



George Carenbauer <wvvalues@yahoo.com> on 11/02/2006 10:07:53 PM

To: 2022190174@fec.gov
cc:

Subject: Form 9 from WV Values C30000632

To: Federal Elections Commission
2022190174@fec.gov

Attached in PDF format is a FEC Form 9 for West Virginia Values, LLC, FEC ID No. C30000632, covering the period 10/30/2006 through 11/01/2006. Thank you.

George Carenbauer
West Virginia Values, LLC
wvvalues@yahoo.com

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- C30000632.WVValues.110206.pdf

26039263908

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name WEST VIRGINIA VALUES, LLC

(b) Address (number and street) check if different than previously reported

33 BRITTANY WOODS ROAD

(c) City, State and ZIP Code

CHARLESTON, WV 25314

2. FEC Identification Number

C30000632

(d) Name of Employer or Principal Place of Business

(e) Occupation

3. Is This Statement New
or
 Amended

4. Covering Period

10 / 30 / 2006

through

11 / 01 / 2006

5. (a) Date of Public Distribution(s) 11 / 02 / 2006

(b) Communication Title SETTING THE RECORD STRAIGHT

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10?

Yes

No

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes

No

8. Custodian of Records

(a) Name GEORGE CARENBAUER

(b) Address (number and street)

33 BRITTANY WOODS ROAD

(c) City, State and ZIP Code

CHARLESTON, WV 25314

(d) Name of Employer or Principal Place of Business

STEPHENS + JOHNSON, PLLC

(e) Occupation

LAWYER

9. Total Donations This Statement

25,000.00

10. Total Disbursements/Obligations This Statement

20,000.00

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

GEORGE CARENBAUER

SIGNATURE

George Carenbauer

DATE

11/02/2006

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

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

11. Person(s) Sharing/Exercising Control

A. (a) Name	
GEORGE E CARENBAUER	
(b) Address (number and street)	
33 BRITTANY WOODS ROAD	
(c) City, State and ZIP Code	
CHARLESTON, WV 25314	
(d) Name of Employer or Principal Place of Business	(e) Occupation
STEPTE + JOHNSON, PLLC	LAWYER
B. (a) Name	
R. LANE BAILEY	
(b) Address (number and street)	
10223 WOODVALE ROAD	
(c) City, State and ZIP Code	
FAIRFAX STATION WV 22039	
(d) Name of Employer or Principal Place of Business	(e) Occupation
GOLIN HARRIS	REGIONAL MANAGING DIRECTOR
C. (a) Name	
JOSEPH W. POWELL	
(b) Address (number and street)	
54 CARRIAGE LANE	
(c) City, State and ZIP Code	
BRIDGEPORT WV 26330	
(d) Name of Employer or Principal Place of Business	(e) Occupation
N/A	RETIRED
D. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
E. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

200309261910

SCHEDULE 9-A
Donation(s) Received

11619261027

<p>A. Full Name of Donor <u>MR. JEFFREY BURUM</u></p> <p>Mailing Address of Donor <u>10621 CIVIC CENTER DRIVE</u></p> <p>City State Zip <u>RANCHO CUCAMONGA CA</u> <u>91730</u></p>	<p>Date of Receipt <input type="text" value="10"/> <input type="text" value="28"/> <input type="text" value="2006"/></p> <p>Amount <input type="text" value="25,000.00"/></p>
<p>B. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Amount <input type="text"/></p>
<p>C. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Amount <input type="text"/></p>
<p>D. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Amount <input type="text"/></p>
<p>E. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Amount <input type="text"/></p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p><input type="text" value="25,000.00"/></p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p><input type="text" value="25,000.00"/></p>

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee JULIAN MULVEY GROUP				Date of Disbursement or Obligation 10 / 30 / 2006	
Mailing Address of Payee 2219 FLAGLER PLACE NW				Amount 20,000.00	
City WASHINGTON	State DC	Zip Code 20001		Communication Date 11 / 01 / 2006	
Name of Employer _____				Occupation _____	
Purpose of Disbursement (Including title(s) of communication(s)) TV AD - SETTING THE RECORD STRAIGHT					
Name of Federal Candidate CHRIS WAKIM	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WV	District: 1	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
B. Full Name (Last, First, Middle Initial) of Payee _____				Date of Disbursement or Obligation _____	
Mailing Address of Payee _____				Amount _____	
City _____	State _____	Zip Code _____		Communication Date _____	
Name of Employer _____				Occupation _____	
Purpose of Disbursement (Including title(s) of communication(s)) _____					
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶				20,000.00	
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)				20,000.00	

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): *E-mail* Date of Receipt or Postmarked
11/2/06

DAO
 PREPARER

11/3/06
 DATE PREPARED

26039263912