

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

MESHEA POORE FOR WEST VIRGINIA

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	11090.00	50535.33
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	11090.00	50535.33
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	21571.24	44666.87
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	21571.24	44666.87
8. Cash on Hand at Close of Reporting Period (from Line 27).....	5868.46	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	20726.13	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

MESHEA POORE FOR WEST VIRGINIA

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7500.00	27789.19
(ii) Unitemized.....	3590.00	20641.14
(iii) TOTAL of contributions from individuals ▶	11090.00	48430.33
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2100.00
(d) The Candidate.....	0.00	5.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	11090.00	50535.33
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	11090.00	50535.33

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	21571.24	44666.87
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	21571.24	44666.87

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	16349.70
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	11090.00
25. SUBTOTAL (add Line 23 and Line 24).....	27439.70
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	21571.24
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	5868.46

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 19
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
MESHEA POORE FOR WEST VIRGINIA

Full Name (Last, First, Middle Initial) Todd Bailess		Date of Receipt MM / DD / YYYY 02 / 08 / 2014
Mailing Address 120 Capitol Street		Transaction ID : SA11AI.4720
City Charleston	State WV	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self employed	Occupation attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Meyishi Blair		Date of Receipt MM / DD / YYYY 03 / 05 / 2014
Mailing Address P.O. Box 11931		Transaction ID : SA11AI.4662
City Charleston	State WV	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Public Service Commission	Occupation Administrative Law Judge	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

Full Name (Last, First, Middle Initial) Dwayne Bryant		Date of Receipt MM / DD / YYYY 02 / 24 / 2014
Mailing Address 27 N. Wacker Drive		Transaction ID : SA11AI.4736
City Chicago	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Inner Vision International	Occupation Education consultant	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 19
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MESHEA POORE FOR WEST VIRGINIA

A. Full Name (Last, First, Middle Initial)
Katherine Dooley

Mailing Address 954 Montrose Drive

City Charleston State WV Zip Code 25303

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 08 / 2014

Transaction ID : SA11AI.4644

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Ron Fragale

Mailing Address 503 E. Main Street

City Clarksburg State WV Zip Code 26301

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

Name of Employer retired Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 25 / 2014

Transaction ID : SA11AI.4678

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Ken Jackson

Mailing Address 905 Suncrest Place

City Morgantown State WV Zip Code 26505

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

Name of Employer Unemployed Occupation Unemployed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11AI.4751

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 19
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
MESHEA POORE FOR WEST VIRGINIA

A. Full Name (Last, First, Middle Initial)
L.B. James

Mailing Address 1578 Kanawha Blvd., E., Apt. 7-B

City	State	Zip Code
Charleston	WV	25311-2470

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

Name of Employer Info Requested	Occupation Info Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 06 / 2014

Transaction ID : SA11AI.4665

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
L.B. James

Mailing Address 1578 Kanawha Blvd., E., Apt. 7-B

City	State	Zip Code
Charleston	WV	25311-2470

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

Name of Employer Info Requested	Occupation Info Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 18 / 2014

Transaction ID : SA11AI.4686

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Kanicka Johnson

Mailing Address 4475 Wilson Road Apt. 2208

City	State	Zip Code
Humble	TX	77396

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

Name of Employer Info Requested	Occupation Info Requested
Insperity, Inc.	Assistant General Counsel

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 23 / 2014

Transaction ID : SA11AI.4699

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 19
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MESHEA POORE FOR WEST VIRGINIA

A. Full Name (Last, First, Middle Initial)
Pat Kusimo

Mailing Address 5300 Edgebrook Drive

City Charleston State WV Zip Code 25313

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

Name of Employer unemployed Occupation unemployed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2014

Transaction ID : SA11AI.4705

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Celinda Lake

Mailing Address 126 F St SE

City Washington State DC Zip Code 20002

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

Name of Employer Lake Research Partners Occupation Pollster

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2014

Transaction ID : SA11AI.4747

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
John Magan

Mailing Address P.O. Box 942

City Institute State WV Zip Code 25112

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

Name of Employer info requested Occupation info requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 01 / 2014

Transaction ID : SA11AI.4647

Amount of Each Receipt this Period
 1600.00

SUBTOTAL of Receipts This Page (optional).....

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

2100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 19
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MESHEA POORE FOR WEST VIRGINIA

A. Full Name (Last, First, Middle Initial)
William Milam

Mailing Address 1587 Lee Street

City Charleston State WV Zip Code 25311

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

Name of Employer retired Occupation reitred

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 14 / 2014

Transaction ID : SA11AI.4726

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
William Milam

Mailing Address 1587 Lee Street

City Charleston State WV Zip Code 25311

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

Name of Employer retired Occupation reitred

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 11 / 2014

Transaction ID : SA11AI.4732

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Eric Mitchell

Mailing Address 2913 Memory Lane

City Silver Spring State MD Zip Code 20904-6855

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

Name of Employer Bread of the World Occupation Advocate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 31 / 2014

Transaction ID : SA11AI.4712

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

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

350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 19
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MESHEA POORE FOR WEST VIRGINIA

A. Full Name (Last, First, Middle Initial)
Marie Redd

Mailing Address 51 Lynn Marr Dr.

City: Huntington State: WV Zip Code: 25705

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

Name of Employer: Redd Law Firm Occupation: Legal Assistant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 03 / 24 / 2014

Transaction ID : SA11AI.4683

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
William Redd

Mailing Address 530 5th Avenue

City: Huntington State: WV Zip Code: 25701-1908

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

Name of Employer: Redd Law Firm Occupation: Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 03 / 24 / 2014

Transaction ID : SA11AI.4685

Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Mark Swartz

Mailing Address 7 Beachview Dr.

City: St. Albans State: WV Zip Code: 25177

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

Name of Employer: self employed Occupation: attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 02 / 04 / 2014

Transaction ID : SA11AI.4718

Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional).....

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

1000.00

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

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

FOR LINE NUMBER: PAGE 11 OF 19
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MESHEA POORE FOR WEST VIRGINIA

A. Full Name (Last, First, Middle Initial)
Kenneth Wright

Mailing Address 1510 Virginia St., E.

City Charleston State WV Zip Code 25311

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

Name of Employer CAMC Occupation physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2014

Transaction ID : SA11Al.4703

Amount of Each Receipt this Period
 300.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

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

300.00

7500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 19	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
MESHEA POORE FOR WEST VIRGINIA

Full Name (Last, First, Middle Initial) A. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2014
Mailing Address 366 Summers Street		Amount of Each Disbursement this Period 7.91 Transaction ID : SB17.4794
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement processing fee	
Candidate Name MESHEA POORE FOR WEST VIRGINIA		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WV District: 02		

Full Name (Last, First, Middle Initial) B. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2014
Mailing Address 366 Summers Street		Amount of Each Disbursement this Period 3.96 Transaction ID : SB17.4793
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement processing fee	
Candidate Name MESHEA POORE FOR WEST VIRGINIA		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WV District: 02		

Full Name (Last, First, Middle Initial) c. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2014
Mailing Address 366 Summers Street		Amount of Each Disbursement this Period 54.33 Transaction ID : SB17.4792
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement	
Candidate Name MESHEA POORE FOR WEST VIRGINIA		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WV District: 02		

SUBTOTAL of Disbursements This Page (optional).....	66.20
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 19
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
MESHEA POORE FOR WEST VIRGINIA

Full Name (Last, First, Middle Initial) A. ActBlue		Date of Disbursement
Mailing Address 366 Summers Street		MM / DD / YYYY 02 / 02 / 2014
City Somerville	State MA	Zip Code 02144-3132
Purpose of Disbursement processing fee	Amount of Each Disbursement this Period 76.87	
Candidate Name MESHEA POORE FOR WEST VIRGINIA	Transaction ID : SB17.4791	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WV District: 02	Category/Type	

Full Name (Last, First, Middle Initial) B. ActBlue		Date of Disbursement
Mailing Address 366 Summers Street		MM / DD / YYYY 02 / 09 / 2014
City Somerville	State MA	Zip Code 02144-3132
Purpose of Disbursement processing fee	Amount of Each Disbursement this Period 43.45	
Candidate Name MESHEA POORE FOR WEST VIRGINIA	Transaction ID : SB17.4790	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WV District: 02	Category/Type	

Full Name (Last, First, Middle Initial) c. ActBlue		Date of Disbursement
Mailing Address 366 Summers Street		MM / DD / YYYY 02 / 17 / 2014
City Somerville	State MA	Zip Code 02144-3132
Purpose of Disbursement processing fee	Amount of Each Disbursement this Period 8.32	
Candidate Name	Transaction ID : SB17.4789	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	76.87
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 19			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
MESHEA POORE FOR WEST VIRGINIA

Full Name (Last, First, Middle Initial) A. ActBlue		Date of Disbursement
Mailing Address 366 Summers Street		M M / D D / Y Y Y Y 02 / 23 / 2014
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement processing fee	Amount of Each Disbursement this Period 3.95
Candidate Name MESHEA POORE FOR WEST VIRGINIA	Category/Type	Transaction ID : SB17.4788
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WV District: 02		

Full Name (Last, First, Middle Initial) B. ActBlue		Date of Disbursement
Mailing Address 366 Summers Street		M M / D D / Y Y Y Y 03 / 02 / 2014
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement processing fee	Amount of Each Disbursement this Period 25.09
Candidate Name MESHEA POORE FOR WEST VIRGINIA	Category/Type	Transaction ID : SB17.4787
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WV District: 02		

Full Name (Last, First, Middle Initial) c. ActBlue		Date of Disbursement
Mailing Address 366 Summers Street		M M / D D / Y Y Y Y 03 / 09 / 2014
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement processing fee	Amount of Each Disbursement this Period 10.68
Candidate Name MESHEA POORE FOR WEST VIRGINIA	Category/Type	Transaction ID : SB17.4786
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WV District: 02		

SUBTOTAL of Disbursements This Page (optional).....	39.72
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 19			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
MESHEA POORE FOR WEST VIRGINIA

Full Name (Last, First, Middle Initial) A. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2014
Mailing Address 366 Summers Street		Amount of Each Disbursement this Period 4.36 Transaction ID : SB17.4785
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement processing fee	
Candidate Name MESHEA POORE FOR WEST VIRGINIA		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WV District: 02		

Full Name (Last, First, Middle Initial) B. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2014
Mailing Address 366 Summers Street		Amount of Each Disbursement this Period 0.99 Transaction ID : SB17.4784
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement processing fee	
Candidate Name MESHEA POORE FOR WEST VIRGINIA		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WV District: 02		

Full Name (Last, First, Middle Initial) c. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 366 Summers Street		Amount of Each Disbursement this Period 20.74 Transaction ID : SB17.4783
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement processing fee	
Candidate Name MESHEA POORE FOR WEST VIRGINIA		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WV District: 02		

SUBTOTAL of Disbursements This Page (optional).....	26.09
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 19			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
MESHEA POORE FOR WEST VIRGINIA

Full Name (Last, First, Middle Initial) A. Bulldog Finance Group		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address 1250 Connecticut Ave NW		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.4755
City Washington State DC Zip Code 20036	Purpose of Disbursement Consultant	
Candidate Name MESHEA POORE FOR WEST VIRGINIA		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WV District: 02		

Full Name (Last, First, Middle Initial) B. Bulldog Finance Group		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 1250 Connecticut Ave NW		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.4768
City Washington State DC Zip Code 20036	Purpose of Disbursement Consulting	
Candidate Name MESHEA POORE FOR WEST VIRGINIA		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WV District: 02		

Full Name (Last, First, Middle Initial) c. Bulldog Finance Group		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 1250 Connecticut Ave NW		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.4773
City Washington State DC Zip Code 20036	Purpose of Disbursement consulting	
Candidate Name MESHEA POORE FOR WEST VIRGINIA		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WV District: 02		

SUBTOTAL of Disbursements This Page (optional).....	15000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 19			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
MESHEA POORE FOR WEST VIRGINIA

Full Name (Last, First, Middle Initial) A. Control Point Group		Date of Disbursement
Mailing Address 458 New Jersey Ave SE		M M / D D / Y Y Y Y 01 / 15 / 2014
City Washington State DC Zip Code 20003	Purpose of Disbursement Consulting	Amount of Each Disbursement this Period 2000.00
Candidate Name MESHEA POORE FOR WEST VIRGINIA	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.4761
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WV District: 02		

Full Name (Last, First, Middle Initial) B. Control Point Group		Date of Disbursement
Mailing Address 458 New Jersey Ave SE		M M / D D / Y Y Y Y 03 / 04 / 2014
City Washington State DC Zip Code 20003	Purpose of Disbursement Consulting	Amount of Each Disbursement this Period 2000.00
Candidate Name MESHEA POORE FOR WEST VIRGINIA	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.4775
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WV District: 02		

Full Name (Last, First, Middle Initial) c. Fast Signs		Date of Disbursement
Mailing Address 5137 Maccorkle Ave SW		M M / D D / Y Y Y Y 03 / 28 / 2014
City South Charleston State WV Zip Code 25309	Purpose of Disbursement Campaign signs	Amount of Each Disbursement this Period 292.24
Candidate Name MESHEA POORE FOR WEST VIRGINIA	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.4778
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WV District: 02		

SUBTOTAL of Disbursements This Page (optional).....	4292.24
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 19	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
MESHEA POORE FOR WEST VIRGINIA

Full Name (Last, First, Middle Initial) A. Nation Builder		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 448 S. Hill Street Suite 200		Amount of Each Disbursement this Period 78.00 Transaction ID : SB17.4776
City Los Angeles State CA Zip Code 90013	Purpose of Disbursement Organizing	
Candidate Name MESHEA POORE FOR WEST VIRGINIA		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WV District: 02		

Full Name (Last, First, Middle Initial) B. WV Secretary of State		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address 1900 Kanawha Blvd. East		Amount of Each Disbursement this Period 1740.00 Transaction ID : SB17.4766
City Charleston State WV Zip Code 25305	Purpose of Disbursement filing fee	
Candidate Name MESHEA POORE FOR WEST VIRGINIA		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WV District: 02		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1818.00
TOTAL This Period (last page this line number only).....	21319.12

SCHEDULE D (FEC Form 3)

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)

MESHEA POORE FOR WEST VIRGINIA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Control Point Group

Mailing Address 458 New Jersey Ave SE

City State Zip Code
Washington DC 20003

Nature of Debt (Purpose):
Consulting

Outstanding Balance Beginning This Period **Transaction ID : SD10.4782**

0.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

20726.13 0.00 20726.13

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	20726.13
2) TOTALS This Period (last page this line number only)	20726.13
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	20726.13