

West Virginia Conservative Foundation
P.O. Box 11572
Charleston WV 25339
wvconserv_found@suddenlink.net
304.342.1842

FAX COVER

From: West Virginia Conservative Foundation, Inc.

To: Federal Election Commission

Date: 20 October 2010

Pages including this Cover Page: 5

Re: Electioneering Communication Report (FEC-9) for
West Virginia Conservative Foundation, Inc.

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name West Virginia Conservative Foundation, Inc.

(b) Address (number and street) check if different than previously reported
P.O. Box 11572

(c) City, State and ZIP Code
Charleston, WV 25339

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C

| | | | | | |
|----------------------|---|--------------------|----|----|------|
| 3. Is This Statement | <input checked="" type="checkbox"/> New | 4. Covering Period | 10 | 19 | 2010 |
| | or | | | | |
| | <input type="checkbox"/> Amended | | 10 | 20 | 2010 |

5. (a) Date of Public Distribution(s) 10 20 2010 (b) Communication Title EPA Withdraws Permit

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)
(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15
(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name Nathaniel Lieberman

(b) Address (number and street) 1514 Virginia Street E.

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

(d) Name of Employer or Principal Place of Business

(e) Occupation

Self

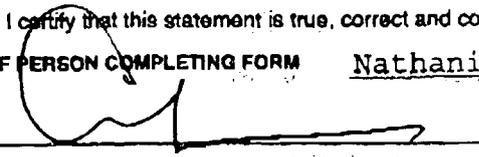
Photographer

9. Total Donations This Statement 0.00

10. Total Disbursements/Obligations This Statement 10,975.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Nathaniel Lieberman Sec/Treasurer

SIGNATURE 

DATE 10/20/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §497g.

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

PAGE 1 OF 1

11. Person(s) Sharing/Exercising Control

| | |
|---|--------------------------------|
| A. (a) Name Nathaniel Lieberman | |
| (b) Address (number and street) 1514 Virginia Street, E. | |
| (c) City, State and ZIP Code Charleston, WV 25311 | |
| (d) Name of Employer or Principal Place of Business Self | (e) Occupation Photographer |
| B. (a) Name Lance E. Schultz | |
| (b) Address (number and street) 1537 Bedford Road | |
| (c) City, State and ZIP Code Charleston, WV 25314 | |
| (d) Name of Employer or Principal Place of Business Self | (e) Occupation Entrepreneur |
| C. (a) Name | |
| (b) Address (number and street) | |
| (c) City, State and ZIP Code | |
| (d) Name of Employer or Principal Place of Business | (e) Occupation |
| D. (a) Name | |
| (b) Address (number and street) | |
| (c) City, State and ZIP Code | |
| (d) Name of Employer or Principal Place of Business | (e) Occupation |
| E. (a) Name | |
| (b) Address (number and street) | |
| (c) City, State and ZIP Code | |
| (d) Name of Employer or Principal Place of Business | (e) Occupation |

SCHEDULE 9-A
Donation(s) Received

PAGE OF

| | |
|--|--|
| A. Full Name of Donor Mailing Address of Donor City State Zip | Date of Receipt M M / D D / Y Y Y Y Amount \$. |
| B. Full Name of Donor Mailing Address of Donor City State Zip | Date of Receipt M M / D D / Y Y Y Y Amount \$. |
| C. Full Name of Donor Mailing Address of Donor City State Zip | Date of Receipt M M / D D / Y Y Y Y Amount \$. |
| D. Full Name of Donor Mailing Address of Donor City State Zip | Date of Receipt M M / D D / Y Y Y Y Amount \$. |
| E. Full Name of Donor Mailing Address of Donor City State Zip | Date of Receipt M M / D D / Y Y Y Y Amount \$. |

| | |
|--|------|
| SUBTOTAL of Donations This Page (optional) ▶ | \$. |
| TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9) | \$. |

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

| | | |
|---|---|--|
| A. Full Name (Last, First, Middle Initial) of Payee Metro News | | Date of Disbursement or Obligation 10 / 19 / 2010 |
| Mailing Address of Payee 1111 Virginia Street East | | Amount 10,975.00 |
| City Charleston | State WV | Zip Code 25301 |
| Name of Employer Occupation | | Communication Date 10 / 20 / 2010 |
| Purpose of Disbursement (Including title(s) of communication(s)) Radio Ad "EPA Withdraws Permit" | | |
| Name of Federal Candidate Nick Rahall | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: WV District: 3 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 M M / D D / Y Y Y Y |
| Mailing Address of Payee | | Amount |
| City | State | Zip Code |
| Name of Employer Occupation | | Communication Date M M / D D / Y Y Y Y |
| 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) ▶ | | 10,975.00 |
| TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10) | | 10,975.00 |

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.

| | |
|--|---|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input type="checkbox"/> USPS First Class Mail | Postmarked |
| <input type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) |
| <input type="checkbox"/> USPS Priority Mail | Postmarked Delivery Confirmation™ Label <input type="checkbox"/> |
| <input type="checkbox"/> USPS Express Mail | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input checked="" type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |
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| N/A PREPARER | N/A DATE PREPARED |