will request permission from the Federal Election Commission to write this bill off.

\*\*\*\*\*