

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

SECRETARY OF THE SENATE

10 OCT 15 PM 2:58

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Raese for Senate

ADDRESS (number and street) P.O. Box 262

Check if different than previously reported. (ACC)

Morgantown WV 26507

2. FEC IDENTIFICATION NUMBER **C00182089** CITY STATE ZIP CODE STATE DISTRICT

3. IS THIS REPORT NEW (N) OR AMENDED (A)

WV

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 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on [] [] [] in the State of []

(c) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on [] [] [] in the State of []

5. Covering Period 08 09 2010 through 09 30 2010

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 James Troy

Signature of Treasurer *James Troy* Date 10 15 2010

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 3
(Revised 02/2003)

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

SECRETARY OF THE SENATE

10 OCT 15 PM 2: 58

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines

Raese for Senate

ADDRESS (number and street) P.O. Box 262 Morgantown WV 26507

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00182089 3. IS THIS REPORT NEW (N) OR AMENDED (A) WV

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) [X] October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER)

(b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 08 09 2010 through 09 30 2010

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 James Troy Signature of Treasurer Electronically Filed by James Troy Date 10 15 2010

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

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

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Write or Type Committee Name

Raese for Senate

Report Covering the Period:

From:

MM
08

DD
09

YYYY
2010

To:

MM
09

DD
30

YYYY
2010

| | 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))..... | 450426.39 | 514828.26 |
| (b) Total Contribution Refunds (from Line 20(d))..... | 0.00 | 344.61 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 450426.39 | 514483.65 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 1556730.20 | 1838396.78 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 16325.04 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 1556730.20 | 1822071.74 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 203144.66 | |
| 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)..... | 2368273.67 | |

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

10
9
8
7
6
5
4
3
2
1

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name
Raese for Senate

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 8 |

| | |
|---|---|
| D | D |
| 0 | 9 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To:

| | |
|---|---|
| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| 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)..... | 342976.18 | 376130.09 |
| (ii) Unitemized..... | 41239.71 | 42487.67 |
| (iii) TOTAL of contributions from individuals..... ▶ | 384215.89 | 418617.76 |
| (b) Political Party Committees..... | 43600.00 | 43600.00 |
| (c) Other Political Committees (such as PACS)..... | 22610.50 | 22610.50 |
| (d) The Candidate..... | 0.00 | 30000.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)) | 450426.39 | 514828.26 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES..... | 0.00 | 0.00 |
| 13. LOANS | | |
| (a) Made or Guaranteed by the Candidate..... | 1300000.00 | 1500000.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 1300000.00 | 1500000.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)..... | 0.00 | 16325.04 |
| 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)..... ▶ | 1750426.39 | 2031153.30 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

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| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 1556730.20 | 1838396.78 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES..... | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 18927.16 |
| (b) Of all Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 18927.16 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees..... | 0.00 | 344.61 |
| (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 | 344.61 |
| 21. OTHER DISBURSEMENTS..... | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▷ | 1556730.20 | 1857668.55 |

III. CASH SUMMARY

| | |
|---|------------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 9448.47 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)..... | 1750426.39 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 1759874.86 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 1556730.20 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 203144.66 |

10020734042

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

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

FOR LINE NUMBER: PAGE 5 / 254

(check only one)

| | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 11d | <input type="checkbox"/> | 15 |
| <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13a | <input type="checkbox"/> | 13b | <input type="checkbox"/> | 14 | <input type="checkbox"/> | |

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)

Raese for Senate

A.

Full Name (Last, First, Middle Initial)

MR. GLENN T. ADRIAN

Mailing Address 1015 LUCAS DRIVE

City

MORGANTOWN

State

WV

Zip Code

26505-8040

FEC ID number of contributing federal political committee.

C

Name of Employer
GLENMARK HOLDING LLC

Occupation
EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

Date of Receipt

MM / DD / YYYY
08 / 19 / 2010

Transaction ID: SA11.4085

Amount of Each Receipt this Period

2400.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOHN D. ALEXANDER, JR.

Mailing Address 1200 N. ST. MARY'S STREET, SUITE 1

City

SAN ANTONIO

State

TX

Zip Code

78205

FEC ID number of contributing federal political committee.

C

Name of Employer
SELF

Occupation
INVESTOR

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
09 / 26 / 2010

Transaction ID: SA11.4623

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

JERRY ALLEN

Mailing Address P.O. BOX 332

City

CENTENNIAL

State

WY

Zip Code

82055-0332

FEC ID number of contributing federal political committee.

C

Name of Employer
TVC COMMUNICATIONS LLC

Occupation
EXEC.

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 22 / 2010

Transaction ID: SA11.4490

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

3650.00

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: PAGE 6 / 254

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)

JERRY ALLEN

Mailing Address P.O. BOX 332

City

CENTENNIAL

State

WY

Zip Code

82055-0332

FEC ID number of contributing federal political committee.

C

Name of Employer
TVC COMMUNICATIONS LLC

Occupation
EXEC.

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

MM / DD / YYYY
09 / 27 / 2010

Transaction ID: SA11.4648

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. K. A. AMMAR, JR.

Mailing Address 2045 MARYLAND AVENUE

City

BLUEFIELD

State

WV

Zip Code

24701-4427

FEC ID number of contributing federal political committee.

C

Name of Employer
AMMAR'S, INC.

Occupation
EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

MM / DD / YYYY
09 / 26 / 2010

Transaction ID: SA11.4627

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

JOHN R. AMMON

Mailing Address 301 WEST MCLELLAN BLVD

City

PHOENIX

State

AZ

Zip Code

85013-1130

FEC ID number of contributing federal political committee.

C

Name of Employer
VALLEY ANESTHESIOLOGY CON-
SULTANTS, LTD

Occupation
PHYSICIAN/ANESTHESIOLOGIST

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
09 / 29 / 2010

Transaction ID: SA11.4792

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 254
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
MR. JACK R. ANDERSON

Mailing Address 600 OCEAN ROAD

City State Zip Code
VERO BEACH FL 32963-3516

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

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2400.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2010

Transaction ID: SA11.4877

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. CHARLES RICHARD ANNETT

Mailing Address 3300 PADDOCK ROAD

City State Zip Code
WESTON FL 33331-3519

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

Name of Employer
FSA NETWORK, INC.

Occupation
EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2010

Transaction ID: SA11.4528

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

Mailing Address 5500 GREENMONT TERRACE

City State Zip Code
VIENNA WV 26105-3296

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

Name of Employer
SELF; AZINGER GROUP, LLC

Occupation
REAL ESTATE LEASING & DEVELOPMENT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2010

Transaction ID: SA11.4338

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 2900.00

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: PAGE 8 / 254
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
MR. MARK A. BAINBRIDGE

Mailing Address 2250 YORKSHIRE ROAD

City State Zip Code
COLUMBUS OH 43221-4019

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
N/A CONSULTANT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2010

Transaction ID: SA11.4390

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. JANICE K. BALIKER

Mailing Address 1126 BLUE HORIZON DRIVE

City State Zip Code
MORGANTOWN WV 26501-2063

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
SELF-EMPLOYED BUSINESS OWNER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: SA11.4163

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
WILLIAM CHARLES BECK

Mailing Address 102 WOODMONT COVE

City State Zip Code
RIDGELAND MS 39157-8646

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
PACKAGING RESEARCH AND DESIGN OWNER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2010

Transaction ID: SA11.4649

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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: PAGE 9 / 254

(check only one)

| | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|--------------------------|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 11d | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15 |
| <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13a | <input type="checkbox"/> | 13b | <input type="checkbox"/> | 14 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
MR. MICHAEL A. BEDDOW

Mailing Address 225 MORGAN RUN ROAD

City MORGANTOWN State WV Zip Code 26508-2699

FEC ID number of contributing federal political committee. C

Name of Employer GREER INDUSTRIES, INC. Occupation PURCHASE AGENT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt 08 / 19 / 2010

Transaction ID: SA11.4105

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

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

Mailing Address 122 MANDY DRIVE

City SCOTT DEPOT State WV Zip Code 25560-9363

FEC ID number of contributing federal political committee. C

Name of Employer PATRIOT COAL COMPANY Occupation CHIEF MARKETING OFFICER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11.4978

Amount of Each Receipt this Period 2400.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. STEVEN A. BENNER

Mailing Address 1501 NW 68TH TER

City GAINESVILLE State FL Zip Code 32605-4147

FEC ID number of contributing federal political committee. C

Name of Employer SELF Occupation SCIENTIST

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt 09 / 26 / 2010

Transaction ID: SA11.4616

Amount of Each Receipt this Period 2400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 5800.00

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: PAGE 10 / 254

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

| | | | |
|---|-------------------------------------|---|---|
| Full Name (Last, First, Middle Initial) L J. BERNSTEIN | | Date of Receipt MM / DD / YYYY 08 / 31 / 2010 | |
| Mailing Address 100 EAST HURON STREET | | Transaction ID: SA11.4239 | |
| City CHICAGO | State IL | Zip Code 60611-2932 | Amount of Each Receipt this Period CONTRIBUTION 2400.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer SELF | Occupation TRADER | | |
| Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2400.00 | | |

B.

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) MR. GEORGE D. BETER | | Date of Receipt MM / DD / YYYY 09 / 26 / 2010 | |
| Mailing Address 1010 6TH AVENUE | | Transaction ID: SA11.4630 | |
| City HUNTINGTON | State WV | Zip Code 25701-2308 | Amount of Each Receipt this Period CONTRIBUTION 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer SELF-EMPLOYED | Occupation ATTORNEY AT LAW | | |
| Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | | |

C.

| | | | |
|---|-------------------------------------|---|---|
| Full Name (Last, First, Middle Initial) MRS. PATRICIA BIAFORA | | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 | |
| Mailing Address 2151 LAKESIDE ESTATE | | Transaction ID: SA11.4119 | |
| City MORGANTOWN | State WV | Zip Code 26508-5620 | Amount of Each Receipt this Period CONTRIBUTION 1000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer HOMEMAKER | Occupation HOMEMAKER | | |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional) | 3650.00 |
| TOTAL This Period (last page this line number only) | |

11002017740783

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

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

FOR LINE NUMBER: PAGE 11 / 254

(check only one)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 11d |
| <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13a | <input type="checkbox"/> | 13b | <input type="checkbox"/> | 14 |
| | | | | | | | 15 |

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NAME OF COMMITTEE (In Full)

Raese for Senate

A.

Full Name (Last, First, Middle Initial)

MR. RICHARD A. BIAFORA

Mailing Address 2285 LAKESIDE ESTATES

City

MORGANTOWN

State

WV

Zip Code

26508-5622

FEC ID number of contributing federal political committee.

C

Name of Employer
705 DEVELOPMENT GROUP

Occupation
REAL ESTATE DEVELOPER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

MM / DD / YYYY
08 / 19 / 2010

Transaction ID: SA11.4155

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

ROBERT J. BISHOP

Mailing Address 628 WEST RD

City

NEW CANAAN

State

CT

Zip Code

06840-2513

FEC ID number of contributing federal political committee.

C

Name of Employer
IMPALA ASSET MANAGEMENT

Occupation
PRINCIPAL

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2400.00

Date of Receipt

MM / DD / YYYY
09 / 18 / 2010

Transaction ID: SA11.4416

Amount of Each Receipt this Period

2400.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. BRIAN P. BLANKENSHIP

Mailing Address 1621 PRINCE ROAD
SUITE 1

City

MORGANTOWN

State

WV

Zip Code

26508-4217

FEC ID number of contributing federal political committee.

C

Name of Employer
GREER INDUSTRIES, INC.

Occupation
EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2400.00

Date of Receipt

MM / DD / YYYY
08 / 19 / 2010

Transaction ID: SA11.4082

Amount of Each Receipt this Period

2400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5800.00

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: PAGE 12 / 254
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
MRS. MICHEL MARRARA BLANKENSHIP

Mailing Address 170 LAKEVIEW DRIVE #1

City State Zip Code
MORGANTOWN WV 26508-9284

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

Name of Employer Occupation
SPA ROMA OWNER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2400.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: SA11.4101

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

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

Mailing Address 227 BELLELVUE WAY

City State Zip Code
BELELVUE WA 98006

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2010

Transaction ID: SA11.4897

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. CHARLES E. BOLYARD

Mailing Address 1171 LIONS AVENUE

City State Zip Code
MORGANTOWN WV 26505-2216

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

Name of Employer Occupation
GREER INDUSTRIES, INC. EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2010

Transaction ID: SA11.4064

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 4400.00

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: | PAGE 13 / 254 |
| (check only one) | |
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| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| <input type="checkbox"/> | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
MR. CHARLES E. BOLYARD

Mailing Address 1171 LIONS AVENUE

City MORGANTOWN State WV Zip Code 26505-2216

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

Name of Employer GREER INDUSTRIES, INC. Occupation EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
09 / 29 / 2010

Transaction ID: SA11.4856

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOHN L. BOSSIO

Mailing Address 117 OPEN RIDGE ROAD

City MORGANTOWN State WV Zip Code 26508-6267

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

Name of Employer GREER INDUSTRIES, INC. Occupation SALES

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
08 / 19 / 2010

Transaction ID: SA11.4159

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. J. PATRICK BOWER

Mailing Address 232 CANDLELIGHT DRIVE

City CLARKSBURG State WV Zip Code 26301-9728

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

Name of Employer SELF-EMPLOYED Occupation ATTORNEY

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
09 / 30 / 2010

Transaction ID: SA11.5079

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 2500.00

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

19020734051

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

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

FOR LINE NUMBER: PAGE 14 / 254
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
MR. WILLIAM H. BOWIE

Mailing Address RR 1 BOX 559

City State Zip Code
CLARKSBURG WV 26301-9768

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
BOWIE, INC. PRESIDENT & CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: SA11.4184

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS CAROLINE V. BOYLE

Mailing Address P.O. BOX 606

City State Zip Code
KINGWOOD WV 26537-0606

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
PRESTON CONTRACTORS ACCOUNTANT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 20 / 2010

Transaction ID: SA11.4175

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. EDWARD PATRICK BOYLE, II

Mailing Address RT. 26 SOUTH BOX 606

City State Zip Code
KINGWOOD WV 26537

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MOUNTAINEER CONTRACTING EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2400.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: SA11.4074

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 4400.00

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: PAGE 15 / 254
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
MR. JOHN P. BOYLE, II

Mailing Address 15 WATERSIDE DRIVE

City MORGANTOWN State WV Zip Code 26508-2997

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

Name of Employer MOUNTAINEER CONTRACTORS Occupation EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt
 MM / DD / YYYY
 08 / 19 / 2010

Transaction ID: SA11.4100

Amount of Each Receipt this Period
 2400.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. MARY BOYLE

Mailing Address 12 GREENTREE DRIVE

City MORGANTOWN State WV Zip Code 26508-8635

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt
 MM / DD / YYYY
 08 / 19 / 2010

Transaction ID: SA11.4099

Amount of Each Receipt this Period
 2400.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RYAN P. BOYLE

Mailing Address 85 VILLAGE PARK DRIVE

City MORGANTOWN State WV Zip Code 26508-9431

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

Name of Employer MOUNTAINEER CONTRACTING Occupation MANAGER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt
 MM / DD / YYYY
 08 / 19 / 2010

Transaction ID: SA11.4075

Amount of Each Receipt this Period
 2400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 7200.00

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: PAGE 16 / 254
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
MR. TYLER BOYLE

Mailing Address 12 GREENTREE DRIVE

City MORGANTOWN State WV Zip Code 26508-8635

FEC ID number of contributing federal political committee. C

Name of Employer MOUNTAINEER CONTRACTORS Occupation MANAGER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt 08 / 19 / 2010
Transaction ID: SA11.4151
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM G. BOYLE

Mailing Address 217 SEEMONT DRIVE

City KINGWOOD State WV Zip Code 26537-1705

FEC ID number of contributing federal political committee. C

Name of Employer MOUNTAINEER CONTRACTING Occupation EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt 08 / 19 / 2010
Transaction ID: SA11.4076
Amount of Each Receipt this Period 2400.00
CONTRIBUTION

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

Mailing Address 105 GARLAND DRIVE

City MENLO PARK State CA Zip Code 94025-5817

FEC ID number of contributing federal political committee. C

Name of Employer SEI.F Occupation CPA

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt 09 / 23 / 2010
Transaction ID: SA11.4553
Amount of Each Receipt this Period 2400.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 5800.00

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

11020734044

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

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

FOR LINE NUMBER: PAGE 17 / 254

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
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| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
HENRY T. BROOKS

Mailing Address 15 MAYMONT WAY

City THE WOODLANDS State TX Zip Code 77382-1328

FEC ID number of contributing federal political committee. C

Name of Employer SELF Occupation INVESTOR

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
09 / 29 / 2010

Transaction ID: SA11.4914

Amount of Each Receipt this Period
CONTRIBUTION
400.00

B. Full Name (Last, First, Middle Initial)
MR. G. ALLAN BROWN

Mailing Address 569 DEMENT ROAD

City TRIADELPHIA State WV Zip Code 26059-1239

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: SA11.4189

Amount of Each Receipt this Period
CONTRIBUTION
500.00

C. Full Name (Last, First, Middle Initial)
MR. JOHN W. BROWN

Mailing Address 5 APPLE CREEK ESTATES

City ELKINS State WV Zip Code 26241-9516

FEC ID number of contributing federal political committee. C

Name of Employer POLINO CONTRACTING, INC. Occupation PROJECT MANAGER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: SA11.4152

Amount of Each Receipt this Period
CONTRIBUTION
1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 1900.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 18 / 254
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
MRS. RITA BROWN

Mailing Address 3804 TRINITY DRIVE

City MIDLAND State TX Zip Code 79707-4745

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

Name of Employer SELF Occupation HOMEMAKER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 09 / 15 / 2010
Transaction ID: SA11.4389
Amount of Each Receipt this Period 2000.00
CONTRIBUTION

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

Mailing Address 1025 GLOURIE CIRCLE

City HOUSTON State TX Zip Code 77055-7504

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

Name of Employer SELF EMPLOYED Occupation ELECTRICAL CONTRACTOR

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 29 / 2010
Transaction ID: SA11.4791
Amount of Each Receipt this Period 500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ROBERT PATRICK BURKE

Mailing Address 123 TOP OF THEROCK DRIVE

City MORGANTOWN State WV Zip Code 26508-1281

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

Name of Employer WEST VIRGINIA RADIO CORPORATION Occupation CONTROLLER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 29 / 2010
Transaction ID: SA11.4895
Amount of Each Receipt this Period 250.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 2750.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 254
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
MS. CARROLL D. BUTLER

Mailing Address 68 GRACE AVENUE

City MARTINSBURG State WV Zip Code 25404-0297

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
08 / 16 / 2010

Transaction ID: SA11.4057

Amount of Each Receipt this Period
300.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. GARY B. CAIN

Mailing Address P.O. BOX 2008

City WESTOVER State WV Zip Code 26502-2008

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

Name of Employer SWANSON PLATING Occupation EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 13 / 2010

Transaction ID: SA11.4040

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. STEPHEN J. CALLEN

Mailing Address 144 WILLEY STREET

City MORGANTOWN State WV Zip Code 26505-5521

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

Name of Employer WEST VIRGINIA JUNIOR COLLEGE Occupation EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: SA11.4094

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 2300.00

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

1002074047

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

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

FOR LINE NUMBER: PAGE 20 / 254
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
DOUGLAS CAMPBELL

Mailing Address 1401 NW 113TH STREET

City VANCOUVER State WA Zip Code 98685-3758

FEC ID number of contributing federal political committee. C

Name of Employer GREER STEEL COMPANY Occupation SALES

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt 09 / 22 / 2010
Transaction ID: SA11.4504
Amount of Each Receipt this Period 250.00
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. ANTHONY F. CARIDI

Mailing Address 603 WINGS KNOB PLACE

City MORGANTOWN State WV Zip Code 26508-9031

FEC ID number of contributing federal political committee. C

Name of Employer PIKEWOOD CREATIVE Occupation BROADCASTER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1200.00

Date of Receipt 08 / 24 / 2010
Transaction ID: SA11.4200
Amount of Each Receipt this Period 1200.00
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
ANTHONY CARR

Mailing Address P.O. BOX 1865

City RANCHO SANTA FE State CA Zip Code 92067-1865

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2010
Transaction ID: SA11.5046
Amount of Each Receipt this Period 500.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 1950.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 21 / 254
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
MR. FERRIS CECCHINELLI

Mailing Address 334 PENNSYLVANIA AVENUE

City MORGANTOWN State WV Zip Code 26501-6016

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 19 / 2010
Transaction ID: SA11.4157
Amount of Each Receipt this Period 500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. GARY CECCHINELLI

Mailing Address 334 PENNSYLVANIA AVENUE

City MORGANTOWN State WV Zip Code 26501-6016

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

Name of Employer GREER INDUSTRIES INC Occupation SALES REP.

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 08 / 19 / 2010
Transaction ID: SA11.4072
Amount of Each Receipt this Period 1500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. DEBRA A. CHRISTOPHER

Mailing Address 46 OAK STREET

City BRUCETON MILLS State WV Zip Code 26525-7118

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

Name of Employer GREER INDUSTRIES, INC. Occupation ADMINISTRATIVE ASSISTANT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 30 / 2010
Transaction ID: SA11.5015
Amount of Each Receipt this Period 250.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 2250.00

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: PAGE 22 / 254

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
CONRAD WILSON CLARK

Mailing Address 9351 NE 80TH AVE.

City State Zip Code
BRONSON FL 32621-3438

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

Name of Employer Occupation
TSA IT MANAGEMENT

Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 250.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11.4980

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
ROSLYN CLARK

Mailing Address 202 THE BOULEVARD

City State Zip Code
POINT MARION PA 15474

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

Name of Employer Occupation
GREER INDUSTRIES HOSPITALITY MANAGER

Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 250.00

Date of Receipt

MM / DD / YYYY
08 / 21 / 2010

Transaction ID: SA11.4181

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
ROSLYN CLARK

Mailing Address 202 THE BOULEVARD

City State Zip Code
POINT MARION PA 15474

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

Name of Employer Occupation
GREER INDUSTRIES HOSPITALITY MANAGER

Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 250.00

Date of Receipt

MM / DD / YYYY
09 / 06 / 2010

Transaction ID: SA11.4181B

Amount of Each Receipt this Period

200.00

IN-KIND CONTRIBUTION

IN-KIND: FOOD AND BEVERAGE

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

1002074000

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

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

FOR LINE NUMBER: PAGE 23 / 254

(check only one)

| | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|--------------------------|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 11d | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15 |
| <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13a | <input type="checkbox"/> | 13b | <input type="checkbox"/> | 14 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
MR. JAY W. CLEVELAND

Mailing Address 4565 WILLIAM PENN HIGHWAY

City MURRYSVILLE State PA Zip Code 15668-2003

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

Name of Employer CLEVELAND BROTHERS EQUIPMENT COMPANY. Occupation CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
08 / 11 / 2010

Transaction ID: SA11.4032

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. L. RANDALL COBER

Mailing Address 702 PARKSIDE LANE

City MORGANTOWN State WV Zip Code 26501-6224

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

Name of Employer ACORDIA OF WEST VIRGINIA Occupation EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: SA11.4073

Amount of Each Receipt this Period
1400.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RYAN & ANGELA COCHRAN

Mailing Address 12605 GRIERSON TRAIL

City AUSTIN State TX Zip Code 78732-2256

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

Name of Employer CYPRESS E&P CORP. Occupation OIL & GAS

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
09 / 06 / 2010

Transaction ID: SA11.4283

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 4050.00

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: PAGE 24 / 254

(check only one)

| | | | |
|---|------------------------------|------------------------------|------------------------------|
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| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
MR. BRIAN D. COLE

Mailing Address 968 SOUTHPOINT CIRCLE

City MORGANTOWN State WV Zip Code 26501-8300

FEC ID number of contributing federal political committee. C

Name of Employer WV NEWSPAPER PUBLISHING COMPANY Occupation CONTROLLER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt 09 / 07 / 2010

Transaction ID: SA11.4301

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. TAMMY COLE

Mailing Address 207 JADE DRIVE

City MORGANTOWN State WV Zip Code 26508-4026

FEC ID number of contributing federal political committee. C

Name of Employer REALITY FITNESS, LLC Occupation PROPRIETOR

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt 09 / 01 / 2010

Transaction ID: SA11.4247

Amount of Each Receipt this Period 2400.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. SHERRY S. CUSHMAN

Mailing Address 120 DANIEL STREET

City BECKLEY State WV Zip Code 25801-3216

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11.5165

Amount of Each Receipt this Period 300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 3700.00

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

11032007411120000

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

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

FOR LINE NUMBER: PAGE 25 / 254
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
MR. TODD P. DAENZER

Mailing Address 1739 BRIGHTWOOD ROAD SE

City State Zip Code
NEW PHILADELPHIA OH 44663-6765

FEC ID number of contributing federal political committee. C

Name of Employer GREER STEEL COMPANY Occupation EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: SA11.4183

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. L. ROBERT DALLAS, III

Mailing Address 101 STONE GATE CIRCLE

City State Zip Code
MORGANTOWN WV 26505-1804

FEC ID number of contributing federal political committee. C

Name of Employer SELF-EMPLOYED Occupation REAL ESTATE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: SA11.4134

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CHARLES RICHARD DANIEL

Mailing Address 78 LAUREL VIEW LANE

City State Zip Code
GHENT WV 25843-9370

FEC ID number of contributing federal political committee. C

Name of Employer RALEIGH RADIOLOGY, INC Occupation PHYSICIAN

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11.4952

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 3900.00

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: PAGE 26 / 254
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
THEODORE E. DAVIS

Mailing Address 9974 SCRIPPS RANCH BLVD. #207

City SAN DIEGO State CA Zip Code 92131-1825

FEC ID number of contributing federal political committee. C

Name of Employer NONE Occupation RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 24 / 2010
Transaction ID: SA11.4591
Amount of Each Receipt this Period 250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THEODORE E. DAVIS

Mailing Address 9974 SCRIPPS RANCH BLVD. #207

City SAN DIEGO State CA Zip Code 92131-1825

FEC ID number of contributing federal political committee. C

Name of Employer NONE Occupation RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2010
Transaction ID: SA11.4725
Amount of Each Receipt this Period 250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. LINDA DAY

Mailing Address 3000 HAMPTON CENTER SUITE B.

City MORGANTOWN State WV Zip Code 26505-1708

FEC ID number of contributing federal political committee. C

Name of Employer PEDIATRIC DENTISTRY OF MORGANTOWN Occupation MANAGER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt 08 / 23 / 2010
Transaction ID: SA11.4197
Amount of Each Receipt this Period 2400.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 2900.00

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

110020734054

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

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

FOR LINE NUMBER: PAGE 27 / 254
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
MR. JOSEPH B. DEAN, SR

Mailing Address 1779 CHEAT VALLEY HWY

City State Zip Code
ROWLESBURG WV 26425-9071

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
GREER INDUSTRIES, INC. ENGINEER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: SA11.4132

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

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

Mailing Address 7601 BALTUSROL LANE

City State Zip Code
CHARLOTTE NC 28210-4929

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MOORE & VANALLEN PLLC ATTORNEY

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
09 / 27 / 2010

Transaction ID: SA11.4659

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. HERMAN A. DEPROSPERO

Mailing Address 53 CEDAR DRIVE

City State Zip Code
HURRICANE WV 25526-9221

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
AUSTIN POWDER COMPANY DIVISION PRESIDENT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: SA11.4098

Amount of Each Receipt this Period
1500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 4400.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 254
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
MR. JOHN C. DIEFFENBAUCH

Mailing Address 49 FAIRVIEW DRIVE

City MORGANTOWN State WV Zip Code 26508-4719

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 19 / 2010
Transaction ID: SA11.4114
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. GENE T. DODD

Mailing Address RT. 1 BOX 45

City BRIDGEPORT State WV Zip Code 26330-9324

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

Name of Employer DODD PAVING COMPANY Occupation EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 08 / 19 / 2010
Transaction ID: SA11.4071
Amount of Each Receipt this Period 1500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GREGORY R. DONECKER

Mailing Address 5855 KINGSFIELD DRIVE

City NARVON State PA Zip Code 17555-9446

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

Name of Employer KEMPER EQUIPMENT Occupation OWNER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 19 / 2010
Transaction ID: SA11.4123
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 3500.00

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: PAGE 29 / 254

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Raese for Senate

A.

Full Name (Last, First, Middle Initial)

RON DOORNINK

Mailing Address 872 6TH STREET

City

MANHATTAN BEACH

State

CA

Zip Code

90266-5856

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACTIVISION-BLIZZARD

Occupation
ADVISOR

Receipt For: 2010

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
09 / 28 / 2010

Transaction ID: SA11.4697

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

BRUCE EARTHMAN

Mailing Address P.O. BOX 130469

City

HOUSTON

State

TX

Zip Code

77219-0469

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PRIVATE INVESTMENTS

Receipt For: 2010

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 03 / 2010

Transaction ID: SA11.4275

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. STEVEN J. ELLIS

Mailing Address 544 NORTH CHURCH STREET

City

CHARLOTTE

State

NC

Zip Code

28202-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer
WELLS FARGO SECURITIES

Occupation
INVESTMENT BANKER

Receipt For: 2010

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 11 / 2010

Transaction ID: SA11.4355

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2000.00

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: PAGE 30 / 254
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
CLARENCE ENGLAND

Mailing Address P.O. BOX 58

City State Zip Code
HUNTINGTON WV 25706-0058

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

Name of Employer Occupation
LOGAN CORPOPRATION CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2010

Transaction ID: SA11.4708

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
CHARLES EVANS

Mailing Address 214 FLLINTLOCK ROAD

City State Zip Code
CHARLESTON WV 25314-2480

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

Name of Employer Occupation
SELF CONSULTANT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2010

Transaction ID: SA11.4305

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
JIM EVANS

Mailing Address P.O. BOX 27409

City State Zip Code
OMAHA NE 68127-0409

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

Name of Employer Occupation
CLEAN COUNTRY PRESIDENT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 22 / 2010

Transaction ID: SA11.4513

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 1000.00

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: PAGE 31 / 254
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
JIM EVANS

Mailing Address P.O. BOX 27409

City OMAHA State NE Zip Code 68127-0409

FEC ID number of contributing federal political committee. C

Name of Employer CLEAN COUNTRY Occupation PRESIDENT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 23 / 2010
Transaction ID: SA11.4551
Amount of Each Receipt this Period 250.00
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
RICHARD FABBRO

Mailing Address 38 BRETTON ROAD

City SCARSDALE State NY Zip Code 10583-2762

FEC ID number of contributing federal political committee. C

Name of Employer SELF EMPLOYED Occupation ATTORNEY

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2010
Transaction ID: SA11.4744
Amount of Each Receipt this Period 500.00
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. GEORGE R. FARMER, JR.

Mailing Address P.O. BOX 515

City MORGANTOWN State WV Zip Code 26507-0515

FEC ID number of contributing federal political committee. C

Name of Employer JACKSON KELLY Occupation ATTORNEY

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 19 / 2010
Transaction ID: SA11.4095
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 1750.00

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: PAGE 32 / 254
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
ALAN DEREK FISHER
Mailing Address P.O. BOX 4318

City HOUSTON State TX Zip Code 77210-4318

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

Name of Employer BG GROUP Occupation MANAGER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 26 / 2010
Transaction ID: SA11.4611
Amount of Each Receipt this Period 250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ROBERT R. FORMAN
Mailing Address RR 1 BOX 380

City BRUCETON MILLS State WV Zip Code 26525-9764

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

Name of Employer MOUNTAINEER CONTRACTORS Occupation GENERAL SUPERINTENDANT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 19 / 2010
Transaction ID: SA11.4090
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. SHAWN G. FORTNEY
Mailing Address 2420 CRANBERRY SQUARE

City MORGANTOWN State WV Zip Code 26508-9209

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

Name of Employer CIRCA DEVELOPMENT GROUP Occupation EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 19 / 2010
Transaction ID: SA11.4125
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 2250.00

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

1002074070

**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 33 / 254 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
MR. WAYNE H. FORTNEY, JR.

Mailing Address 27 MIRAMICHI TRAIL

City MORGANTOWN State WV Zip Code 26508-2928

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

Name of Employer WHS DEVELOPMENT, INC. Occupation EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 19 / 2010
Transaction ID: SA11.4091
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DR. JOHN NELSON FOX

Mailing Address 1489 ATKINS RD.

City POPLAR BLUFF State MO Zip Code 63901-2748

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

Name of Employer JOHN N FOX DDS MS PC Occupation ORTHODONTIST

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt 09 / 10 / 2010
Transaction ID: SA11.4336
Amount of Each Receipt this Period 100.00
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DR. JOHN NELSON FOX

Mailing Address 1489 ATKINS RD.

City POPLAR BLUFF State MO Zip Code 63901-2748

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

Name of Employer JOHN N FOX DDS MS PC Occupation ORTHODONTIST

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt 09 / 21 / 2010
Transaction ID: SA11.4443
Amount of Each Receipt this Period 100.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 1200.00

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

1100209734071

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

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

FOR LINE NUMBER: PAGE 34 / 254

(check only one)

| | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|--------------------------|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 11d | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15 |
| <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13a | <input type="checkbox"/> | 13b | <input type="checkbox"/> | 14 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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NAME OF COMMITTEE (In Full)

Raese for Senate

A.

Full Name (Last, First, Middle Initial)

DR. JOHN NELSON FOX

Mailing Address 1489 ATKINS RD.

City

POPLAR BLUFF

State

MO

Zip Code

63901-2748

FEC ID number of contributing federal political committee.

C

Name of Employer
JOHN N FOX DDS MS PC

Occupation
ORTHODONTIST

Receipt For: 2010

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY
09 / 28 / 2010

Transaction ID: SA11.4678

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. ALICE S. FRANKOVITCH

Mailing Address 1366 LICK RUN ROAD

City

WEIRTON

State

WV

Zip Code

26062-5512

FEC ID number of contributing federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For: 2010

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

Date of Receipt

MM / DD / YYYY
08 / 19 / 2010

Transaction ID: SA11.4083

Amount of Each Receipt this Period

2400.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. M. ERIC FRANKOVITCH

Mailing Address 1366 LICK RUN ROAD

City

WEIRTON

State

WV

Zip Code

26062-5512

FEC ID number of contributing federal political committee.

C

Name of Employer
FRANKOVICH, ANETAKIS, COL-
ANTONIO & SIM

Occupation
ATTORNEY

Receipt For: 2010

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

Date of Receipt

MM / DD / YYYY
08 / 19 / 2010

Transaction ID: SA11.4084

Amount of Each Receipt this Period

2400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5050.00

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: PAGE 35 / 254
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
MR. GREGORY B. FRASER

Mailing Address 46 PROSPECT HILL ROAD

City LEXINGTON State MA Zip Code 02421-6934

FEC ID number of contributing federal political committee. C

Name of Employer GRT CAPITAL PARTNERS LLC Occupation ANALYST

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt 09 / 22 / 2010

Transaction ID: SA11.4506

Amount of Each Receipt this Period 250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ROBERT C. FRIEND

Mailing Address 414 FOX CHAPEL ROAD

City PITTSBURGH State PA Zip Code 15238-2244

FEC ID number of contributing federal political committee. C

Name of Employer GREER INDUSTRIES, INC. Occupation EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt 08 / 18 / 2010

Transaction ID: SA11.4063

Amount of Each Receipt this Period 500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ROBERT C. FRIEND

Mailing Address 414 FOX CHAPEL ROAD

City PITTSBURGH State PA Zip Code 15238-2244

FEC ID number of contributing federal political committee. C

Name of Employer GREER INDUSTRIES, INC. Occupation EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt 09 / 26 / 2010

Transaction ID: SA11.4614

Amount of Each Receipt this Period 500.00

CONTRIBUTION

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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |
| | PAGE 36 / 254 |

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NAME OF COMMITTEE (In Full)
 Raese for Senate

| | | | |
|---|-------------------------------------|---|---|
| A. Full Name (Last, First, Middle Initial) MR. ARTHUR GABRIEL | | Date of Receipt MM / DD / YYYY 08 / 17 / 2010 | |
| Mailing Address 132 HERITAGE HILLS ROAD | | Transaction ID: SA11.4060 | |
| City UNIONTOWN | State PA | Zip Code 15401-5642 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | CONTRIBUTION | |
| Name of Employer GABRIEL BROTHERS, INC. | Occupation PRESIDENT | | |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | | |

| | | | |
|---|-------------------------------------|---|---|
| B. Full Name (Last, First, Middle Initial) MRS. RETA A. GABRIEL | | Date of Receipt MM / DD / YYYY 08 / 26 / 2010 | |
| Mailing Address 114 LAMPLIGHTER DRIVE | | Transaction ID: SA11.4211 | |
| City MORGANTOWN | State WV | Zip Code 26508-8649 | Amount of Each Receipt this Period 1500.00 |
| FEC ID number of contributing federal political committee. C | | CONTRIBUTION | |
| Name of Employer HOMEMAKER | Occupation HOMEMAKER | | |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1500.00 | | |

| | | | |
|---|-------------------------------------|---|---|
| C. Full Name (Last, First, Middle Initial) MRS. MARGARET GAIS | | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 | |
| Mailing Address 939 BAKERS RIDGE ROAD | | Transaction ID: SA11.4136 | |
| City MORGANTOWN | State WV | Zip Code 26508-1441 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | CONTRIBUTION | |
| Name of Employer HOMEMAKER | Occupation HOMEMAKER | | |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3500.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

20100734074

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 254
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
MRS. WINSLOW H. GALLOWAY

Mailing Address 204 RIVERCREST DRIVE

City MORGANTOWN State WV Zip Code 26508-9000

FEC ID number of contributing federal political committee. C

Name of Employer SELF EMPLOYED Occupation BUSINESS WOMAN

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt 09 / 13 / 2010

Transaction ID: SA11.4366

Amount of Each Receipt this Period 250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RAYMOND P. GASTON

Mailing Address 177 GUSTON RUN ROAD

City MORGANTOWN State WV Zip Code 26501-2172

FEC ID number of contributing federal political committee. C

Name of Employer BASIN FUELS Occupation EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt 08 / 19 / 2010

Transaction ID: SA11.4116

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. WILLIAM H. GASTON

Mailing Address 356 NICHOLSON LOOP ROAD

City MORGANTOWN State WV Zip Code 26508

FEC ID number of contributing federal political committee. C

Name of Employer BASIN FUELS Occupation EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt 08 / 19 / 2010

Transaction ID: SA11.4117

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 2250.00

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: PAGE 38 / 254
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
DR. ANGELO N. GEORGES

Mailing Address 115 ROSEBUD LANE

City State Zip Code
WHEELING WV 26003-1798

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: SA11.4139

Amount of Each Receipt this Period
CONTRIBUTION
1000.00

B. Full Name (Last, First, Middle Initial)
MR. ROY GIBSON

Mailing Address 326 MAIN STREET

City State Zip Code
MASONTOWN WV 26542-9340

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

Name of Employer SELF Occupation CONTRACTOR

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
08 / 24 / 2010

Transaction ID: SA11.4185

Amount of Each Receipt this Period
CONTRIBUTION
1200.00

C. Full Name (Last, First, Middle Initial)
MR. RICHARD B. GILLIAM

Mailing Address P.O. BOX 820

City State Zip Code
KESWICK VA 22947-0820

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

Name of Employer CUMBERLAND RESOURCES Occupation MANAGER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11.5085

Amount of Each Receipt this Period
CONTRIBUTION
2400.00

SUBTOTAL of Receipts This Page (optional) ▶ 4600.00

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

10020734074

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 254
(check only one)

| | | | |
|---|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
DR. MICHAEL T. GOCKE, DDS

Mailing Address 3041 UNIVERSITY AVENUE
SUITE 1

City MORGANTOWN State WV Zip Code 26505-3362

FEC ID number of contributing federal political committee. C

Name of Employer SELF-EMPLOYED Occupation DENTIST

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt 09 / 21 / 2010

Transaction ID: SA11.4465

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JAMES M. GOFF

Mailing Address 3503 MAPLE COURT

City MORGANTOWN State WV Zip Code 26508-5964

FEC ID number of contributing federal political committee. C

Name of Employer GREER INDUSTRIES, INC. Occupation VICE PRESIDENT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt 08 / 19 / 2010

Transaction ID: SA11.4128

Amount of Each Receipt this Period 1800.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JAMES M. GOFF

Mailing Address 3503 MAPLE COURT

City MORGANTOWN State WV Zip Code 26508-5964

FEC ID number of contributing federal political committee. C

Name of Employer GREER INDUSTRIES, INC. Occupation VICE PRESIDENT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt 09 / 01 / 2010

Transaction ID: SA11.4254

Amount of Each Receipt this Period 300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 2300.00

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: PAGE 40 / 254

(check only one)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 11d |
| <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13a | <input type="checkbox"/> | 13b | <input type="checkbox"/> | 14 |
| | | | | | | | 15 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
MR. JAMES M. GOFF

Mailing Address 3503 MAPLE COURT

City MORGANTOWN State WV Zip Code 26508-5964

FEC ID number of contributing federal political committee. C

Name of Employer GREER INDUSTRIES, INC. Occupation VICE PRESIDENT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1800.00

Date of Receipt 09 / 30 / 2010
Transaction ID: SA11.5142
Amount of Each Receipt this Period 500.00
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. TIMOTHY W. GOODWIN

Mailing Address 1531 CHEAT ROAD

City MORGANTOWN State WV Zip Code 26508-4136

FEC ID number of contributing federal political committee. C

Name of Employer GREER INDUSTRIES, INC. Occupation SALES

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 19 / 2010
Transaction ID: SA11.4160
Amount of Each Receipt this Period 500.00
CONTRIBUTION

C.

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

Mailing Address 812 GRANDVIEW AVE. APT 3C

City PITTSBURGH State PA Zip Code 15211-1466

FEC ID number of contributing federal political committee. C

Name of Employer HENDERSON BROTHERS, INC. Occupation INSURANCE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 22 / 2010
Transaction ID: SA11.4508
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 2000.00

TOTAL This Period (last page this line number only)

10020734073

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 254
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
LYNN THOMPSON GUNNOE

Mailing Address 2027 PIPER CIRCLE

City CHARLESTON State WV Zip Code 25311-1113

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

Name of Employer GUNNOE'S SAUSAGE Occupation MANUFACTURE SALADS AND SAUSAGE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 08 / 17 / 2010
Transaction ID: SA11.4058
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LYNN THOMPSON GUNNOE

Mailing Address 2027 PIPER CIRCLE

City CHARLESTON State WV Zip Code 25311-1113

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

Name of Employer GUNNOE'S SAUSAGE Occupation MANUFACTURE SALADS AND SAUSAGE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 09 / 29 / 2010
Transaction ID: SA11.4771
Amount of Each Receipt this Period 500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. J. ROBERT GWYNNE

Mailing Address P.O. BOX 1900

City MORGANTOWN State WV Zip Code 26507-1900

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

Name of Employer GREER INDUSTRIES, INC. Occupation EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt 09 / 21 / 2010
Transaction ID: SA11.4463
Amount of Each Receipt this Period 2400.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 3900.00

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: PAGE 42 / 254
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
MRS. MARY KAY GWYNNE

Mailing Address 11021 SW 113 PL

City State Zip Code
MIAMI FL 33176-3168

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

Name of Employer Occupation
SCHOOL MANAGEMENT SYSTEM, INC. ADMINISTRATOR

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2400.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: SA11.4195

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

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

Mailing Address 5 LIMEHOUSE ST

City State Zip Code
CHARLESTON SC 29401-2305

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2010

Transaction ID: SA11.4794

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ROBERT E. HADEN

Mailing Address P.O. BOX 2639

City State Zip Code
MORGANTOWN WV 26502-2639

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

Name of Employer Occupation
KOPPER GLO FUEL, INC. VICE PRESIDENT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
08 / 20 / 2010

Transaction ID: SA11.4174

Amount of Each Receipt this Period
600.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 3250.00

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: PAGE 43 / 254

(check only one)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 11d |
| <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13a | <input type="checkbox"/> | 13b | <input type="checkbox"/> | 14 |
| | | | | | | | 15 |

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NAME OF COMMITTEE (In Full)

Raese for Senate

A.

Full Name (Last, First, Middle Initial)

MR. JOHN C. HALFORD

Mailing Address 28 TRAILS END ROAD

City State Zip Code
BRIDGEPORT WV 26330-9229

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

Name of Employer
WV RADIO CORPORATION OF CLARKSBURG

Occupation
MANAGER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

MM / DD / YYYY
08 / 19 / 2010

Transaction ID: SA11.4124

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. STEVEN G. HALLER

Mailing Address 629 VILLAGE LN S.

City State Zip Code
MANDEVILLE LA 70471-2990

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

Name of Employer
FLASH GAS AND OIL SOUTHWEST

Occupation
ENGINEER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

MM / DD / YYYY
09 / 28 / 2010

Transaction ID: SA11.4872

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS MARY ANNE HARDESTY

Mailing Address 990 BOULEVARD OF THE ARTS# 1402D

City State Zip Code
SARASOTA FL 34236-4878

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

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2400.00

Date of Receipt

MM / DD / YYYY
08 / 20 / 2010

Transaction ID: SA11.4172

Amount of Each Receipt this Period

2400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

3900.00

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: PAGE 44 / 254
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
P MICHAEL HARDESTY

Mailing Address 236 MANDY DRIVE

City State Zip Code
SCOTT DEPOT WV 25560-9365

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

Name of Employer Occupation
INTERNATIONAL COAL GROUP SR. VP SALES AND MARKETING

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11.4988

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. EDWARD D. HASTINGS

Mailing Address 7 BATES ROAD

City State Zip Code
MORGANTOWN WV 26505-3605

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

Name of Employer Occupation
HASTINGS FUNERAL HOME FUNERAL DIRECTOR

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: SA11.4079

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. GRANT S. HASTINGS

Mailing Address 1168 RICHWOOD AVENUE

City State Zip Code
MORGANTOWN WV 26505-5261

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

Name of Employer Occupation
HASTINGS FUNERAL HOME MORTICIAN

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: SA11.4158

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 1750.00

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: PAGE 45 / 254
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
KENNETH MICHAEL HAUGHT

Mailing Address 316 WOODHAVEN DR

City State Zip Code
MORGANTOWN WV 26505-3309

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
TASC, INC. SYSTEMS ENGINEER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 12 / 2010

Transaction ID: SA11.4362

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. EDWARD A. HEFLIN

Mailing Address 116 MEADOW VIEW LANE

City State Zip Code
MORGANTOWN WV 26508-2906

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
HEFLIN INSURANCE AGENCY EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2010

Transaction ID: SA11.4406

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. EARL W. HEINER

Mailing Address 16 E. BRADLEY FOSTER DRIVE

City State Zip Code
HUNTINGTON WV 25701-9456

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2010

Transaction ID: SA11.4882

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 2750.00

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: PAGE 46 / 254

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
MR. C. ANDREW HEISKELL, M.D.

Mailing Address 2309 LAKESIDE EST

City MORGANTOWN State WV Zip Code 26508-5624

FEC ID number of contributing federal political committee. C

Name of Employer HEISKELL, KING, BURNS & TALLMAN SURGIC Occupation PHYSICIAN

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 19 / 2010
Transaction ID: SA11.4137
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THE REV. NICHOLAS ROBERT HENDERSON

Mailing Address 14 CHIPPING GREEN DRIVE

City ARDEN State NC Zip Code 28704-2610

FEC ID number of contributing federal political committee. C

Name of Employer SELF EMPLOYED Occupation MINISTER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 30 / 2010
Transaction ID: SA11.4231
Amount of Each Receipt this Period 250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
THE REV. NICHOLAS ROBERT HENDERSON

Mailing Address 14 CHIPPING GREEN DRIVE

City ARDEN State NC Zip Code 28704-2610

FEC ID number of contributing federal political committee. C

Name of Employer SELF EMPLOYED Occupation MINISTER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 25 / 2010
Transaction ID: SA11.4598
Amount of Each Receipt this Period 250.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 1500.00

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: **PAGE 47 / 254**
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
MS. BETHANY A. HENN

Mailing Address 2016 STEWARTSTOWN ROAD

City MORGANTOWN State WV Zip Code 26508-1409

FEC ID number of contributing federal political committee. C

Name of Employer MONONGALIA COUNTY BOARD OF EDUCATION Occupation TEACHER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 08 / 19 / 2010
Transaction ID: SA11.4164
Amount of Each Receipt this Period 250.00
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. DEBORAH ANN HENN

Mailing Address 2016 STEWARTSTOWN ROAD

City MORGANTOWN State WV Zip Code 26508-1409

FEC ID number of contributing federal political committee. C

Name of Employer MONONGALIA COUNTY BOARD OF EDUCATION Occupation TEACHER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 19 / 2010
Transaction ID: SA11.4143
Amount of Each Receipt this Period 500.00
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. ROBERT A. HENN

Mailing Address 137 HUMMINGBIRD LANE

City MORGANTOWN State WV Zip Code 26508-8661

FEC ID number of contributing federal political committee. C

Name of Employer GREER INDUSTRIES, INC. Occupation EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2314.08

Date of Receipt 08 / 19 / 2010
Transaction ID: SA11.4077
Amount of Each Receipt this Period 2000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 2750.00

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: PAGE 48 / 254

(check only one)

| | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 11d | <input type="checkbox"/> | <input type="checkbox"/> | 15 |
| <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13a | <input type="checkbox"/> | 13b | <input type="checkbox"/> | 14 | <input type="checkbox"/> | <input type="checkbox"/> | |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
MR. ROBERT A. HENN

Mailing Address 137 HUMMINGBIRD LANE

City State Zip Code
MORGANTOWN WV 26508-8661

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

Name of Employer GREER INDUSTRIES, INC. Occupation EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2314.08

Date of Receipt
MM / DD / YYYY
09 / 02 / 2010

Transaction ID: SA11.4323

Amount of Each Receipt this Period
305.28

CONTRIBUTION

IN-KIND: PROMOTIONAL MATERIALS

B.

Full Name (Last, First, Middle Initial)
MR. ROBERT A. HENN

Mailing Address 137 HUMMINGBIRD LANE

City State Zip Code
MORGANTOWN WV 26508-8661

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

Name of Employer GREER INDUSTRIES, INC. Occupation EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2314.08

Date of Receipt
MM / DD / YYYY
08 / 13 / 2010

Transaction ID: SA11.4323B

Amount of Each Receipt this Period
8.80

CONTRIBUTION

IN-KIND: POSTAGE

C.

Full Name (Last, First, Middle Initial)
MR. WILLIAM HENNESSEY

Mailing Address 1000 PINEVIEW DR. APT 5

City State Zip Code
MORGANTOWN WV 26505-2754

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

Name of Employer MONONGALIA HEALTH SYSTEM Occupation ADMINISTRATOR

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: SA11.4142

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ **814.08**

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

1103207

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

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

FOR LINE NUMBER: PAGE 49 / 254
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
MR. ARNOLD D. HEWITT

Mailing Address 1200 GALLUS ROAD

City State Zip Code
MORGANTOWN WV 26501-7741

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

Name of Employer Occupation
GREER INDUSTRIES, INC. MANAGER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 27 / 2010

Transaction ID: SA11.4219

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GAIL C. HIATT

Mailing Address 11080 WOODHILL LANE NE

City State Zip Code
BLAINE MN 55449-5931

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

Name of Employer Occupation
STAY AT HOME MOM STAY AT HOME MOM

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 26 / 2010

Transaction ID: SA11.4636

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. E. RICHARD HILLEARY

Mailing Address 738 COURTNEY AVE.

City State Zip Code
MORGANTOWN WV 26501-5300

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

Name of Employer Occupation
CENTRA BANK EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: SA11.4092

Amount of Each Receipt this Period
1500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 2750.00

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: PAGE 50 / 254
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
MR. GARY L. HINKLE
Mailing Address P.O. BOX 55
City CIRCLEVILLE State WV Zip Code 26804-0055
FEC ID number of contributing federal political committee. C
Name of Employer HINKLE TRUCKING CO. Occupation PRESIDENT
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 1000.00
Date of Receipt 08 / 19 / 2010
Transaction ID: SA11.4104
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. LINDA Y. HINKLE
Mailing Address P.O. BOX 55
City CIRCLEVILLE State WV Zip Code 26804-0055
FEC ID number of contributing federal political committee. C
Name of Employer HINKLE TRUCKING COMPANY Occupation ACCOUNTANT
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 1000.00
Date of Receipt 08 / 19 / 2010
Transaction ID: SA11.4127
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. GLENDA HOLLANDSWORTH
Mailing Address 134 DISTRIBUTOR DRIVE
City MORGANTOWN State WV Zip Code 26501-7175
FEC ID number of contributing federal political committee. C
Name of Employer RET Occupation RETIRED
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 500.00
Date of Receipt 08 / 19 / 2010
Transaction ID: SA11.4156
Amount of Each Receipt this Period 500.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 2500.00
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: PAGE 51 / 254
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
MR. PAUL HOWARD

Mailing Address 403 BIBBY STREET APT. B.

City State Zip Code
CHARLESTON WV 25301-4101

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
WEST VIRGINIA RADIO CORPORATION OF CHA ACCOUNT EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
09 / 08 / 2010

Transaction ID: SA11.4314

Amount of Each Receipt this Period
200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. DAVID E. HUFFMAN

Mailing Address 517 SHEARWOOD FOREST DRIVE

City State Zip Code
BRIDGEPORT WV 26330-1765

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
CLEVELAND BROTHERS SALES MANAGER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: SA11.4140

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. THOMAS W. HWANG

Mailing Address 300 CHERRY STREET

City State Zip Code
WAVERLY OH 45690-1238

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
09 / 13 / 2010

Transaction ID: SA11.4375

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 3600.00

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: PAGE 52 / 254
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
BASIL IRWIN
Mailing Address 7362 ROZENA DR.
City LONGMONT State CO Zip Code 80503-9144
FEC ID number of contributing federal political committee. C
Name of Employer SELF Occupation OWNER
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
500.00
Date of Receipt 09 / 28 / 2010
Transaction ID: SA11.4685
Amount of Each Receipt this Period 500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PAUL J. ISAAC
Mailing Address 75 PROSPECT AVE.
City LARCHMONT State NY Zip Code 10538-3634
FEC ID number of contributing federal political committee. C
Name of Employer CADOGAN MGMT LLC Occupation ANALYST
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2400.00
Date of Receipt 09 / 28 / 2010
Transaction ID: SA11.4707
Amount of Each Receipt this Period 2400.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. SUSAN C. JACKSON
Mailing Address 577 SUMMER SCHOOL ROAD
City MORGANTOWN State WV Zip Code 26508-1574
FEC ID number of contributing federal political committee. C
Name of Employer GREER INDUSTRIES, INC. Occupation ADMINISTRATIVE ASSISTANT
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
400.00
Date of Receipt 08 / 23 / 2010
Transaction ID: SA11.4187
Amount of Each Receipt this Period 400.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 3300.00
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: PAGE 53 / 254 | |
| | (check only one) | |
| | <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)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
MR. THOMAS W. JARRETT

Mailing Address 1333 LAKE DRIVE

City DANIELS State WV Zip Code 25832-9237

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

Name of Employer SELF-EMPLOYED Occupation DENTIST

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2010
Transaction ID: SA11.5144
Amount of Each Receipt this Period 500.00
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. THOMAS E. JECKERING

Mailing Address 7720 MAYFIELD ROAD

City GATES MILLS State OH Zip Code 44040-8601

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2010
Transaction ID: SA11.5074
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. VIRGINIA E. JECKERING

Mailing Address 7720 MAYFIELD ROAD

City GATES MILLS State OH Zip Code 44040-8601

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 09 / 30 / 2010
Transaction ID: SA11.5075
Amount of Each Receipt this Period 2000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 3500.00

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: PAGE 54 / 254
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
MR. RICHARD G. JESSEN, SR.
Mailing Address 588 BAKERS RIDGE ROAD

City State Zip Code
MORGANTOWN WV 26508-1517

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
650.00

Date of Receipt
MM / DD / YYYY
09 / 08 / 2010

Transaction ID: SA11.4318

Amount of Each Receipt this Period
650.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. KENNETH J. JUSKOWICH
Mailing Address 674 WEST VIEW AVENUE

City State Zip Code
MORGANTOWN WV 26505-2418

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
WELLS FARGO INSURANCE EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: SA11.4080

Amount of Each Receipt this Period
1500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. SAMUEL J. KASLEY
Mailing Address 503 NORTH HURON ST

City State Zip Code
WHEELING WV 26003-2327

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2010

Transaction ID: SA11.4439

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 2650.00

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: PAGE 55 / 254

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

Raese for Senate

A.

Full Name (Last, First, Middle Initial)

KURT KAUFMANN

Mailing Address 6556 S COOK COURT

City State Zip Code
CENTENNIAL CO 80121-3640

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
SHERMAN & HOWARD LAWYER

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

MM / DD / YYYY
09 / 29 / 2010

Transaction ID: SA11.4890

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

JERENE I. KELLER

Mailing Address P.O. BOX 790

City State Zip Code
MONTEAGLE TN 37356-0790

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

MM / DD / YYYY
09 / 26 / 2010

Transaction ID: SA11.4629

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. MICHAEL A. KELLY

Mailing Address ONE LAVILION DRIVE

City State Zip Code
DANIELS WV 25832-9705

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
SELF PHYSICIAN

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2400.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11.5146

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

3400.00

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: PAGE 56 / 254

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 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)

Raese for Senate

A.

Full Name (Last, First, Middle Initial)

MR. H. LYN KEMPER

Mailing Address 534 RED HILL ROAD

City

NARVON

State

PA

Zip Code

17555-9679

FEC ID number of contributing federal political committee.

C

Name of Employer
KEMPER EQUIPMENT

Occupation
EXECUTIVE

Receipt For: 2010

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

Date of Receipt

MM / DD / YYYY
08 / 19 / 2010

Transaction ID: SA11.4107

Amount of Each Receipt this Period

2400.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

EARL KENDRICK

Mailing Address 3964 E. PARADISE VIEW DRIVE

City

PARADISE VALLEY

State

AZ

Zip Code

85253-3800

FEC ID number of contributing federal political committee.

C

Name of Employer
ARIZONA DIAMONDBACKS BASE-BALL

Occupation
MANAGING GENERAL PARTNER

Receipt For: 2010

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

Date of Receipt

MM / DD / YYYY
09 / 03 / 2010

Transaction ID: SA11.4274

Amount of Each Receipt this Period

2400.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MARTIN KENDRICK

Mailing Address 201 COLLEGE AVENUE

City

PRINCETON

State

WV

Zip Code

24740-2514

FEC ID number of contributing federal political committee.

C

Name of Employer
REAL ESTATE DEVELOPER

Occupation
RENTAL PROPERTY MANAGER

Receipt For: 2010

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

Date of Receipt

MM / DD / YYYY
09 / 03 / 2010

Transaction ID: SA11.4273

Amount of Each Receipt this Period

2400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

7200.00

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: PAGE 57 / 254
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
RANDY PARRIS KENDRICK

Mailing Address 3964 EAST PARADISE VIEW DRIVE

City State Zip Code
PARADISE VALLEY AZ 85253-3800

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

Name of Employer Occupation
ATTORNEY RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1600.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2010

Transaction ID: SA11.4272

Amount of Each Receipt this Period
1600.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. HARVEY H. KERCHEVAL, III

Mailing Address 1225 KINGS ROAD

City State Zip Code
MORGANTOWN WV 26508-9155

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

Name of Employer Occupation
WEST VIRGINIA RADIO CORPORATION BROADCASTER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2400.00

Date of Receipt
MM / DD / YYYY
08 / 27 / 2010

Transaction ID: SA11.4218

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS LEIGH ANN KERSTING

Mailing Address 73 RENWICK DRIVE

City State Zip Code
CLARKSBURG WV 26301-9719

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

Name of Employer Occupation
WELLS FARGO INSURANCE INSURANCE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: SA11.4126

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ **5000.00**

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: PAGE 58 / 254

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
MS. ORA L. KIRK-LUDWIG

Mailing Address 501 VAN VOORHIS ROAD

City MORGANTOWN State WV Zip Code 26505-3460

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 18 / 2010

Transaction ID: SA11.4066

Amount of Each Receipt this Period 500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. WILLIAM G. KLEIN

Mailing Address 25511 LONE PINE CIRCLE

City LAGUNA HILLS State CA Zip Code 92653-5847

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt 09 / 02 / 2010

Transaction ID: SA11.4263

Amount of Each Receipt this Period 2400.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. MICHAEL KOMINSKY

Mailing Address 525 WOODLAWN AVENUE

City BECKLEY State WV Zip Code 25801-6008

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11.5150

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 3900.00

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: PAGE 59 / 254

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
ANNE MARIE KONOPACK

Mailing Address 2237 NORTH WAYNE

City CHICAGO State IL Zip Code 60614-3122

FEC ID number of contributing federal political committee. C

Name of Employer SELF-EMPLOYED Occupation LAWYER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt 09 / 21 / 2010

Transaction ID: SA11.4457

Amount of Each Receipt this Period 250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KEITH A. KOSTUCH

Mailing Address 4511 LAKEVIEW DR

City EDINA State MN Zip Code 55424-1517

FEC ID number of contributing federal political committee. C

Name of Employer SELF EMPLOYED Occupation CONSULTANT AND INVESTOR

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt 09 / 29 / 2010

Transaction ID: SA11.4811

Amount of Each Receipt this Period 250.00

CONTRIBUTION

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

Mailing Address 9 CROWS NEST ROAD

City BRONXVILLE State NY Zip Code 10708-4801

FEC ID number of contributing federal political committee. C

Name of Employer SELF EMPLOYED Occupation INVESTMENTS

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt 09 / 24 / 2010

Transaction ID: SA11.4581

Amount of Each Receipt this Period 225.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 725.00

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: PAGE 60 / 254

(check only one)

| | | | |
|---|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)

Raese for Senate

A.

Full Name (Last, First, Middle Initial)

MS KATHARINE KRISHOCK

Mailing Address 196 LAKESIDE DRIVE

City State Zip Code
MORGANTOWN WV 26508-5602

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

Name of Employer Occupation
K STYLE HAIRDRESSER

Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼
1000.00

Date of Receipt

MM / DD / YYYY
08 / 19 / 2010

Transaction ID: SA11.4115

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. CURTIS L. LAMAR

Mailing Address 46835 BETTY HILL

City State Zip Code
PLYMOUTH MI 48170-3070

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

Name of Employer Occupation
GREER STEEL COMPANY MANAGER

Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼
1000.00

Date of Receipt

MM / DD / YYYY
08 / 17 / 2010

Transaction ID: SA11.4048

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. GLENN LAREW

Mailing Address 149 MEADOW VIEW LANE

City State Zip Code
MORGANTOWN WV 26508-2909

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

Name of Employer Occupation
SELF-EMPLOYED CONTRACTOR

Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼
1000.00

Date of Receipt

MM / DD / YYYY
08 / 23 / 2010

Transaction ID: SA11.4190

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

3000.00

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: PAGE 61 / 254

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
MR. DOUGLAS J. LEECH

Mailing Address 704 WHITE TAIL WAY

City MORGANTOWN State WV Zip Code 26508-8086

FEC ID number of contributing federal political committee. C

Name of Employer CENTRA FINANCIAL HOLDINGS, INC. Occupation EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt 08 / 19 / 2010

Transaction ID: SA11.4135

Amount of Each Receipt this Period 2500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DOUGLAS J. LEECH

Mailing Address 704 WHITE TAIL WAY

City MORGANTOWN State WV Zip Code 26508-8086

FEC ID number of contributing federal political committee. C

Name of Employer CENTRA FINANCIAL HOLDINGS, INC. Occupation EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11.4135B

Amount of Each Receipt this Period -100.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial)
MR. DOUGLAS J. LEECH

Mailing Address 704 WHITE TAIL WAY

City MORGANTOWN State WV Zip Code 26508-8086

FEC ID number of contributing federal political committee. C

Name of Employer CENTRA FINANCIAL HOLDINGS, INC. Occupation EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11.5356

Amount of Each Receipt this Period 100.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional) ▶ 2500.00

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: PAGE 62 / 254
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
MR. ROBERT E. LEIGH

Mailing Address 16 SUNSET DRIVE

City WESTON State WV Zip Code 26452-7411

FEC ID number of contributing federal political committee. C

Name of Employer MOUNTAINEER CONTRACTING Occupation EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt 08 / 19 / 2010
Transaction ID: SA11.4078
Amount of Each Receipt this Period 2400.00
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. THEODORE W. LEMASTERS

Mailing Address 707 WILLIS AVENUE

City BRIDGEPORT State WV Zip Code 26330-1265

FEC ID number of contributing federal political committee. C

Name of Employer CLEVELAND BROTHERS Occupation SALES REPRESENTATIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 23 / 2010
Transaction ID: SA11.4192
Amount of Each Receipt this Period 500.00
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. DANIEL B. LOHMANN

Mailing Address 115 FOREST DRIVE

City MORGANTOWN State WV Zip Code 26505-2323

FEC ID number of contributing federal political committee. C

Name of Employer PIKEWOOD CREATIVE Occupation MANAGER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 24 / 2010
Transaction ID: SA11.4202
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 3900.00

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: PAGE 63 / 254

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
MR. JOHN D. LYNCH

Mailing Address 376 JACOBS DRIVE

City MORGANTOWN State WV Zip Code 26505-7202

FEC ID number of contributing federal political committee. C

Name of Employer DAVIS-LYNCH GLASS CO. Occupation VICE PRESIDENT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 08 / 2010

Transaction ID: SA11.4312

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. ROBERT E. LYNCH, JR.

Mailing Address 305 ROTARY STREET

City MORGANTOWN State WV Zip Code 26505-3234

FEC ID number of contributing federal political committee. C

Name of Employer DAVIS-LYNCH GLASS CO. Occupation GLASS MANUFACTURER, EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 08 / 2010

Transaction ID: SA11.4311

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. JENNIFER L. LYTLE

Mailing Address 103 BIERER LANE

City MORGANTOWN State WV Zip Code 26508-9098

FEC ID number of contributing federal political committee. C

Name of Employer LYTLE CONSTRUCTION CORP Occupation BUSINESS OWNER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 23 / 2010

Transaction ID: SA11.4198

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 3000.00

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: PAGE 64 / 254 |
| | (check only one) |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 13b |
| <input type="checkbox"/> 11d | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Raese for Senate

| | | |
|---|------------------------------------|---|
| A. Full Name (Last, First, Middle Initial) DR. PAUL MALONE | | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| Mailing Address 977 N. WESTERN AVENUE | | Transaction ID: SA11.4141 |
| City MORGANTOWN | State WV | Zip Code 26505-2801 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 250.00 |
| Name of Employer MORGANTOWN ENT CLINIC | Occupation PHYSICIAN | CONTRIBUTION |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | | |
|---|-------------------------------------|---|
| B. Full Name (Last, First, Middle Initial) MR. WILLIAM J. MALONEY | | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| Mailing Address 3959 EASTLAKE DRIVE | | Transaction ID: SA11.4129 |
| City MORGANTOWN | State WV | Zip Code 26508-8673 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 1000.00 |
| Name of Employer COW RUN ENERGY, LLC | Occupation EXECUTIVE | CONTRIBUTION |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|---|-------------------------------------|---|
| C. Full Name (Last, First, Middle Initial) MR. MICHAEL L. MANLEY | | Date of Receipt MM / DD / YYYY 08 / 23 / 2010 |
| Mailing Address 91 TERRACE VIEW DRIVE | | Transaction ID: SA11.4188 |
| City MORGANTOWN | State WV | Zip Code 26508-7001 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 2400.00 |
| Name of Employer PREMIER COMPUTER SERVICES | Occupation EXECUTIVE | CONTRIBUTION |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2400.00 | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional) | 3650.00 |
| 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: PAGE 65 / 254

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Raese for Senate

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) MR. DOMENICK MARRARA, JR.</p> | <p>Date of Receipt</p> |
| <p>Mailing Address 101 LINCOLN AVENUE POBOX 1177</p> | <p>MM / DD / YYYY 08 / 19 / 2010</p> |
| <p>City State Zip Code KINGWOOD WV 26537-3177</p> | <p>Transaction ID: SA11.4138</p> |
| <p>FEC ID number of contributing federal political committee. C</p> | <p>Amount of Each Receipt this Period 500.00</p> |
| <p>Name of Employer Occupation D & R DISTRIBUTORS EXECUTIVE</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p> | <p>CONTRIBUTION</p> |
| <p>B. Full Name (Last, First, Middle Initial) MR. MICHAEL A. MARRARA</p> | <p>Date of Receipt</p> |
| <p>Mailing Address 144 PINETREE LANE</p> | <p>MM / DD / YYYY 08 / 19 / 2010</p> |
| <p>City State Zip Code MORGANTOWN WV 26508-8129</p> | <p>Transaction ID: SA11.4146</p> |
| <p>FEC ID number of contributing federal political committee. C</p> | <p>Amount of Each Receipt this Period 900.00</p> |
| <p>Name of Employer Occupation JO'S GLOBE DISTRIBUTING CO. OWNER</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2366.10</p> | <p>CONTRIBUTION</p> |
| <p>C. Full Name (Last, First, Middle Initial) MR. MICHAEL A. MARRARA</p> | <p>Date of Receipt</p> |
| <p>Mailing Address 144 PINETREE LANE</p> | <p>MM / DD / YYYY 08 / 19 / 2010</p> |
| <p>City State Zip Code MORGANTOWN WV 26508-8129</p> | <p>Transaction ID: SA11.4169</p> |
| <p>FEC ID number of contributing federal political committee. C</p> | <p>Amount of Each Receipt this Period 1466.10</p> |
| <p>Name of Employer Occupation JO'S GLOBE DISTRIBUTING CO. OWNER</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2366.10</p> | <p>CONTRIBUTION</p> <p>IN-KIND: FOOD AND BEVERAGE</p> |
| <p>SUBTOTAL of Receipts This Page (optional)</p> | <p>2866.10</p> |
| <p>TOTAL This Period (last page this line number only)</p> | |

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 66 / 254 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) MR. BAILEY KENT MARSH | | Date of Receipt MM / DD / YYYY 09 / 10 / 2010 |
| Mailing Address 643 RIVENDELL DRIVE | | Transaction ID: SA11.4345 |
| City BRIDGEPORT | State WV | Zip Code 26330-1357 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer QUALITY MACHINE CO. | | CONTRIBUTION |
| Occupation PRESIDENT | | |
| Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) MRS. GERTRAUD E. MARTIN | | Date of Receipt MM / DD / YYYY 08 / 23 / 2010 |
| Mailing Address 196 GREENBRIER DRIVE | | Transaction ID: SA11.4191 |
| City MORGANTOWN | State WV | Zip Code 26501 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer RETIRED | | CONTRIBUTION |
| Occupation RETIRED | | |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

C.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) MR. ROBERT MARTINO | | Date of Receipt MM / DD / YYYY 09 / 23 / 2010 |
| Mailing Address ROUTE 1, BOX 48 | | Transaction ID: SA11.4552 |
| City BRIDGEPORT | State WV | Zip Code 26330-9328 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer SELF-EMPLOYED | | CONTRIBUTION |
| Occupation DENTIST | | |
| Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional) | 2000.00 |
| 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 67 / 254 | |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
GENE HOLT MASSEY

Mailing Address P.O. BOX 904

City State Zip Code
CAPTIVA FL 33924-0904

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

Name of Employer Occupation
SELF RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2400.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11.4949

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. CHARLES A. MAUL

Mailing Address 2722 MACDUFF CIRCLE N.W.

City State Zip Code
NORTH CANTON OH 44720-9504

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

Name of Employer Occupation
GREER STEEL COMPANY EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
261.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2010

Transaction ID: SA11.4577

Amount of Each Receipt this Period
200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. CHARLES A. MAUL

Mailing Address 2722 MACDUFF CIRCLE N.W.

City State Zip Code
NORTH CANTON OH 44720-9504

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

Name of Employer Occupation
GREER STEEL COMPANY EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
261.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11.5026

Amount of Each Receipt this Period
61.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 2661.00

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: PAGE 68 / 254
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
DANIEL L. MCCOLLUM

Mailing Address 209 MORGAN DRIVE APT B

City MORGANTOWN State WV Zip Code 26505-2391

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

Name of Employer U.S. DEPARTMENT OF ENERGY Occupation ENGINEER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
09 / 16 / 2010

Transaction ID: SA11.4400

Amount of Each Receipt this Period 250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. CHARLES C.D. MCGILL

Mailing Address 15115 OLD HANOVER ROAD

City UPPERCO State MD Zip Code 21155-9720

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt MM / DD / YYYY
08 / 16 / 2010

Transaction ID: SA11.4045

Amount of Each Receipt this Period 2400.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOHN P. MCGRAW

Mailing Address 522 MISSOURI STREET

City MORGANTOWN State WV Zip Code 26501-3981

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
08 / 19 / 2010

Transaction ID: SA11.4148

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 3650.00

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: PAGE 69 / 254 |
| | (check only one) |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| <input type="checkbox"/> | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) MS. BARBARA A. MCKINNEY | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| | Mailing Address 151 INDIES DRIVE SOUTH | Transaction ID: SA11.4118 |
| | City State Zip Code DUCK KEY FL 33050-3721 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | CONTRIBUTION |
| | Name of Employer Occupation HOWARD HANNA PROPERTIES BROKER/OWNER | |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) GARY MCMURTREY | Date of Receipt MM / DD / YYYY 09 / 29 / 2010 |
| | Mailing Address 925 AUSTIN HINES DR | Transaction ID: SA11.4768 |
| | City State Zip Code CHINA SPRING TX 76633-3340 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | CONTRIBUTION |
| | Name of Employer Occupation MARATHONNORCO AEROSPACE ENGINEER | |
| Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) MS. KATIE MEAL | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| | Mailing Address 18 DAMIAN ROAD | Transaction ID: SA11.4149 |
| | City State Zip Code WHEELING WV 26003-6061 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | CONTRIBUTION |
| | Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS | |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 2250.00 |
| 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: PAGE 70 / 254

(check only one)

| | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 11d | <input type="checkbox"/> | 15 |
| <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13a | <input type="checkbox"/> | 13b | <input type="checkbox"/> | 14 | <input type="checkbox"/> | |

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NAME OF COMMITTEE (In Full)

Raese for Senate

A.

Full Name (Last, First, Middle Initial)

MRS. CAROL D. MEANS

Mailing Address 121 CREEK ROAD

City

MORGANTOWN

State

WV

Zip Code

26508-2385

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2010

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 17 / 2010

Transaction ID: SA11.4405

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

BRIAN MESSENGER

Mailing Address 17311 ZENA AVENUE

City

MONTE SERENO

State

CA

Zip Code

95030-2256

FEC ID number of contributing federal political committee.

C

Name of Employer
NOW SOLUTIONS

Occupation
CHIEF OPERATING OFFICER

Receipt For: 2010

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 18 / 2010

Transaction ID: SA11.4418

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. CHRISTIAN D. MILLER

Mailing Address 321 DOVE DRIVER

City

MORGANTOWN

State

WV

Zip Code

26508

FEC ID number of contributing federal political committee.

C

Name of Employer
WV RADIO CORPORATION

Occupation
SALES MANAGER

Receipt For: 2010

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
08 / 18 / 2010

Transaction ID: SA11.4068

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1750.00

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: PAGE 71 / 254

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
MR. DALE B. MILLER

Mailing Address 207 JADE DRIVE

City MORGANTOWN State WV Zip Code 26508-4026

FEC ID number of contributing federal political committee. C

Name of Employer WV RADIO CORPORATION Occupation EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt 09 / 01 / 2010

Transaction ID: SA11.4248

Amount of Each Receipt this Period 2400.00

CONTRIBUTION

4800.00

B.

Full Name (Last, First, Middle Initial)
MR. JEFFREY G. MINCHAU

Mailing Address 27 CHERRY WOOD DRIVE

City MORGANTOWN State WV Zip Code 26508-4237

FEC ID number of contributing federal political committee. C

Name of Employer MORGANTOWN ENDODONTICS Occupation DENTIST

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt 09 / 01 / 2010

Transaction ID: SA11.4251

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

1000.00

C.

Full Name (Last, First, Middle Initial)
SUZANNE MORGAN

Mailing Address 16 BROOKLINE DRIVE

City CHARLES TOWN State WV Zip Code 25414-4097

FEC ID number of contributing federal political committee. C

Name of Employer SPI Occupation EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11.5025

Amount of Each Receipt this Period 500.00

CONTRIBUTION

500.00

SUBTOTAL of Receipts This Page (optional) ▶ 3900.00

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: PAGE 72 / 254 |
| | (check only one) |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| <input type="checkbox"/> | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) ANDREW P. MORRISS | Date of Receipt MM / DD / YYYY 09 / 21 / 2010 |
| | Mailing Address 502 COUNTY ROAD 3000 NORTH | Transaction ID: SA11.4448 |
| | City State Zip Code FISHER IL 61843-9766 | Amount of Each Receipt this Period 100.00 |
| | FEC ID number of contributing federal political committee. C | CONTRIBUTION |
| | Name of Employer Occupation UNIV. OF ALABAMA PROFESSOR | |
| | Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 350.00 |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) ANDREW P. MORRISS | Date of Receipt MM / DD / YYYY 09 / 29 / 2010 |
| | Mailing Address 502 COUNTY ROAD 3000 NORTH | Transaction ID: SA11.4810 |
| | City State Zip Code FISHER IL 61843-9766 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | CONTRIBUTION |
| | Name of Employer Occupation UNIV. OF ALABAMA PROFESSOR | |
| | Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 350.00 |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) PATRICK MORRISEY | Date of Receipt MM / DD / YYYY 09 / 30 / 2010 |
| | Mailing Address 126 REBELS ROOST COURT | Transaction ID: SA11.5043 |
| | City State Zip Code HARPERS FERRY WV 25425-6858 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | CONTRIBUTION |
| | Name of Employer Occupation KING & SPALDING ATTORNEY | |
| | Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1350.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

110320751110

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

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

FOR LINE NUMBER: PAGE 73 / 254

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | |

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NAME OF COMMITTEE (In Full)

Raese for Senate

A.

Full Name (Last, First, Middle Initial)

MRS. MARIANNE MOSER

Mailing Address 41 TYRONE ROAD

City

MORGANTOWN

State

WV

Zip Code

26508-2948

FEC ID number of contributing federal political committee.

C

Name of Employer
ASHEBROOKE

Occupation
OWNER

Receipt For: 2010

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
08 / 27 / 2010

Transaction ID: SA11.4220

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DAVID MOSMAN

Mailing Address 43 FOREST HILLS DR

City

WHEELING

State

WV

Zip Code

26003-6645

FEC ID number of contributing federal political committee.

C

Name of Employer
WHEELING HOSPITAL

Occupation
PHYSICIAN

Receipt For: 2010

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 19 / 2010

Transaction ID: SA11.4424

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. RICK MULLENS

Mailing Address 93 SHERIDAN LANE

City

MORGANTOWN

State

WV

Zip Code

26508-4232

FEC ID number of contributing federal political committee.

C

Name of Employer
LEMAC MINE SERVICE

Occupation
EXECUTIVE

Receipt For: 2010

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

Date of Receipt

MM / DD / YYYY
08 / 19 / 2010

Transaction ID: SA11.4088

Amount of Each Receipt this Period

2400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

3400.00

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 74 / 254 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) MR. E. TERRY MUSICK | | Date of Receipt MM / DD / YYYY 09 / 30 / 2010 |
| Mailing Address 1412 N. EISENHOWER DRIVE | | Transaction ID: SA11.5154 |
| City BECKLEY | State WV | Zip Code 25801-3124 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer TV TOWNSIDE & APPLIANCE INC. | | CONTRIBUTION |
| Occupation EXECUTIVE | | |
| Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

B.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) MR. RICHARD P. MYERS | | Date of Receipt MM / DD / YYYY 08 / 23 / 2010 |
| Mailing Address ROUTE 2, BOX 93A | | Transaction ID: SA11.4194 |
| City REEDSVILLE | State WV | Zip Code 26547-9630 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer GREER INDUSTRIES, INC. | | CONTRIBUTION |
| Occupation PARTS MANAGER | | |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) MS. BARBARA A. NEAL | | Date of Receipt MM / DD / YYYY 08 / 23 / 2010 |
| Mailing Address 1445 ANDERSON AVENUE | | Transaction ID: SA11.4193 |
| City MORGANTOWN | State WV | Zip Code 26505-2321 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer MYLAN PHARMACEUTICALS | | CONTRIBUTION |
| Occupation REGISTERED NURSE | | |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional) | 1750.00 |
| 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: PAGE 75 / 254 |
| | (check only one) |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
DR. KELLY R. NELSON

Mailing Address 46 JUNIPER LANE

City State Zip Code
BRIDGEPORT WV 26330-9335

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

Name of Employer Occupation
MEDBROOK MEDICAL ASSOCIATES PHYSICIAN

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 13 / 2010

Transaction ID: SA11.4041

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. JANET S. NORMAN

Mailing Address 306 TIMBER RIDGE DRIVE

City State Zip Code
BECKLEY WV 25801-3650

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11.5152

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. ROGER ALLEN NUZUM

Mailing Address 1688 FAIRMONT AVENUE

City State Zip Code
FAIRMONT WV 26554-2157

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

Name of Employer Occupation
NUZUM TRUCKING COMPANY VICE PRESIDENT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: SA11.4102

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ **2750.00**

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: PAGE 76 / 254

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

Raese for Senate

A.

Full Name (Last, First, Middle Initial)

EMMET O'NEAL

Mailing Address 1100 BIRCHALL LANE APT. 201

City State Zip Code
BIRMINGHAM AL 35226-6443

FEC ID number of contributing federal political committee.

C

Name of Employer
UNIVERSITY OF ALABAMA

Occupation
GRADUATE STUDENT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
09 / 28 / 2010

Transaction ID: SA11.4758

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

JOSEPH B. ORGAN

Mailing Address 1213 PARK AVENUE

City State Zip Code
RIVER FOREST IL 60305-1019

FEC ID number of contributing federal political committee.

C

Name of Employer
MAYER BROWN

Occupation
LAWYER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

MM / DD / YYYY
09 / 23 / 2010

Transaction ID: SA11.4561

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. RANDALL J. PARROTTA

Mailing Address 141 BROOKHAVEN ROAD

City State Zip Code
MORGANTOWN WV 26508-8711

FEC ID number of contributing federal political committee.

C

Name of Employer
PARROTTA PAVING

Occupation
EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

MM / DD / YYYY
08 / 20 / 2010

Transaction ID: SA11.4180

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1750.00

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 77 / 254 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
MR. BEN M. PATTERSON, JR.

Mailing Address 613 N.W. LOOP 410 - STE 680

City SAN ANTONIO State TX Zip Code 78216-5509

FEC ID number of contributing federal political committee.

Name of Employer SELF Occupation OIL AND GAS RANCH

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt / /

Transaction ID: SA11.4625

Amount of Each Receipt this Period

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. DONNA PATTERSON

Mailing Address 613 N.W. LOOP 410, SUITE 680

City SAN ANTONIO State TX Zip Code 78216-5509

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation HOMEMAKER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt / /

Transaction ID: SA11.4626

Amount of Each Receipt this Period

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. MARY PAZDER

Mailing Address 1336 ASHLEY OAKS DR.

City JACKSONVILLE BEACH State FL Zip Code 32250-2600

FEC ID number of contributing federal political committee.

Name of Employer BAPTIST HOME HEALTH CARE Occupation REGISTERED NURSE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt / /

Transaction ID: SA11.4530

Amount of Each Receipt this Period

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

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: PAGE 78 / 254 |
| | (check only one) |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| <input type="checkbox"/> | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) FRANKLIN PENDLETON | Date of Receipt MM / DD / YYYY 09 / 28 / 2010 |
| | Mailing Address 6417 EDINBURGH DRIVE | Transaction ID: SA11.4706 |
| | City State Zip Code NASHVILLE TN 37221-3714 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | CONTRIBUTION |
| | Name of Employer SELF Occupation ACTUARY Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) MR. GENE J. PERILLI, II | Date of Receipt MM / DD / YYYY 09 / 13 / 2010 |
| | Mailing Address 1310 EASTERN AVENUE | Transaction ID: SA11.4365 |
| | City State Zip Code MORGANTOWN WV 26505-2334 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | CONTRIBUTION |
| | Name of Employer GEPER Occupation EXECUTIVE Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) T. F. PERSOHN | Date of Receipt MM / DD / YYYY 09 / 26 / 2010 |
| | Mailing Address 411 ROCK HOLLY ROAD | Transaction ID: SA11.4618 |
| | City State Zip Code CHARLESTON WV 25314-1535 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | CONTRIBUTION |
| | Name of Employer RETIRED Occupation RETIRED Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00 | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional) | 1750.00 |
| 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: PAGE 79 / 254
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
MR. G. DAVID PETERS

Mailing Address 4028 STADLER DRIVE NE

City CONOVER State NC Zip Code 28613-9286

FEC ID number of contributing federal political committee. C

Name of Employer GREER INDUSTRIES, INC. Occupation SALES

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 19 / 2010
Transaction ID: SA11.4120
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. GEORGE PETROPLUS

Mailing Address 3955 EASTLAKE DRIVE

City MORGANTOWN State WV Zip Code 26508-8673

FEC ID number of contributing federal political committee. C

Name of Employer STUDENT Occupation STUDENT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1200.00

Date of Receipt 08 / 19 / 2010
Transaction ID: SA11.4112
Amount of Each Receipt this Period 1200.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. KATHLEEN PETROPLUS

Mailing Address 3955 EASTLAKE DRIVE

City MORGANTOWN State WV Zip Code 26508-8673

FEC ID number of contributing federal political committee. C

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1200.00

Date of Receipt 08 / 19 / 2010
Transaction ID: SA11.4113
Amount of Each Receipt this Period 1200.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 3400.00

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: PAGE 80 / 254

(check only one)

| | | | |
|---|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | | | |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
MR. PARRY PETROPLUS

Mailing Address 3955 EASTLAKE DRIVE

City MORGANTOWN State WV Zip Code 26508-8673

FEC ID number of contributing federal political committee. C

Name of Employer SELF-EMPLOYED Occupation REAL ESTATE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt 08 / 19 / 2010

Transaction ID: SA11.4086

Amount of Each Receipt this Period 2400.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. LARRY M. PFOST

Mailing Address 5307 WEDGEBROOK LANE

City CROSS LANES State WV Zip Code 25313-1683

FEC ID number of contributing federal political committee. C

Name of Employer METRO NEWS RADIO NETWORKS Occupation SALES MANAGER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt 09 / 09 / 2010

Transaction ID: SA11.4321

Amount of Each Receipt this Period 2400.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. SHIRLEY L. PHILLIPS

Mailing Address 35 FLAT TOP LAKE ROAD

City GHENT State WV Zip Code 25843-9359

FEC ID number of contributing federal political committee. C

Name of Employer PHILLIPS MACHINE SEVICE Occupation EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11.5164

Amount of Each Receipt this Period 2400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 7200.00

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: PAGE 81 / 254 | |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
MR. JEFFREY PIERCE

Mailing Address 4500 SPENCER STREET

City TORRANCE State CA Zip Code 90503-2438

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

Name of Employer SCS ENGINEERS Occupation ENGINEER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 20 / 2010

Transaction ID: SA11.4430

Amount of Each Receipt this Period 250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. RICHARD PILL

Mailing Address 911 HOFFMAN ROAD

City MARTINSBURG State WV Zip Code 25404-7207

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

Name of Employer PILL & PILL LAW OFFICE Occupation ATTORNEY

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 08 / 16 / 2010

Transaction ID: SA11.4052

Amount of Each Receipt this Period 250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. TIM PISEGNA

Mailing Address 214 POPLAR DRIVE

City MORGANTOWN State WV Zip Code 26505-2539

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

Name of Employer GREER INDUSTRIES, INC. Occupation MANAGER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 19 / 2010

Transaction ID: SA11.4081

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 1500.00

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: PAGE 82 / 254

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | |

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NAME OF COMMITTEE (In Full)
Raese for Senate

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) JOHN S. PLATNER | | Date of Receipt MM / DD / YYYY 09 / 30 / 2010 | |
| Mailing Address 134 E 96TH ST #4A | | Transaction ID: SA11.5047 | |
| City NEW YORK | State NY | Zip Code 10128-2612 | Amount of Each Receipt this Period 300.00 |
| FEC ID number of contributing federal political committee. C | | CONTRIBUTION | |
| Name of Employer JP MORGAN CHASE | Occupation FINANCE | | |
| Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 300.00 | | |

| | | | |
|---|--------------------------------------|---|---|
| Full Name (Last, First, Middle Initial) MR. CHRISTOPHER J. POLINO | | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 | |
| Mailing Address P.O. BOX 230 | | Transaction ID: SA11.4106 | |
| City ELKINS | State WV | Zip Code 26241-0230 | Amount of Each Receipt this Period 2400.00 |
| FEC ID number of contributing federal political committee. C | | CONTRIBUTION | |
| Name of Employer POLINO CONTRACTING, INC. | Occupation OWNER/PRESIDENT | | |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2400.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) ELIZABETH M. PORTER | | Date of Receipt MM / DD / YYYY 09 / 30 / 2010 | |
| Mailing Address 11115 ASBEE ST | | Transaction ID: SA11.4948 | |
| City PEYTON | State CO | Zip Code 80831-8170 | Amount of Each Receipt this Period 400.00 |
| FEC ID number of contributing federal political committee. C | | CONTRIBUTION | |
| Name of Employer VERIZON | Occupation SOFTWARE DEVELOPER | | |
| Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 400.00 | | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3100.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

021417020001

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

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

FOR LINE NUMBER: PAGE 83 / 254

(check only one)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 11d |
| <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13a | <input type="checkbox"/> | 13b | <input type="checkbox"/> | 14 |
| <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | 15 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
MR. RONALD R. POTESTA

Mailing Address 1831 LOUDEN HEIGHTS ROAD

City State Zip Code
CHARLESTON WV 25314-1564

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
POTESTA & ASSOCIATES, INC. BUSINESS PERSON

Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼
1500.00

Date of Receipt

MM / DD / YYYY
08 / 17 / 2010

Transaction ID: SA11.4059

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. MELODY L. POTTER

Mailing Address 105 NEWCOMER ROAD

City State Zip Code
SOUTH CHARLESTON WV 25309-8544

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
SELF-EMPLOYED COAL BROKER

Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼
500.00

Date of Receipt

MM / DD / YYYY
08 / 18 / 2010

Transaction ID: SA11.4065

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MS. BETTY J. PUSKAR

Mailing Address 1140 CHEAT ROAD

City State Zip Code
MORGANTOWN WV 26508-4123

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼
2400.00

Date of Receipt

MM / DD / YYYY
09 / 17 / 2010

Transaction ID: SA11.4407

Amount of Each Receipt this Period

2400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

4400.00

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: PAGE 84 / 254

(check only one)

| | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|--------------------------|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 11d | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15 |
| <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13a | <input type="checkbox"/> | 13b | <input type="checkbox"/> | 14 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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NAME OF COMMITTEE (In Full)
Raese for Senate

| | | |
|--|--|---|
| A. Full Name (Last, First, Middle Initial) MR. MAXINE R. RADABAUGH Mailing Address P.O. BOX 720 | | Date of Receipt MM / DD / YYYY 08 / 27 / 2010 |
| City State Zip Code ARTHURDALE WV 26520-0720 | | Transaction ID: SA11.4222 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2000.00 |
| Name of Employer RADABAUGH TRUCKING COMPANY Occupation ACCOUNTANT | | CONTRIBUTION |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00 | | |

| | | |
|--|--|---|
| B. Full Name (Last, First, Middle Initial) MR. CHARLES D. RAESE Mailing Address P.O. BOX 604 | | Date of Receipt MM / DD / YYYY 08 / 10 / 2010 |
| City State Zip Code MORGANTOWN WV 26507-0604 | | Transaction ID: SA11.4022 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2400.00 |
| Name of Employer WV RADIO CORPORATION Occupation ACCOUNT EXECUTIVE | | CONTRIBUTION |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2400.00 | | |

| | | |
|--|--|---|
| C. Full Name (Last, First, Middle Initial) MR. DAVID A. RAESE Mailing Address P.O. BOX 107 | | Date of Receipt MM / DD / YYYY 09 / 01 / 2010 |
| City State Zip Code MORGANTOWN WV 26507-0107 | | Transaction ID: SA11.4249 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2400.00 |
| Name of Employer GREER INDUSTRIES, INC. Occupation EXECUTIVE | | CONTRIBUTION |
| Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4800.00 | | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional) | 6800.00 |
| 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 85 / 254 | | |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 | <input type="checkbox"/> 11b <input type="checkbox"/> 13a | <input type="checkbox"/> 11c <input type="checkbox"/> 13b | <input type="checkbox"/> 11d <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) MR. JOHN R. RAPP | | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| Mailing Address P.O. BOX 383 617 KENT AVENUE | | Transaction ID: SA11.4154 |
| City DAVIS | State WV | Zip Code 26260-0383 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 1000.00 | |
| Name of Employer POLINO CONTRACTING, INC. | Occupation SUPERVISOR | CONTRIBUTION |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

B.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) MR. GREGORY D. RAUHAUSER | | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| Mailing Address 13 BALDWIN DRIVE | | Transaction ID: SA11.4161 |
| City LANCASTER | State PA | Zip Code 17602-1642 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 500.00 | |
| Name of Employer KEMPER EQUIPMENT | Occupation SALES/ENGINEER | CONTRIBUTION |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

C.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) MR. NEIL A. REED | | Date of Receipt MM / DD / YYYY 08 / 20 / 2010 |
| Mailing Address 216 W. MAIN STREET | | Transaction ID: SA11.4177 |
| City KINGWOOD | State WV | Zip Code 26537-1419 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 500.00 | |
| Name of Employer REED & SISLER SELF EMPLOYED | Occupation ATTORNEY | CONTRIBUTION |
| Receipt For: 2010 <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) | 2000.00 |
| 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: PAGE 86 / 254
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
PATRICK BRIAN REED
Mailing Address 8991 DOGWOOD RD
City GERMANTOWN State TN Zip Code 38139-5405
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 09 / 01 / 2010
Transaction ID: SA11.4257
Amount of Each Receipt this Period 500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PATRICK BRIAN REED
Mailing Address 8991 DOGWOOD RD
City GERMANTOWN State TN Zip Code 38139-5405
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 09 / 27 / 2010
Transaction ID: SA11.4674
Amount of Each Receipt this Period 500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MELVIN REXROAD, JR.
Mailing Address 330 WOODLAND ROAD
City MORGANTOWN State WV Zip Code 26501-6957
FEC ID number of contributing federal political committee. **C**
Name of Employer REXROAD HEATING, INC. Occupation EXECUTIVE
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 08 / 20 / 2010
Transaction ID: SA11.4171
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 2000.00
TOTAL This Period (last page this line number only) ▶

1002073412A

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
MR. D. SCOTT ROACH

Mailing Address 8491 TUSCARORA PARK

City MARTINSBURG State WV Zip Code 25403-1013

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

Name of Employer RM ROACH & SONS Occupation EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 08 / 2010
Transaction ID: SA11.4317
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. DAVID H. ROLLINS

Mailing Address P.O. BOX 169

City CHARLESTON State WV Zip Code 25321-0169

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

Name of Employer ROLLINS CLEAVENGER & ROLLINS Occupation ACCOUNTANT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 08 / 11 / 2010
Transaction ID: SA11.4034
Amount of Each Receipt this Period 250.00
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. CLIFFORD ROWE

Mailing Address 707 AMBERSON AVENUE

City PITTSBURGH State PA Zip Code 15232-1401

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

Name of Employer TRUMBULL CORPORATION/P.J. DICK INC. Occupation C.E.O.

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 25 / 2010
Transaction ID: SA11.4207
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 2250.00

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

1002073A125

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

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

FOR LINE NUMBER: PAGE 88 / 254

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
MR. KEVIN H. ROY

Mailing Address HC 88, BOX 12B

City State Zip Code
SENECA ROCKS WV 26884-9704

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

Name of Employer Occupation
DETTINBURN TRANSPORT EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: SA11.4150

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. TIMOTHY P. SAAB

Mailing Address 887 RIVERVIEW DRIVE

City State Zip Code
MORGANTOWN WV 26505-4631

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

Name of Employer Occupation
CENTRA FINANCIAL HOLDINGS, INC. EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: SA11.4093

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. J. ANTHONY SAWCZYSZYN

Mailing Address P.O. BOX 739

City State Zip Code
MORGANTOWN WV 26507-0739

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

Name of Employer Occupation
SELF-EMPLOYED INSURANCE AGENT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: SA11.4097

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 3000.00

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

1102074115

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 89 / 254

(check only one)

| | | | |
|---|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | | | |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
MR. DONALD R. SCIFRES

Mailing Address 26700 PALO HILLS DRIVE

City State Zip Code
LOS ALTOS HILLS CA 94022-1927

FEC ID number of contributing federal political committee. C

Name of Employer SELF EMPLOYED Occupation INVESTOR

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt MM / DD / YYYY
09 / 28 / 2010

Transaction ID: SA11.4869

Amount of Each Receipt this Period 2400.00

CONTRIBUTION

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

Mailing Address 1340 LAKE DRIVE

City State Zip Code
DANIELS WV 25832-9236

FEC ID number of contributing federal political committee. C

Name of Employer RALEIGH RADIOLOGY, INC. Occupation PHYSICIAN

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11.4944

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ROGER L. SHAFER

Mailing Address 49 UPPER PINCH ROAD

City State Zip Code
ELKVIEW WV 25071-9548

FEC ID number of contributing federal political committee. C

Name of Employer POWER PLANT SERVICE, INC. Occupation CORPORATION PRESIDENT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
08 / 13 / 2010

Transaction ID: SA11.4036

Amount of Each Receipt this Period 250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 3650.00

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: PAGE 90 / 254

(check only one)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 11d |
| <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13a | <input type="checkbox"/> | 13b | <input type="checkbox"/> | 14 |
| | | | | | | | 15 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
MR. DAVID SHAFFER

Mailing Address 37 MILLAN STREET, WO

City State Zip Code
MORGANTOWN WV 26501-4321

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
GREER INDUSTRIES, INC. EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date 1000.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: SA11.4144

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. PATRICIA M. SHAFFER

Mailing Address P.O. BOX 137

City State Zip Code
ARTHURDALE WV 26520-0137

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
SHAFFER TRUCKING OFFICE MANAGER

Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date 1000.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: SA11.4089

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. ARGYLE L. SHEETS

Mailing Address 1718 MILEGROUND ROAD

City State Zip Code
MORGANTOWN WV 26505-3753

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MORGANTOWN POWER EQUIPMENT OWNER

Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date 2000.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: SA11.4110

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 4000.00

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: PAGE 91 / 254

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)

MS. MARY ANNE SHORB

Mailing Address 814 WOODLAND WAY

City

HAGERSTOWN

State

MD

Zip Code

21742-3259

FEC ID number of contributing federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For: 2010

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY
08 / 19 / 2010

Transaction ID: SA11.4111

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. STEPHEN K. SHUMAN

Mailing Address P.O. BOX 842

City

MORGANTOWN

State

WV

Zip Code

26507-0842

FEC ID number of contributing federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
ATTORNEY

Receipt For: 2010

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY
09 / 01 / 2010

Transaction ID: SA11.4250

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

T. WILLIAM SIGNORELLI

Mailing Address P.O. BOX 4314

City

CHARLESTON

State

WV

Zip Code

25364-4314

FEC ID number of contributing federal political committee.

C

Name of Employer
SECURITY AMERICA, INC.

Occupation
SMALL BUSINESS OWNER

Receipt For: 2010

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 28 / 2010

Transaction ID: SA11.4746

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

4000.00

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: PAGE 92 / 254
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
MR. FRANK E. SIMMERMAN, JR.
Mailing Address ROUTE 1, BOX 396

City CLARKSBURG State WV Zip Code 26301-9755

FEC ID number of contributing federal political committee. C

Name of Employer SELF EMPLOYED Occupation ATTORNEY

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt 08 / 19 / 2010
Transaction ID: SA11.4122
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ALLEN HENRY SIMON
Mailing Address 1383 N CRISS ST

City CHANDLER State AZ Zip Code 85226-1307

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt 09 / 23 / 2010
Transaction ID: SA11.4560
Amount of Each Receipt this Period 2400.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JENNIFER SIMONDS
Mailing Address 4607 SW ROSE ST.

City SEATTLE State WA Zip Code 98136-2250

FEC ID number of contributing federal political committee. C

Name of Employer BOOKRAGS, INC. Occupation WEB DEVELOPER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt 09 / 27 / 2010
Transaction ID: SA11.4647
Amount of Each Receipt this Period 250.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 3650.00

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: PAGE 93 / 254 |
| | (check only one) |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| <input type="checkbox"/> | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) MR. LAWRENCE SIMON | Date of Receipt MM / DD / YYYY 09 / 09 / 2010 |
| | Mailing Address 21813 SAINT LOUIS RD | Transaction ID: SA11.4334 |
| | City State Zip Code MIDDLEBURG VA 20117-3715 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | CONTRIBUTION |
| Name of Employer N/A | Occupation RETIRED | |
| Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) MR. CHARLES D. SIMPSON | Date of Receipt MM / DD / YYYY 08 / 16 / 2010 |
| | Mailing Address 56 CLARK ROAD | Transaction ID: SA11.4049 |
| | City State Zip Code MORGANTOWN WV 26508-2622 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | CONTRIBUTION |
| Name of Employer GREER INDUSTRIES, INC. | Occupation MANAGER | |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) MR. CHARLES D. SIMPSON | Date of Receipt MM / DD / YYYY 09 / 29 / 2010 |
| | Mailing Address 56 CLARK ROAD | Transaction ID: SA11.4854 |
| | City State Zip Code MORGANTOWN WV 26508-2622 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | CONTRIBUTION |
| Name of Employer GREER INDUSTRIES, INC. | Occupation MANAGER | |
| Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | |
|---|---------|
| 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: PAGE 94 / 254
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
MRS. DEBORAH W. SIMPSON
Mailing Address 56 CLARK ROAD

City MORGANTOWN State WV Zip Code 26508-2622

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

Name of Employer GREER INDUSTRIES, INC. Occupation EXECUTIVE ASSISTANT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 16 / 2010
Transaction ID: SA11.4050
Amount of Each Receipt this Period 500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. DEBORAH W. SIMPSON
Mailing Address 56 CLARK ROAD

City MORGANTOWN State WV Zip Code 26508-2622

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

Name of Employer GREER INDUSTRIES, INC. Occupation EXECUTIVE ASSISTANT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 29 / 2010
Transaction ID: SA11.4855
Amount of Each Receipt this Period 500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. TAMERA L. SISLER
Mailing Address 1904 MILFORD STREET

City KINGWOOD State WV Zip Code 26537-1043

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

Name of Employer REED & SISLER Occupation ATTORNEY

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt 08 / 20 / 2010
Transaction ID: SA11.4176
Amount of Each Receipt this Period 2400.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 3400.00

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: PAGE 95 / 254

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
ALEX SLUSKY

Mailing Address ONE MARKET STREET

City SAN FRANCISCO State CA Zip Code 94105-1402

FEC ID number of contributing federal political committee. C

Name of Employer VECTOR CAPITAL Occupation FINANCE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11.5007

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. CHARLOTTE S. SNEAD

Mailing Address RT. 1, BOX 571A

City MT. CLARE State WV Zip Code 26408-9756

FEC ID number of contributing federal political committee. C

Name of Employer FAMILY Occupation HOME MAKER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt 08 / 10 / 2010

Transaction ID: SA11.4020

Amount of Each Receipt this Period 500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JAMES E. SONGER, II

Mailing Address DRAWER 1818

City BECKLEY State WV Zip Code 25802-1818

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11.5159

Amount of Each Receipt this Period 300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 1800.00

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 96 / 254 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
MR. JOSHUA D. SOWARDS

Mailing Address 205 SUN VALLEY ESTATE

City State Zip Code
SCOTT DEPOT WV 25560-9592

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

Name of Employer MYLAN PHARMACEUTICALS Occupation SALES

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 08 / 19 / 2010
Transaction ID: SA11.4165
Amount of Each Receipt this Period 250.00
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. RONALD SPENCER

Mailing Address P.O. BOX 143

City State Zip Code
SMITHBURG WV 26436-0143

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

Name of Employer Spencer Enterprises LLC Occupation Executive

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2010
Transaction ID: SA11.4862
Amount of Each Receipt this Period 500.00
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
GEORGE A. SPIX

Mailing Address 1 MICROSOFT WAY

City State Zip Code
REDMOND WA 98052-8300

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

Name of Employer MICROSOFT Occupation ENGINEER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 08 / 30 / 2010
Transaction ID: SA11.4225
Amount of Each Receipt this Period 250.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 1000.00

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: PAGE 97 / 254
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.
Full Name (Last, First, Middle Initial)
MR. FRANCO N. STERN
Mailing Address 1 CARRIAGE DRIVE
City State Zip Code
FAIRMONT WV 26554-1460
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
MT. LEVINE STEEL COMPANY EXECUTIVE
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010
Transaction ID: SA11.4087
Amount of Each Receipt this Period
2000.00
CONTRIBUTION

B.
Full Name (Last, First, Middle Initial)
MR. MICHAEL B. STERN
Mailing Address 77 GEORGIAN MANOR
City State Zip Code
FAIRMONT WV 26554-8838
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
STERN MANAGEMENT CORPORATION CORPORATE EXECUTIVE
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010
Transaction ID: SA11.4096
Amount of Each Receipt this Period
2000.00
CONTRIBUTION

C.
Full Name (Last, First, Middle Initial)
JUDY STEWART
Mailing Address 10909 DERRICKS CR RD
City State Zip Code
SISSONVILLE WV 25320-7523
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
CAMC MEDICAL TECHNOLOGIST
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2010
Transaction ID: SA11.4437
Amount of Each Receipt this Period
500.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 4500.00
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: | | PAGE 98 / 254 | | | | | | |
| | (check only one) | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
JAMES A. STOCKER

Mailing Address 10386 GLASGOW RD

City PORT WASHINGTON State OH Zip Code 43837-9260

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

Name of Employer STOCKER TRUCKING CO Occupation EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt MM / DD / YYYY
08 / 16 / 2010

Transaction ID: SA11.4046

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
JOSEPH REAY SUBRICK

Mailing Address 507 BELL HILL RD

City NEW CUMBERLAND State WV Zip Code 26047-1588

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

Name of Employer MINOVA AMERICAS Occupation CONSULTANT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt MM / DD / YYYY
08 / 25 / 2010

Transaction ID: SA11.4204

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
JOSEPH REAY SUBRICK

Mailing Address 507 BELL HILL RD

City NEW CUMBERLAND State WV Zip Code 26047-1588

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

Name of Employer MINOVA AMERICAS Occupation CONSULTANT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11.4959

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 5800.00

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: PAGE 99 / 254
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
MR. DAVID W. THOM

Mailing Address 5000 WEST PLATTE RIVER DRIVE

City State Zip Code
DONIPHAN NE 68832-9790

FEC ID number of contributing federal political committee.

Name of Employer Occupation
T&L IRRIGATION CO EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
09 / 21 / 2010

Transaction ID: SA11.4468

Amount of Each Receipt this Period

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JAMES THOM

Mailing Address P.O. BOX 1386

City State Zip Code
HASTINGS NE 68902-1386

FEC ID number of contributing federal political committee.

Name of Employer Occupation
T & L IRRIGATION CO EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
09 / 21 / 2010

Transaction ID: SA11.4467

Amount of Each Receipt this Period

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. LEROY W. THOM

Mailing Address P.O. BOX 1047

City State Zip Code
HASTINGS NE 68902-1047

FEC ID number of contributing federal political committee.

Name of Employer Occupation
T&L IRRIGATION CO EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
09 / 21 / 2010

Transaction ID: SA11.4469

Amount of Each Receipt this Period

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

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: PAGE 100 / 254

(check only one)

| | | | |
|---|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | | | |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
MR. JOHN L. THOMAS

Mailing Address 1204 GREENMONT HILLS DRIVE

City VIENNA State WV Zip Code 26105-3278

FEC ID number of contributing federal political committee. C

Name of Employer TRI-STATE ROOFING & SHEET METAL Occupation CONTRACTOR

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 09 / 17 / 2010
Transaction ID: SA11.4404
Amount of Each Receipt this Period 1500.00
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. JEAN COPELAND THOMPSON

Mailing Address 56 COUNTRY CLUB ROAD

City BIRMINGHAM State AL Zip Code 35213-3640

FEC ID number of contributing federal political committee. C

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 02 / 2010
Transaction ID: SA11.4264
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. ALBERT M. TIECHE, JR.

Mailing Address 524 WOODLAWN AVENUE

City BECKLEY State WV Zip Code 25801-6009

FEC ID number of contributing federal political committee. C

Name of Employer BECKLEY HOSPITAL INC Occupation ADMINISTRATIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2010
Transaction ID: SA11.5162
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 3500.00

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: PAGE 101 / 254
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
MR. ROBERT T. TOTH

Mailing Address 620 SUNSET BEACH ROAD

City State Zip Code
MORGANTOWN WV 26508-4429

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

Name of Employer Occupation
BT CONTRACTOR, INC. PRESIDENT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 20 / 2010

Transaction ID: SA11.4178

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JAMES M. TROY

Mailing Address 804 CASSVILLE-MT. MORRIS ROAD

City State Zip Code
MORGANTOWN WV 26501-2126

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

Name of Employer Occupation
GREER INDUSTRIES, INC. ACCOUNTANT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4800.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2010

Transaction ID: SA11.4291

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. CYNTHIA W. TURNER

Mailing Address 303 MILLSTONE DRIVE

City State Zip Code
BECKLEY WV 25801-9544

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11.5151

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 3900.00

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: PAGE 102 / 254

(check only one)

| | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 11d | |
| <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13a | <input type="checkbox"/> | 13b | <input type="checkbox"/> | 14 | |
| | | | | | | | <input type="checkbox"/> | 15 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
MR. VINCENT P. TUTINO

Mailing Address 3031 WILMINGTON ROAD

City State Zip Code
NEW CASTLE PA 16105-1242

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
LINDY PAVING, INC. PRESIDENT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 27 / 2010

Transaction ID: SA11.4224

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. MARK D. URSO

Mailing Address 513 HERITAGE ROAD

City State Zip Code
BRIDGEPORT WV 26330-9283

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
BEAR CONTRACTORS CONTRACTOR

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: SA11.4162

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DR. RICK VAGLIENTI

Mailing Address 15 NORDIC DR

City State Zip Code
MORGANTOWN WV 26505-3667

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
WVU DOCTOR

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2010

Transaction ID: SA11.4349

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 1750.00

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: PAGE 103 / 254 |
| | (check only one) |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
MR. CHARLES VANVOORHIS

Mailing Address 1144 HOOPER CREEK ROAD

City TRYON State NC Zip Code 28782-9300

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 13 / 2010

Transaction ID: SA11.4042

Amount of Each Receipt this Period 500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. CHARLES VANVOORHIS

Mailing Address 1144 HOOPER CREEK ROAD

City TRYON State NC Zip Code 28782-9300

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 26 / 2010

Transaction ID: SA11.4621

Amount of Each Receipt this Period 500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. D. STEPHEN S. WALKER

Mailing Address 1410 CONNELL ROAD

City CHARLESTON State WV Zip Code 25314-1924

FEC ID number of contributing federal political committee. C

Name of Employer CECIL I. WALKER MACHINE Occupation RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 09 / 26 / 2010

Transaction ID: SA11.4620

Amount of Each Receipt this Period 2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 3000.00

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: PAGE 104 / 254
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
MRS. ELIZABETH D. WALKER

Mailing Address 1016 RUSTLING ROAD

City SOUTH CHARLESTON State WV Zip Code 25303-2725

FEC ID number of contributing federal political committee. C

Name of Employer SELF Occupation HOMEMAKER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt 08 / 19 / 2010
Transaction ID: SA11.4108
Amount of Each Receipt this Period 2400.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. J. STEVEN WALKER

Mailing Address 2099 LAKESIDE ESTATES

City MORGANTOWN State WV Zip Code 26508-5618

FEC ID number of contributing federal political committee. C

Name of Employer JS WALKER & ASSOCIATES Occupation REALTOR

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 25 / 2010
Transaction ID: SA11.4206
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MICHAEL S. WALKER

Mailing Address 1016 RUSTLING ROAD

City CHARLESTON State WV Zip Code 25303-2725

FEC ID number of contributing federal political committee. C

Name of Employer CECIL I. WALKER MACHINE Occupation VICE PRESIDENT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt 08 / 19 / 2010
Transaction ID: SA11.4103
Amount of Each Receipt this Period 2400.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 5800.00

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: PAGE 105 / 254 |
| | (check only one) |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| <input type="checkbox"/> | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

| | | |
|---|--|--|
| A. Full Name (Last, First, Middle Initial) MR. JAMES W. WALLACE Mailing Address P.O. BOX 1426 | | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 Transaction ID: SA11.4109 |
| City State Zip Code ELKINS WV 26241-1426 | Amount of Each Receipt this Period 2000.00 CONTRIBUTION | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer SELF EMPLOYED Occupation REAL ESTATE Election Cycle-to-Date ▼ 2000.00 | | |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|--|
| B. Full Name (Last, First, Middle Initial) MR. DUANE WALLS Mailing Address 2416 WOOLEN MILLS ROAD | | Date of Receipt MM / DD / YYYY 08 / 23 / 2010 Transaction ID: SA11.4199 |
| City State Zip Code ALBRIGHT WV 26519-7704 | Amount of Each Receipt this Period 700.00 CONTRIBUTION | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer GREER INDUSTRIES, INC. Occupation EXECUTIVE Election Cycle-to-Date ▼ 700.00 | | |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|--|
| C. Full Name (Last, First, Middle Initial) MR. JOHN WASSICK III Mailing Address P.O. BOX 1588 | | Date of Receipt MM / DD / YYYY 08 / 13 / 2010 Transaction ID: SA11.4044 |
| City State Zip Code MORGANTOWN WV 26507-1588 | Amount of Each Receipt this Period 500.00 CONTRIBUTION | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer WASSICK NOVELTY COMPANY Occupation SELF EMPLOYED Election Cycle-to-Date ▼ 500.00 | | |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 3200.00 |
| 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: PAGE 106 / 254

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
WILLIAM WEAVER

Mailing Address 5858 SUNSET LANE

City INDIANAPOLIS State IN Zip Code 46228-1450

FEC ID number of contributing federal political committee. C

Name of Employer WEAVER POPCORN COMPANY Occupation BUSINESS

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt 09 / 22 / 2010

Transaction ID: SA11.4489

Amount of Each Receipt this Period 2400.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. FRANCES LYN WEISS

Mailing Address 130 SHERIDAN LANE

City MORGANTOWN State WV Zip Code 26508-4233

FEC ID number of contributing federal political committee. C

Name of Employer ASHBROOK, INC. Occupation EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 27 / 2010

Transaction ID: SA11.4221

Amount of Each Receipt this Period 500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. CHARLES WELLINGS

Mailing Address HC 68 BOX 3

City WEST UNION State WV Zip Code 26456-9009

FEC ID number of contributing federal political committee. C

Name of Employer SELF-EMPLOYED Occupation FARMER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 19 / 2010

Transaction ID: SA11.4133

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 3900.00

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: PAGE 107 / 254 |
| | (check only one) |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| <input type="checkbox"/> | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
MR. PHILLIP WESER

Mailing Address 973 TYRONE ROAD

City MORGANTOWN State WV Zip Code 26508-2971

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

Name of Employer MARCH WESTIN CONSTRUCTION COMPANY Occupation EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: MM / DD / YYYY
08 / 24 / 2010

Transaction ID: SA11.4201

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. STEPHEN B. WHITFIELD

Mailing Address 1315 LAKE DRIVE

City DANIELS State WV Zip Code 25832-9237

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

Name of Employer OSSA Occupation SURGEON

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11.5148

Amount of Each Receipt this Period: 750.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. CHARLES E. WIEDEBUSCH

Mailing Address 312 JACKSON AVENUE

City MORGANTOWN State WV Zip Code 26501-6614

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

Name of Employer WELLS FARGO INSURANCE SERVICE OF WEST Occupation INSURANCE AGENT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: MM / DD / YYYY
08 / 13 / 2010

Transaction ID: SA11.4043

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 2750.00

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: PAGE 108 / 254

(check only one)

| | | | |
|---|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | | | |

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NAME OF COMMITTEE (In Full)

Raese for Senate

A.

Full Name (Last, First, Middle Initial)

MR. ROGER WILFONG

Mailing Address P.O. BOX 145

City

ROCK CAVE

State

WV

Zip Code

26234-0145

FEC ID number of contributing federal political committee.

C

Name of Employer
POLINO CONTRACTING, INC.

Occupation
PURCHASING

Receipt For: 2010

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
08 / 19 / 2010

Transaction ID: SA11.4153

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR & MRS JOHN D. WILSHERE

Mailing Address 102 WILSHERE HTS

City

DUNBAR

State

WV

Zip Code

25064-2714

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2010

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

MM / DD / YYYY
09 / 03 / 2010

Transaction ID: SA11.4269

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR & MRS JOHN D. WILSHERE

Mailing Address 102 WILSHERE HTS

City

DUNBAR

State

WV

Zip Code

25064-2714

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2010

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11.5010

Amount of Each Receipt this Period

600.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

1002074145

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

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

FOR LINE NUMBER: PAGE 109 / 254

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
BLAIR J. WILSON
Mailing Address 28 WHITE BRIDGE ROAD, SUITE 210
City Nashville State TN Zip Code 37205-1467
FEC ID number of contributing federal political committee. C
Name of Employer SELF-EMPLOYED Occupation INVESTMENT
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2400.00

Date of Receipt 09 / 28 / 2010
Transaction ID: SA11.4885
Amount of Each Receipt this Period 2400.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MARK A. WILSON
Mailing Address 312 OAKLAND STREET
City Morgantown State WV Zip Code 26505-4626
FEC ID number of contributing federal political committee. C
Name of Employer GREER INDUSTRIES, INC. Occupation EXECUTIVE
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 4800.00

Date of Receipt 09 / 17 / 2010
Transaction ID: SA11.4403
Amount of Each Receipt this Period 2400.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. SANDRA KAY WILSON
Mailing Address 312 OAKLAND STREET
City Morgantown State WV Zip Code 26505-4626
FEC ID number of contributing federal political committee. C
Name of Employer GREER INDUSTRIES, INC. Occupation LAWYER
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00

Date of Receipt 08 / 19 / 2010
Transaction ID: SA11.4130
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 5800.00
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: PAGE 110 / 254

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

Raese for Senate

A.

Full Name (Last, First, Middle Initial)

MRS. SANDRA KAY WILSON

Mailing Address 312 OAKLAND STREET

City State Zip Code
MORGANTOWN WV 26505-4626

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

Name of Employer Occupation
GREER INDUSTRIES, INC. LAWYER

Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼
2000.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11.5067

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. M. JAY WOLFE

Mailing Address R.R. \$ BOX 840

City State Zip Code
SALEM WV 26426

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

Name of Employer Occupation
WOLFE FURNER INSURANCE INSURANCE AGENT

Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼
500.00

Date of Receipt

MM / DD / YYYY
09 / 07 / 2010

Transaction ID: SA11.4300

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. TIMOTHY B. WOLFE

Mailing Address 410 JEROME STREET

City State Zip Code
MORGANTOWN WV 26505-5320

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

Name of Employer Occupation
GREER INDUSTRIES, INC. MANAGER

Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼
1000.00

Date of Receipt

MM / DD / YYYY
08 / 23 / 2010

Transaction ID: SA11.4186

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2000.00

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: PAGE 111 / 254
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
MR. TIMOTHY B. WOLFE

Mailing Address 410 JEROME STREET

City MORGANTOWN State WV Zip Code 26505-5320

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

Name of Employer GREER INDUSTRIES, INC. Occupation MANAGER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 26 / 2010
Transaction ID: SA11.4613
Amount of Each Receipt this Period 500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JASON C. WORKMAN

Mailing Address 323 HORSHOE DRIVE WEST

City BRUCTON MILLS State WV Zip Code 26525

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

Name of Employer MOUNTAINEER CONTRACTORS, INC. Occupation MANAGER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 19 / 2010
Transaction ID: SA11.4121
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOHN M. ZANNONI

Mailing Address 704 BRIDGEPORT DRIVE

City KNOXVILLE State TN Zip Code 37934-4783

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

Name of Employer ALCOA PRIMARY METALS Occupation HUMAN RESOURCE MANAGER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 11 / 2010
Transaction ID: SA11.4035
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 2500.00

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: PAGE 112 / 254

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
MATTHEW ZELL

Mailing Address 2 N. RIVERSIDE PLAZA

City CHICAGO State IL Zip Code 60606-2600

FEC ID number of contributing federal political committee. C

Name of Employer EGI Occupation INVESTOR

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 21 / 2010

Transaction ID: SA11.4444

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. NICK L. ZERVOS

Mailing Address 611 WINGS KNOB PLACE

City MORGANTOWN State WV Zip Code 26508-9031

FEC ID number of contributing federal political committee. C

Name of Employer MOUNTAIN STATE ORTHOPEDIC ASSOCIATES Occupation PHYSICIAN

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 19 / 2010

Transaction ID: SA11.4147

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DARLA ZINI

Mailing Address 7 ZARA DRIVE

City MORGANTOWN State WV Zip Code 26508-3200

FEC ID number of contributing federal political committee. C

Name of Employer WV RADIO CORPORATION Occupation ACCOUNT EXECUTIVE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 08 / 20 / 2010

Transaction ID: SA11.4170

Amount of Each Receipt this Period 250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 2250.00

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: PAGE 113 / 254
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
RASHELL ZIPP

Mailing Address P.O. BOX 1541

City State Zip Code
CLARKSBURG WV 26302-1541

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
SELF HOMEMAKER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2010

Transaction ID: SA11.4384

Amount of Each Receipt this Period
1500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BRISTOL BROADCASTING CO., INC.

Mailing Address P.O. BOX 871

City State Zip Code
CHARLESTON WV 25323-0871

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
910.00

Date of Receipt
MM / DD / YYYY
09 / 13 / 2010

Transaction ID: SA11.4368

Amount of Each Receipt this Period
910.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
EAGLE HOSPITALITY LLC

Mailing Address 1742 FAIRMONT AVENUE

City State Zip Code
FAIRMONT WV 26554-2038

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1400.00

Date of Receipt
MM / DD / YYYY
08 / 20 / 2010

Transaction ID: SA11.4179

Amount of Each Receipt this Period
1400.00

CONTRIBUTION

IN-KIND: FOOD AND BEVERAGE

SUBTOTAL of Receipts This Page (optional) ▶ 3810.00

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: PAGE 114 / 254
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
MARS LLC

Mailing Address 512 HARTMAN RUN ROAD

City State Zip Code
MORGANTOWN WV 26505-3759

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 09 / 30 / 2010
Transaction ID: SA11.4985
Amount of Each Receipt this Period: 500.00
CONTRIBUTION
SEE ATTRIBUTION

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

Mailing Address 512 HARTMAN RUN ROAD

City State Zip Code
MORGANTOWN WV 26505-3759

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

Name of Employer Occupation
MARS, LLC SELF-EMPLOYED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 09 / 30 / 2010
Transaction ID: SA11.4985B
Amount of Each Receipt this Period: 500.00
CONTRIBUTION
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MUTSCHELKNAUS OIL AND GAS

Mailing Address P.O. BOX 351

City State Zip Code
SALEM WV 26426-0351

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 09 / 28 / 2010
Transaction ID: SA11.4863
Amount of Each Receipt this Period: 500.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 1000.00

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

1102071412

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

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

FOR LINE NUMBER: PAGE 115 / 254
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
VERITAS CONTRACTING LLC
Mailing Address P.O. BOX 1395
City MORGANTOWN State WV Zip Code 26507-1395
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010
Transaction ID: SA11.4168
Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ZIP LLC
Mailing Address 92 CHATEAU ROYALE COURT
City MORGANTOWN State WV Zip Code 26505-1870
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010
Transaction ID: SA11.4145
Amount of Each Receipt this Period
1000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 2000.00
TOTAL This Period (last page this line number only) ▶ 342976.18

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 116 / 254
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
DODDRIDGE CO. REPUBLICAN EXECUTIVE COMMITTEE

Mailing Address

City State Zip Code
WEST UNION WV 26456

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2010

Transaction ID: SA11.4860

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NATIONAL REP SENATORIAL COMMITTEE

Mailing Address 425 2ND STREET, NE

City State Zip Code
WASHINGTON DC 20002-4914

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
42600.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2010

Transaction ID: SA11.4344

Amount of Each Receipt this Period
42600.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 43600.00

TOTAL This Period (last page this line number only) ▶ 43600.00

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 117 / 254 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
SHELLEY MOORE CAPITO FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 11519

City CHARLESTON State WV Zip Code 25339-1519

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 09 / 17 / 2010
 Transaction ID: SA11.4408
 Amount of Each Receipt this Period 2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HARRISON COUNTY REPUBLICAN CLUB

Mailing Address 223 GORDON STREET

City BRIDGEPORT State WV Zip Code 26330-1827

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 610.50

Date of Receipt 09 / 28 / 2010
 Transaction ID: SA11.4861
 Amount of Each Receipt this Period 610.50
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NEXT CENTURY FUND

Mailing Address 116 S. ROYAL STREET

City ALEXANDRIA State VA Zip Code 22314-3328

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 09 / 26 / 2010
 Transaction ID: SA11.4624
 Amount of Each Receipt this Period 5000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 7610.50

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: PAGE 118 / 254

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Raese for Senate

A.

Full Name (Last, First, Middle Initial)

TENN PAC, INC.

Mailing Address 228 SOUTH WASHINGTON
SUITE 115

City State Zip Code
ALEXANDRIA VA 22314-5404

FEC ID number of contributing federal political committee. **C** C00388421

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11.5068

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

THE ALAMO PAC

Mailing Address P.O. BOX 13026

City State Zip Code
AUSTIN TX 78711-3026

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

MM / DD / YYYY
09 / 13 / 2010

Transaction ID: SA11.4376

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

WV FARM PAC

Mailing Address 1 RED ROCK ROAD

City State Zip Code
BUCKHANNON WV 26201-9702

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

MM / DD / YYYY
09 / 13 / 2010

Transaction ID: SA11.4377

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

22610.50

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

| | |
|---|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 119 / 254 |
| (check only one) | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

| | | |
|--|--|---|
| A. Full Name (Last, First, Middle Initial) JOHN RAESE Mailing Address P.O. BOX 262 City MORGANTOWN State WV Zip Code 26507 FEC ID number of contributing federal political committee. C | | Date of Receipt <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 21 / 2010 Transaction ID: SA13A.001 Amount of Each Receipt this Period <input type="text"/> 200000.00 CANDIDATE LOAN PERSONAL FUNDS |
| Name of Employer GREER INDUSTRIES, INC. Occupation CEO Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text"/> 850000.00 | | |

| | | |
|--|--|---|
| B. Full Name (Last, First, Middle Initial) JOHN RAESE Mailing Address P.O. BOX 262 City MORGANTOWN State WV Zip Code 26507 FEC ID number of contributing federal political committee. C | | Date of Receipt <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 10 / 2010 Transaction ID: SA13A.002 Amount of Each Receipt this Period <input type="text"/> 250000.00 CANDIDATE LOAN PERSONAL FUNDS |
| Name of Employer GREER INDUSTRIES, INC. Occupation Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text"/> 850000.00 | | |

| | | |
|--|--|---|
| C. Full Name (Last, First, Middle Initial) JOHN RAESE Mailing Address P.O. BOX 262 City MORGANTOWN State WV Zip Code 26507 FEC ID number of contributing federal political committee. C | | Date of Receipt <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 24 / 2010 Transaction ID: SA13A.003 Amount of Each Receipt this Period <input type="text"/> 250000.00 CANDIDATE LOAN PERSONAL FUNDS |
| Name of Employer GREER INDUSTRIES, INC. Occupation CEO Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text"/> 850000.00 | | |

| | |
|---|--------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 700000.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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 120 / 254 |
| | <input type="checkbox"/> 11a <input checked="" type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

| | |
|---|---|
| Full Name (Last, First, Middle Initial) JOHN RAESE | Date of Receipt MM / DD / YYYY 09 / 30 / 2010 |
| Mailing Address P.O. BOX 262 | Transaction ID: SA13A.004 |
| City MORGANTOWN State WV Zip Code 26507 | Amount of Each Receipt this Period 100000.00 |
| FEC ID number of contributing federal political committee. C | CANDIDATE LOAN |
| Name of Employer GREER INDUSTRIES, INC. Occupation CEO | PERSONAL FUNDS |
| Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 850000.00 |

B.

| | |
|---|---|
| Full Name (Last, First, Middle Initial) JOHN RAESE | Date of Receipt MM / DD / YYYY 08 / 10 / 2010 |
| Mailing Address P.O. BOX 262 | Transaction ID: SA13A.005 |
| City MORGANTOWN State WV Zip Code 26507 | Amount of Each Receipt this Period 200000.00 |
| FEC ID number of contributing federal political committee. C | CANDIDATE LOAN |
| Name of Employer GREER INDUSTRIES, INC. Occupation CEO | PERSONAL FUNDS |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 850000.00 |

C.

| | |
|---|---|
| Full Name (Last, First, Middle Initial) JOHN RAESE | Date of Receipt MM / DD / YYYY 08 / 17 / 2010 |
| Mailing Address P.O. BOX 262 | Transaction ID: SA13A.006 |
| City MORGANTOWN State WV Zip Code 26507 | Amount of Each Receipt this Period 200000.00 |
| FEC ID number of contributing federal political committee. C | CANDIDATE LOAN |
| Name of Employer GREER INDUSTRIES, INC. Occupation CEO | PERSONAL FUNDS |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 850000.00 |

| | |
|---|-----------|
| SUBTOTAL of Receipts This Page (optional) | 500000.00 |
| 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: | | PAGE 121 / 254 | |
| | (check only one) | | | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input checked="" type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

| | | | | |
|---|--|-------------------|----------------------------------|------------------------------------|
| A. | Full Name (Last, First, Middle Initial) JOHN RAESE | | Date of Receipt | |
| | Mailing Address P.O. BOX 262 | | MM / DD / YYYY 09 / 01 / 2010 | |
| | City | State | Zip Code | Transaction ID: SA13A.007 |
| | MORGANTOWN | WV | 26507 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 100000.00 |
| | Name of Employer GREER INDUSTRIES, INC. | Occupation CEO | CANDIDATE LOAN | |
| Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ | PERSONAL FUNDS | | |
| | | 850000.00 | | |

| | | |
|---|---|------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 100000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 1300000.00 |

**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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) PAMELA BOSSIO | Transaction ID: SB.65 |
| | Mailing Address 2233 LAKESIDE ESTATE | Date of Disbursement MM / DD / YYYY 08 / 13 / 2010 |
| | City MORGANTOWN State WV Zip Code 26508 | Amount of Each Disbursement this Period 445.13 |
| | Purpose of Disbursement REIMBURSE FOR PHONES Candidate Name | Category/ Type 000 |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) LISA M. BROWN | Transaction ID: SB.45 |
| | Mailing Address PO BOX 262 | Date of Disbursement MM / DD / YYYY 09 / 22 / 2010 |
| | City MORGANTOWN State WV Zip Code 26507 | Amount of Each Disbursement this Period 135.95 |
| | Purpose of Disbursement REIMBURSEMENT - TRAVEL Candidate Name | Category/ Type 000 |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) LISA M. BROWN | Transaction ID: SB.46 |
| | Mailing Address PO BOX 262 | Date of Disbursement MM / DD / YYYY 09 / 24 / 2010 |
| | City MORGANTOWN State WV Zip Code 26507 | Amount of Each Disbursement this Period 200.00 |
| | Purpose of Disbursement PROMOTIONAL Candidate Name | Category/ Type 000 |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 781.08 |
| TOTAL This Period (last page this line number only) | |

1002074160

**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 123 / 254

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
LISA M. BROWN

Mailing Address PO BOX 262

City MORGANTOWN State WV Zip Code 26507

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.47
Date of Disbursement 09 / 24 / 2010

Amount of Each Disbursement this Period 1126.62

Category/Type 000

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

Mailing Address 202 THE BOULEVARD

City POINT MARION State PA Zip Code 15474

Purpose of Disbursement IN KIND CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District: 00

Transaction ID: SBIK.001
Date of Disbursement 09 / 06 / 2010

Amount of Each Disbursement this Period 200.00

FOOD AND BEVERAGE

Category/Type 000

C. Full Name (Last, First, Middle Initial)
JOHN W. DEOUDES

Mailing Address PO BOX 262

City MORGANTOWN State WV Zip Code 26507

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.36
Date of Disbursement 09 / 02 / 2010

Amount of Each Disbursement this Period 162.55

Category/Type 000

SUBTOTAL of Disbursements This Page (optional) ► 1489.17

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 124 / 254

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
JOHN W. DEOUCES

Mailing Address PO BOX 262

City MORGANTOWN State WV Zip Code 26507

Purpose of Disbursement REIMBURSEMENT - TRAVEL

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB.37
Date of Disbursement 09 / 10 / 2010

Amount of Each Disbursement this Period 168.50

Category/Type 000

B.

Full Name (Last, First, Middle Initial)
JOHN W. DEOUCES

Mailing Address PO BOX 262

City MORGANTOWN State WV Zip Code 26507

Purpose of Disbursement REIMBURSEMENT - TRAVEL

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB.38
Date of Disbursement 09 / 15 / 2010

Amount of Each Disbursement this Period 94.00

Category/Type 000

C.

Full Name (Last, First, Middle Initial)
JOHN W. DEOUCES

Mailing Address PO BOX 262

City MORGANTOWN State WV Zip Code 26507

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB.39
Date of Disbursement 09 / 24 / 2010

Amount of Each Disbursement this Period 252.19

Category/Type 000

SUBTOTAL of Disbursements This Page (optional) ▶ 514.69

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 125 / 254

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
JOHN W. DEOUES

Mailing Address PO BOX 262

City MORGANTOWN State WV Zip Code 26507

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB.40
Date of Disbursement 08 / 27 / 2010

Amount of Each Disbursement this Period 885.82

Category/Type 000

B. Full Name (Last, First, Middle Initial)
JOHN W. DEOUES

Mailing Address PO BOX 262

City MORGANTOWN State WV Zip Code 26507

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB.41
Date of Disbursement 09 / 10 / 2010

Amount of Each Disbursement this Period 885.82

Category/Type 000

C. Full Name (Last, First, Middle Initial)
JOHN W. DEOUES

Mailing Address PO BOX 262

City MORGANTOWN State WV Zip Code 26507

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB.42
Date of Disbursement 09 / 24 / 2010

Amount of Each Disbursement this Period 885.82

Category/Type 000

SUBTOTAL of Disbursements This Page (optional) ▶ 2657.46

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 126 / 254 | |
| | <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)
Raese for Senate

| | | |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial) JIM DORNAN | Transaction ID: SB.34 Date of Disbursement 09 / 15 / 2010 |
| | Mailing Address PO BOX 262 | Amount of Each Disbursement this Period 2117.49 |
| | City MORGANTOWN State WV Zip Code 26507 | |
| | Purpose of Disbursement POSTAGE & OVERNIGHT FEES | 000 Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|---|
| B. | Full Name (Last, First, Middle Initial) JIM DORNAN | Transaction ID: SB.35 Date of Disbursement 09 / 24 / 2010 |
| | Mailing Address PO BOX 262 | Amount of Each Disbursement this Period 1878.44 |
| | City MORGANTOWN State WV Zip Code 26507 | |
| | Purpose of Disbursement SIGNS & STICKERS | 000 Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) MR. ROBERT A. HENN | Transaction ID: SB17.4323 Date of Disbursement 08 / 13 / 2010 |
| | Mailing Address 137 HUMMINGBIRD LANE | Amount of Each Disbursement this Period 8.80 |
| | City MORGANTOWN State WV Zip Code 26508-8661 | |
| | Purpose of Disbursement IN-KIND CONTRIBUTION | 000 Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | 4004.73 |
| 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)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
MR. ROBERT A. HENN

Mailing Address 137 HUMMINGBIRD LANE

City MORGANTOWN State WV Zip Code 26508-8661

Purpose of Disbursement IN-KIND CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB17.4323B
Date of Disbursement 09 / 02 / 2010

Amount of Each Disbursement this Period 305.28

PROMOTIONAL MATERIAL

B. Full Name (Last, First, Middle Initial)
MR. MICHAEL A. MARRARA

Mailing Address 144 PINETREE LANE

City MORGANTOWN State WV Zip Code 26508-8129

Purpose of Disbursement IN-KIND CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB17.4169
Date of Disbursement 08 / 19 / 2010

Amount of Each Disbursement this Period 1466.10

FOOD AND BEVERAGE

C. Full Name (Last, First, Middle Initial)
TERRANCE P. RINEHART

Mailing Address PO BOX 262

City MORGANTOWN State WV Zip Code 26507

Purpose of Disbursement REIMBURSEMENT - TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.87
Date of Disbursement 08 / 13 / 2010

Amount of Each Disbursement this Period 71.00

SUBTOTAL of Disbursements This Page (optional) ▶ 1842.38

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 128 / 254

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) TERRANCE P. RINEHART | | Transaction ID: SB.88 | |
| Mailing Address PO BOX 262 | | Date of Disbursement 08 / 23 / 2010 | |
| City MORGANTOWN | State WV | Zip Code 26507 | Amount of Each Disbursement this Period 186.00 |
| Purpose of Disbursement REIMBURSEMENT - TRAVEL | | 000 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: 00 | | | |

B.

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) TERRANCE P. RINEHART | | Transaction ID: SB.89 | |
| Mailing Address PO BOX 262 | | Date of Disbursement 08 / 26 / 2010 | |
| City MORGANTOWN | State WV | Zip Code 26507 | Amount of Each Disbursement this Period 109.50 |
| Purpose of Disbursement REIMBURSEMENT - TRAVEL | | 000 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: 00 | | | |

C.

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) TERRANCE P. RINEHART | | Transaction ID: SB.90 | |
| Mailing Address PO BOX 262 | | Date of Disbursement 09 / 17 / 2010 | |
| City MORGANTOWN | State WV | Zip Code 26507 | Amount of Each Disbursement this Period 123.00 |
| Purpose of Disbursement REIMBURSEMENT - TRAVEL | | 000 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: 00 | | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional) | 418.50 |
| 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)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
TERRANCE P. RINEHART

Mailing Address PO BOX 262

City MORGANTOWN State WV Zip Code 26507

Purpose of Disbursement REIMBURSEMENT - TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.91
Date of Disbursement 09 / 21 / 2010

Amount of Each Disbursement this Period 128.00

Category/Type 000

B. Full Name (Last, First, Middle Initial)
TERRANCE P. RINEHART

Mailing Address PO BOX 262

City MORGANTOWN State WV Zip Code 26507

Purpose of Disbursement REIMBURSEMENT - TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.92
Date of Disbursement 09 / 24 / 2010

Amount of Each Disbursement this Period 59.00

Category/Type 000

C. Full Name (Last, First, Middle Initial)
TERRANCE P. RINEHART

Mailing Address PO BOX 262

City MORGANTOWN State WV Zip Code 26507

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.93
Date of Disbursement 08 / 27 / 2010

Amount of Each Disbursement this Period 1344.56

Category/Type 000

SUBTOTAL of Disbursements This Page (optional) ▶ 1531.56

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)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
TERRANCE P. RINEHART

Transaction ID: SB.94
Date of Disbursement

Mailing Address PO BOX 262

/ /

City MORGANTOWN State WV Zip Code 26507

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
TERRANCE P. RINEHART

Transaction ID: SB.95
Date of Disbursement

Mailing Address PO BOX 262

/ /

City MORGANTOWN State WV Zip Code 26507

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
TERRANCE P. RINEHART

Transaction ID: SB.96
Date of Disbursement

Mailing Address PO BOX 262

/ /

City MORGANTOWN State WV Zip Code 26507

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

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)

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| | | | |
|--|------------------------------|------------------------------|------------------------------|
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| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
TERRANCE P. RINEHART

Mailing Address PO BOX 262

City MORGANTOWN State WV Zip Code 26507

Purpose of Disbursement FUEL

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB.97
Date of Disbursement 09 / 10 / 2010

Amount of Each Disbursement this Period 177.05

Category/Type 000

B. Full Name (Last, First, Middle Initial)
SARAH A. WEBB

Mailing Address PO BOX 262

City MORGANTOWN State WV Zip Code 26507

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB.79
Date of Disbursement 09 / 10 / 2010

Amount of Each Disbursement this Period 85.00

Category/Type 000

C. Full Name (Last, First, Middle Initial)
SARAH A. WEBB

Mailing Address PO BOX 262

City MORGANTOWN State WV Zip Code 26507

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB.80
Date of Disbursement 09 / 24 / 2010

Amount of Each Disbursement this Period 483.88

Category/Type 000

SUBTOTAL of Disbursements This Page (optional) ▶ 745.93

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)

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| | | | |
|--|------------------------------|------------------------------|------------------------------|
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| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) ADVANTAGE, INC. | | Transaction ID: SB.1 Date of Disbursement 08 / 26 / 2010 | |
| Mailing Address 2300 CLARENDON BOULEVARD | | Amount of Each Disbursement this Period 7174.86 | |
| City ARLINGTON | State VA | Zip Code 22201 | Amount of Each Disbursement this Period 7174.86 |
| Purpose of Disbursement PROMOTIONAL | | Category/ Type 000 | |
| 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: 00 | | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) ADVANTAGE, INC. | | Transaction ID: SB.2 Date of Disbursement 09 / 15 / 2010 | |
| Mailing Address 2300 CLARENDON BOULEVARD | | Amount of Each Disbursement this Period 7516.86 | |
| City ARLINGTON | State VA | Zip Code 22201 | Amount of Each Disbursement this Period 7516.86 |
| Purpose of Disbursement PROMOTIONAL | | Category/ Type 000 | |
| 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: 00 | | | |

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) AMERICAN EXPRESS | | Transaction ID: SB.3 Date of Disbursement 09 / 07 / 2010 | |
| Mailing Address P. O. BOX 53852 | | Amount of Each Disbursement this Period 7.38 | |
| City PHOENIX | State AZ | Zip Code 85072 | Amount of Each Disbursement this Period 7.38 |
| Purpose of Disbursement CREDIT CARD MERCHANT FEES | | Category/ Type 000 | |
| 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: 00 | | | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional) | 14699.10 |
| TOTAL This Period (last page this line number only) | |

11002074170

**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)

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| | | | |
|--|------------------------------|------------------------------|------------------------------|
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| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
AT & T MOBILITY

Mailing Address P.O. BOX 6463

City CAROL STREAM State IL Zip Code 60197

Purpose of Disbursement
CELLPHONE EXPENSE

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB.4
Date of Disbursement
08 / 26 / 2010

Amount of Each Disbursement this Period
1566.95

Category/Type
000

B.

Full Name (Last, First, Middle Initial)
BAKER HOSTETLER LLP

Mailing Address P.O. BOX 70189

City CLEVELAND State OH Zip Code 44190

Purpose of Disbursement
LEGAL AND PROFESSIONAL

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB.5
Date of Disbursement
08 / 23 / 2010

Amount of Each Disbursement this Period
580.00

Category/Type
000

C.

Full Name (Last, First, Middle Initial)
BBL FLEET

Mailing Address 100 OLD POND ROAD

City BRIDGEVILLE State PA Zip Code 15017

Purpose of Disbursement
VEHICLE LEASE

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB.6
Date of Disbursement
08 / 18 / 2010

Amount of Each Disbursement this Period
1766.55

Category/Type
000

SUBTOTAL of Disbursements This Page (optional) ► 3913.50

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

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
BBL FLEET

Mailing Address 100 OLD POND ROAD

City BRIDGEVILLE State PA Zip Code 15017

Purpose of Disbursement
VEHICLE LEASE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General
 Other (specify) ▼

State: District: 00

Transaction ID: SB.7
Date of Disbursement
08 / 23 / 2010

Amount of Each Disbursement this Period
103.00

Category/Type
000

B.

Full Name (Last, First, Middle Initial)
BBL FLEET

Mailing Address 100 OLD POND ROAD

City BRIDGEVILLE State PA Zip Code 15017

Purpose of Disbursement
VEHICLE LEASE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General
 Other (specify) ▼

State: District: 00

Transaction ID: SB.8
Date of Disbursement
09 / 10 / 2010

Amount of Each Disbursement this Period
1766.55

Category/Type
000

C.

Full Name (Last, First, Middle Initial)
BBL FLEET

Mailing Address 100 OLD POND ROAD

City BRIDGEVILLE State PA Zip Code 15017

Purpose of Disbursement
VEHICLE LEASE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General
 Other (specify) ▼

State: District: 00

Transaction ID: SB.9
Date of Disbursement
09 / 10 / 2010

Amount of Each Disbursement this Period
131.80

Category/Type
000

SUBTOTAL of Disbursements This Page (optional) ▶ 2001.35

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

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
CAMPAIGN SOLUTIONS/ THE DONATELLI GROUP

Mailing Address 117 NORTH SAINT ASAPH STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement WEB SITE EXPENSES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.10
Date of Disbursement 09 / 10 / 2010

Amount of Each Disbursement this Period 4321.39

Category/Type 000

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

Mailing Address P.O. BOX 1877

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement WEB SITE EXPENSES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.11
Date of Disbursement 09 / 10 / 2010

Amount of Each Disbursement this Period 18.76

Category/Type 000

C. Full Name (Last, First, Middle Initial)
CENTRA BANK, INC.

Mailing Address 990 ELMER PRINCE DRIVE
P.O. BOX 656

City MORGANTOWN State WV Zip Code 26507

Purpose of Disbursement BANK CHARGES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.12
Date of Disbursement 08 / 23 / 2010

Amount of Each Disbursement this Period 1500.00

Category/Type 000

SUBTOTAL of Disbursements This Page (optional) ▶ 5840.15

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 136 / 254 |
| | <input checked="" type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19a <input type="checkbox"/> 19b <input type="checkbox"/> 20a <input type="checkbox"/> 20b <input type="checkbox"/> 20c <input type="checkbox"/> 21 | |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement COMPLIANCE AND DATA SERVICES

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB.13
Date of Disbursement 08 / 18 / 2010

Amount of Each Disbursement this Period 1500.00

Category/Type 000

B.

Full Name (Last, First, Middle Initial)
CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement COMPLIANCE AND DATA SERVICES

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB.14
Date of Disbursement 09 / 24 / 2010

Amount of Each Disbursement this Period 1500.00

Category/Type 000

C.

Full Name (Last, First, Middle Initial)
EAGLE HOSPITALITY LLC

Mailing Address 1742 FAIRMONT AVENUE

City FAIRMONT State WV Zip Code 26554

Purpose of Disbursement FUND RAISING - EVENT

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB.15
Date of Disbursement 08 / 23 / 2010

Amount of Each Disbursement this Period 9260.00

Category/Type 000

SUBTOTAL of Disbursements This Page (optional) ▶ 12260.00

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

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
EAGLE HOSPITALITY LLC

Transaction ID: SB17.4179

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2010

Mailing Address 1742 FAIRMONT AVENUE

Amount of Each Disbursement this Period

1400.00

City State Zip Code
FAIRMONT WV 26554-2038

Purpose of Disbursement
IN-KIND CONTRIBUTION

000
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼

FOOD AND BEVERAGE

State: District: 00

B.

Full Name (Last, First, Middle Initial)
ELAVON

Transaction ID: SB.16

Date of Disbursement

MM / DD / YYYY
09 / 07 / 2010

Mailing Address ONE CONCOURSE PKWY
SUITE 300

Amount of Each Disbursement this Period

535.20

City State Zip Code
ATLANTA GA 30328

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

000
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For:
 Primary General
 Other (specify) ▼

State: District: 00

C.

Full Name (Last, First, Middle Initial)
FABRIZIO MCLAUGHLIN & ASSOCIATES

Transaction ID: SB.17

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2010

Mailing Address 915 KING STREET
SECOND FLOOR

Amount of Each Disbursement this Period

17000.00

City State Zip Code
ALEXANDRIA VA 22314

Purpose of Disbursement
RESEARCH

000
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For:
 Primary General
 Other (specify) ▼

State: District: 00

SUBTOTAL of Disbursements This Page (optional)

18935.20

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)

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| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

| | | |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial) FIA BUSINESS CARD SERVICES N.A. | Transaction ID: SB.18 Date of Disbursement MM / DD / YYYY 08 / 26 / 2010 |
| | Mailing Address P. O. BOX 15710 | Amount of Each Disbursement this Period 7564.30 |
| | City WILMINGTON State DE Zip Code 19886 | |
| | Purpose of Disbursement CREDIT CARD PAYMENT Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|---|
| B. | Full Name (Last, First, Middle Initial) CHEAT LAKE SHOP N SAVE | Transaction ID: SBUV.15 Date of Disbursement MM / DD / YYYY 08 / 18 / 2010 |
| | Mailing Address GLENMARK CENTER | Amount of Each Disbursement this Period 44.00 |
| | City MORGANTOWN State WV Zip Code 26508 | |
| | Purpose of Disbursement POSTAGE & OVERNIGHT FEES Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|---|
| C. | Full Name (Last, First, Middle Initial) HOLIDAY INN | Transaction ID: SBUV.10 Date of Disbursement MM / DD / YYYY 08 / 13 / 2010 |
| | Mailing Address 605 VENTURE DRIVE | Amount of Each Disbursement this Period 133.28 |
| | City MORGANTOWN State WV Zip Code 26508 | |
| | Purpose of Disbursement TRAVEL-LODGING Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | 7564.30 |
| TOTAL This Period (last page this line number only) | |

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

Use separate schedule(s)
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(check only one)

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 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
HOLIDAY INN

Transaction ID: SBUV.11
Date of Disbursement
08 / 13 / 2010

Mailing Address 605 VENTURE DRIVE

City MORGANTOWN State WV Zip Code 26508

Purpose of Disbursement TRAVEL-LODGING

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General
 Other (specify) ▼

Amount of Each Disbursement this Period
133.28

Category/Type: 000

[MEMO ITEM]

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

Transaction ID: SBUV.8
Date of Disbursement
08 / 20 / 2010

Mailing Address 605 VENTURE DRIVE

City MORGANTOWN State WV Zip Code 26508

Purpose of Disbursement TRAVEL-LODGING

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General
 Other (specify) ▼

Amount of Each Disbursement this Period
344.95

Category/Type: 000

[MEMO ITEM]

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

Transaction ID: SBUV.1
Date of Disbursement
08 / 26 / 2010

Mailing Address 500 SUNCREST TOWN CENTER

City MORGANTOWN State WV Zip Code 26508

Purpose of Disbursement SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General
 Other (specify) ▼

Amount of Each Disbursement this Period
325.75

Category/Type: 000

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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:
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| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 17 | <input type="checkbox"/> | 18 | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| <input type="checkbox"/> | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 21 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
KROGER

Mailing Address 500 SUNCREST TOWN CENTER

City MORGANTOWN State WV Zip Code 26508

Purpose of Disbursement SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SBUV.2
Date of Disbursement 08 / 26 / 2010

Amount of Each Disbursement this Period 529.75

[MEMO ITEM]

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

Mailing Address RT. 50 AND SNOWBIRD ROAD

City WEST UNION State WV Zip Code 24556

Purpose of Disbursement FUEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SBUV.9
Date of Disbursement 08 / 18 / 2010

Amount of Each Disbursement this Period 64.00

[MEMO ITEM]

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

Mailing Address 1342 GREENBAG ROAD

City MORGANTOWN State WV Zip Code 26508

Purpose of Disbursement SIGNS & STICKERS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SBUV.3
Date of Disbursement 08 / 26 / 2010

Amount of Each Disbursement this Period 2796.28

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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)

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| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
TONY'S STREET DREAMZ

Mailing Address 350 BOYERS AVE

City STAR CITY State WV Zip Code 26505

Purpose of Disbursement EQUIPMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SBUV.16
Date of Disbursement 08 / 09 / 2010

Amount of Each Disbursement this Period 269.24

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
US POSTAL SERVICE

Mailing Address DOWNTOWN STATION

City MORGANTOWN State WV Zip Code 26505

Purpose of Disbursement POSTAGE & OVERNIGHT FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SBUV.12
Date of Disbursement 08 / 10 / 2010

Amount of Each Disbursement this Period 45.56

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
FIA BUSINESS CARD SERVICES N.A.

Mailing Address P. O. BOX 15710

City WILMINGTON State DE Zip Code 19886

Purpose of Disbursement CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.19
Date of Disbursement 09 / 22 / 2010

Amount of Each Disbursement this Period 6026.30

SUBTOTAL of Disbursements This Page (optional) ▶ 6026.30

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 142 / 254 | |
| | <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)
Raese for Senate

| | | |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial) ACE QUICK LUBE | Transaction ID: SBUV.20 Date of Disbursement 09 / 09 / 2010 |
| | Mailing Address 1305 EARL CORE ROAD | Amount of Each Disbursement this Period 38.15 |
| | City MORGANTOWN State WV Zip Code 26508 | |
| | Purpose of Disbursement VEHICLE EXPENSE Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

[MEMO ITEM]

| | | |
|----|---|---|
| B. | Full Name (Last, First, Middle Initial) CHARLESTON NEWSPAPERS | Transaction ID: SBUV.26 Date of Disbursement 09 / 16 / 2010 |
| | Mailing Address 1001 VIRGINIA STREET E | Amount of Each Disbursement this Period 4.95 |
| | City CHARLESTON State WV Zip Code 25301 | |
| | Purpose of Disbursement ADVERTISING Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

[MEMO ITEM]

| | | |
|----|---|---|
| C. | Full Name (Last, First, Middle Initial) CHARLESTON NEWSPAPERS | Transaction ID: SBUV.27 Date of Disbursement 09 / 16 / 2010 |
| | Mailing Address 1001 VIRGINIA STREET E | Amount of Each Disbursement this Period 4.95 |
| | City CHARLESTON State WV Zip Code 25301 | |
| | Purpose of Disbursement ADVERTISING Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

[MEMO ITEM]

| | |
|---|------|
| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| 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)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
EXXON MOBILE

Mailing Address 1899 EARL CORE RD

City MORGANTOWN State WV Zip Code 26505

Purpose of Disbursement FUEL Category/Type 000

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: 00

Transaction ID: SBUV.19
Date of Disbursement 09 / 09 / 2010

Amount of Each Disbursement this Period 65.00

[MEMO ITEM]

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

Mailing Address 2632 MARINE WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement COMPLIANCE AND DATA SERVICES Category/Type 000

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: 00

Transaction ID: SBUV.18
Date of Disbursement 09 / 10 / 2010

Amount of Each Disbursement this Period 29.64

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MARSHALL UNIVERSITY ALUMNI ASSOCIATION

Mailing Address ONE JOHN MARSHALL DRIVE

City HUNTINGTON State WV Zip Code 25755

Purpose of Disbursement PROMOTIONAL Category/Type 000

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: 00

Transaction ID: SBUV.32
Date of Disbursement 08 / 31 / 2010

Amount of Each Disbursement this Period 150.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

1817070001

**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)

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| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
MORGANTOWN PRINTING & BINDING

Transaction ID: SBUV.22
Date of Disbursement
09 / 17 / 2010

Mailing Address 915 GREENBAG ROAD

City MORGANTOWN State WV Zip Code 26508

Purpose of Disbursement SIGNS & STICKERS
Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: 00

Amount of Each Disbursement this Period
800.30

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
MORGANTOWN PRINTING & BINDING

Transaction ID: SBUV.23
Date of Disbursement
09 / 17 / 2010

Mailing Address 915 GREENBAG ROAD

City MORGANTOWN State WV Zip Code 26508

Purpose of Disbursement SIGNS & STICKERS
Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: 00

Amount of Each Disbursement this Period
662.50

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MORGANTOWN PRINTING & BINDING

Transaction ID: SBUV.24
Date of Disbursement
09 / 17 / 2010

Mailing Address 915 GREENBAG ROAD

City MORGANTOWN State WV Zip Code 26508

Purpose of Disbursement DIRECT MAIL
Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: 00

Amount of Each Disbursement this Period
133.80

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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 145 / 254

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
MORGANTOWN'S DOT COM & SIGN CO., LLC

Transaction ID: SBUV.28

Date of Disbursement

/ /

Mailing Address 1780 MILEGROUND ROAD

Amount of Each Disbursement this Period

City MORGANTOWN State WV Zip Code 26508

Purpose of Disbursement
SIGNS & STICKERS

Category/
Type

Candidate Name

[MEMO ITEM]

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: 00

B.

Full Name (Last, First, Middle Initial)
OFFICE DEPOT

Transaction ID: SBUV.29

Date of Disbursement

/ /

Mailing Address 733 CHESTNUT RIDGE ROAD

Amount of Each Disbursement this Period

City MORGANTOWN State WV Zip Code 26508

Purpose of Disbursement
SUPPLIES

Category/
Type

Candidate Name

[MEMO ITEM]

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: 00

C.

Full Name (Last, First, Middle Initial)
OFFICE DEPOT

Transaction ID: SBUV.31

Date of Disbursement

/ /

Mailing Address 733 CHESTNUT RIDGE ROAD

Amount of Each Disbursement this Period

City MORGANTOWN State WV Zip Code 26508

Purpose of Disbursement
SUPPLIES

Category/
Type

Candidate Name

[MEMO ITEM]

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: 00

SUBTOTAL of Disbursements This Page (optional) ▶

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)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
OFFICE DEPOT

Mailing Address 733 CHESTNUT RIDGE ROAD

City MORGANTOWN State WV Zip Code 26508

Purpose of Disbursement SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SBUV.34
Date of Disbursement 08 / 26 / 2010

Amount of Each Disbursement this Period 84.76

[MEMO ITEM]

Category/Type 000

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

Mailing Address 2632 MARINE WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement COMPLIANCE AND DATA SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SBUV.17
Date of Disbursement 09 / 13 / 2010

Amount of Each Disbursement this Period 48.97

[MEMO ITEM]

Category/Type 000

C. Full Name (Last, First, Middle Initial)
SAM'S CLUB

Mailing Address 6001 UNIVERSITY TOWN CENTRE DRIVE

City MORGANTOWN State WV Zip Code 26501

Purpose of Disbursement SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SBUV.25
Date of Disbursement 09 / 16 / 2010

Amount of Each Disbursement this Period 107.67

[MEMO ITEM]

Category/Type 000

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
SIGNS PLUS

Transaction ID: SBUV.30
Date of Disbursement
09 / 02 / 2010

Mailing Address 1342 GREENBAG ROAD

City MORGANTOWN State WV Zip Code 26508

Purpose of Disbursement
SIGNS & STICKERS

Candidate Name

Amount of Each Disbursement this Period
127.20

Category/Type
000

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: 00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
SUNOCO

Transaction ID: SBUV.21
Date of Disbursement
09 / 20 / 2010

Mailing Address 1624 MILEGROUND ROAD

City MORGANTOWN State WV Zip Code 26508

Purpose of Disbursement
FUEL

Candidate Name

Amount of Each Disbursement this Period
58.50

Category/Type
000

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: 00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
THE JOURNAL PUBLISHING

Transaction ID: SBUV.33
Date of Disbursement
08 / 26 / 2010

Mailing Address 207 W. KING STREET

City MARTINSBURG State WV Zip Code 25401

Purpose of Disbursement
ADVERTISING

Candidate Name

Amount of Each Disbursement this Period
1466.00

Category/Type
000

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: 00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

10020734100

**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)

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| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
US POSTAL SERVICE

Mailing Address DOWNTOWN STATION

City MORGANTOWN State WV Zip Code 26505

Purpose of Disbursement POSTAGE & OVERNIGHT FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SBUV.35
Date of Disbursement 08 / 26 / 2010

Amount of Each Disbursement this Period 183.20

[MEMO ITEM]

Category/Type 000

B. Full Name (Last, First, Middle Initial)
GRAPHICS IN PRINT

Mailing Address 1221 PENNSYLVANIA AVENUE

City WEIRTON State WV Zip Code 26062

Purpose of Disbursement PROMOTIONAL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.20
Date of Disbursement 09 / 29 / 2010

Amount of Each Disbursement this Period 1182.96

Category/Type 000

C. Full Name (Last, First, Middle Initial)
GREER INDUSTRIES, INC.

Mailing Address P.O. BOX 1900

City MORGANTOWN State WV Zip Code 26507

Purpose of Disbursement AIRCRAFT USE 8/9/2010

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.21
Date of Disbursement 08 / 13 / 2010

Amount of Each Disbursement this Period 947.50

Category/Type 000

SUBTOTAL of Disbursements This Page (optional) ▶ 2130.46

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
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| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
GREER INDUSTRIES, INC.

Mailing Address P.O. BOX 1900

City MORGANTOWN State WV Zip Code 26507

Purpose of Disbursement
AIRCRAFT USE 8/10/2010

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB.22
Date of Disbursement
08 / 13 / 2010

Amount of Each Disbursement this Period
4210.00

000
Category/
Type

B.

Full Name (Last, First, Middle Initial)
GREER INDUSTRIES, INC.

Mailing Address P.O. BOX 1900

City MORGANTOWN State WV Zip Code 26507

Purpose of Disbursement
AIRCRAFT USE 8/17/2010

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB.23
Date of Disbursement
08 / 20 / 2010

Amount of Each Disbursement this Period
3580.00

000
Category/
Type

C.

Full Name (Last, First, Middle Initial)
GREER INDUSTRIES, INC.

Mailing Address P.O. BOX 1900

City MORGANTOWN State WV Zip Code 26507

Purpose of Disbursement
POSTAGE & OVERNIGHT FEES

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB.24
Date of Disbursement
08 / 23 / 2010

Amount of Each Disbursement this Period
135.46

000
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 7925.46

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)

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| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 17 | <input type="checkbox"/> | 18 | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| | 20a | | 20b | | 20c | | 21 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) GREER INDUSTRIES, INC. | Transaction ID: SB.25 |
| | Mailing Address P.O. BOX 1900 | Date of Disbursement MM / DD / YYYY 08 / 24 / 2010 |
| | City MORGANTOWN State WV Zip Code 26507 | Amount of Each Disbursement this Period 108.20 |
| | Purpose of Disbursement POSTAGE & OVERNIGHT FEES | 000 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 |
| | State: District: 00 | <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) GREER INDUSTRIES, INC. | Transaction ID: SB.26 |
| | Mailing Address P.O. BOX 1900 | Date of Disbursement MM / DD / YYYY 09 / 15 / 2010 |
| | City MORGANTOWN State WV Zip Code 26507 | Amount of Each Disbursement this Period 420.00 |
| | Purpose of Disbursement AIRCRAFT USE 9/8/2010 | 000 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 |
| | State: District: 00 | <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) GREER INDUSTRIES, INC. | Transaction ID: SB.27 |
| | Mailing Address P.O. BOX 1900 | Date of Disbursement MM / DD / YYYY 09 / 17 / 2010 |
| | City MORGANTOWN State WV Zip Code 26507 | Amount of Each Disbursement this Period 3580.00 |
| | Purpose of Disbursement AIRCRAFT USE 9/13/10 | 000 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 |
| | State: District: 00 | <input type="checkbox"/> Other (specify) ▼ |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | 4108.20 |
| 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)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 17 | <input type="checkbox"/> | 18 | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| <input type="checkbox"/> | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 21 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) GREER INDUSTRIES, INC. | Transaction ID: SB.28 |
| | Mailing Address P.O. BOX 1900 | Date of Disbursement MM / DD / YYYY 09 / 17 / 2010 |
| | City MORGANTOWN State WV Zip Code 26507 | Amount of Each Disbursement this Period 420.00 |
| | Purpose of Disbursement AIRCRAFT USE 9/14/10 | 000 Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) GREER INDUSTRIES, INC. | Transaction ID: SB.29 |
| | Mailing Address P.O. BOX 1900 | Date of Disbursement MM / DD / YYYY 09 / 17 / 2010 |
| | City MORGANTOWN State WV Zip Code 26507 | Amount of Each Disbursement this Period 68.40 |
| | Purpose of Disbursement POSTAGE & OVERNIGHT FEES | 000 Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) GREER INDUSTRIES, INC. | Transaction ID: SB.30 |
| | Mailing Address P.O. BOX 1900 | Date of Disbursement MM / DD / YYYY 09 / 30 / 2010 |
| | City MORGANTOWN State WV Zip Code 26507 | Amount of Each Disbursement this Period 13816.72 |
| | Purpose of Disbursement SECRETARY & OFFICE EXPENSE | 000 Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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|---|----------|
| SUBTOTAL of Disbursements This Page (optional) | 14305.12 |
| 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

| | | | | |
|--|---|--|--|---|
| A. | Full Name (Last, First, Middle Initial) HUNTINGTON NATIONAL BANK | | Transaction ID: SB.246 | |
| | Mailing Address P. O. BOX 1558 EA1W37 | | Date of Disbursement MM / DD / YYYY 09 / 30 / 2010 | |
| | City COLUMBUS | State OH | Zip Code 43216 | Amount of Each Disbursement this Period 288.00 |
| | Purpose of Disbursement BANK CHARGES | | Category/ Type 000 | |
| | 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: 00 | | | | |

| | | | | |
|--|---|--|--|--|
| B. | Full Name (Last, First, Middle Initial) HUNTINGTON HERALD-DISPATCH | | Transaction ID: SB.31 | |
| | Mailing Address 946 5TH AVENUE | | Date of Disbursement MM / DD / YYYY 08 / 26 / 2010 | |
| | City HUNTINGTON | State WV | Zip Code 25701 | Amount of Each Disbursement this Period 1966.80 |
| | Purpose of Disbursement ADVERTISING | | Category/ Type 000 | |
| | 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: 00 | | | | |

| | | | | |
|--|---|--|--|--|
| C. | Full Name (Last, First, Middle Initial) HUNTINGTON NATIONAL BANK | | Transaction ID: SB.32 | |
| | Mailing Address P. O. BOX 1558 EA1W37 | | Date of Disbursement MM / DD / YYYY 08 / 16 / 2010 | |
| | City COLUMBUS | State OH | Zip Code 43216 | Amount of Each Disbursement this Period 62.50 |
| | Purpose of Disbursement BANK CHARGES | | Category/ Type 000 | |
| | 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: 00 | | | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | 2317.30 |
| 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)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
INTERNAL REVENUE SERVICE

Transaction ID: SB.33
Date of Disbursement
MM / DD / YYYY
09 / 14 / 2010

Mailing Address 11 CHENOWETH DRIVE #2

City BRIDGEPORT State WV Zip Code 26330

Purpose of Disbursement PAYROLL TAXES
Candidate Name

Amount of Each Disbursement this Period
1223.11

Category/Type
000

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: 00

B. Full Name (Last, First, Middle Initial)
KEGLERS SPORTS BAR

Transaction ID: SB.43
Date of Disbursement
MM / DD / YYYY
08 / 23 / 2010

Mailing Address 735-A CHESTNUT RIDGE ROAD

City MORGANTOWN State WV Zip Code 26505

Purpose of Disbursement FUND RAISING - EVENT
Candidate Name

Amount of Each Disbursement this Period
795.00

Category/Type
000

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: 00

C. Full Name (Last, First, Middle Initial)
L&K MARKETING

Transaction ID: SB.44
Date of Disbursement
MM / DD / YYYY
08 / 20 / 2010

Mailing Address P.O. BOX 4379

City STAR CITY State WV Zip Code 26504

Purpose of Disbursement SIGNS & STICKERS
Candidate Name

Amount of Each Disbursement this Period
7552.71

Category/Type
000

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: 00

SUBTOTAL of Disbursements This Page (optional) ▶ 9570.82

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

130020784131

**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)

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| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 17 | <input type="checkbox"/> | 18 | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| <input type="checkbox"/> | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 21 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

| | | |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial) MARK MATTEO/NO BADD JUJU | Transaction ID: SB.48 |
| | Mailing Address 79 INGRAM AVENUE | Date of Disbursement MM / DD / YYYY 08 / 18 / 2010 |
| | City PITTSBURGH State PA Zip Code 15205 | Amount of Each Disbursement this Period 3500.00 |
| | Purpose of Disbursement FUND RAISING-EVENT Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|---|
| B. | Full Name (Last, First, Middle Initial) MARS | Transaction ID: SB.49 |
| | Mailing Address 512 HARTMAN RUN ROAD | Date of Disbursement MM / DD / YYYY 09 / 10 / 2010 |
| | City MORGANTOWN State WV Zip Code 26505 | Amount of Each Disbursement this Period 12.72 |
| | Purpose of Disbursement REPAIR & MAINTENANCE Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|---|
| C. | Full Name (Last, First, Middle Initial) METRONEWS | Transaction ID: SB.51 |
| | Mailing Address 1111 VIRGINIA STREET | Date of Disbursement MM / DD / YYYY 08 / 09 / 2010 |
| | City CHARLESTON State WV Zip Code 25301 | Amount of Each Disbursement this Period 5487.80 |
| | Purpose of Disbursement RADIO Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | 9000.52 |
| 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)

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17 18 19a 19b
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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
METRONEWS

Mailing Address 1111 VIRGINIA STREET

City CHARLESTON State WV Zip Code 25301

Purpose of Disbursement RADIO

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.52
Date of Disbursement 08 / 16 / 2010

Amount of Each Disbursement this Period 5487.80

000
Category/
Type

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

Mailing Address 1111 VIRGINIA STREET

City CHARLESTON State WV Zip Code 25301

Purpose of Disbursement RADIO

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.53
Date of Disbursement 08 / 23 / 2010

Amount of Each Disbursement this Period 4390.24

000
Category/
Type

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

Mailing Address 1111 VIRGINIA STREET

City CHARLESTON State WV Zip Code 25301

Purpose of Disbursement RADIO

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.54
Date of Disbursement 08 / 26 / 2010

Amount of Each Disbursement this Period 8311.32

000
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 18189.36

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)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
METRONEWS

Transaction ID: SB.55
Date of Disbursement
MM / DD / YYYY
09 / 02 / 2010

Mailing Address 1111 VIRGINIA STREET

City CHARLESTON State WV Zip Code 25301

Purpose of Disbursement
RADIO

Candidate Name

Amount of Each Disbursement this Period
8038.92

Category/Type
000

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼

State: District: 00

B.

Full Name (Last, First, Middle Initial)
METRONEWS

Transaction ID: SB.56
Date of Disbursement
MM / DD / YYYY
09 / 10 / 2010

Mailing Address 1111 VIRGINIA STREET

City CHARLESTON State WV Zip Code 25301

Purpose of Disbursement
RADIO

Candidate Name

Amount of Each Disbursement this Period
8311.32

Category/Type
000

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼

State: District: 00

C.

Full Name (Last, First, Middle Initial)
METRONEWS

Transaction ID: SB.57
Date of Disbursement
MM / DD / YYYY
09 / 15 / 2010

Mailing Address 1111 VIRGINIA STREET

City CHARLESTON State WV Zip Code 25301

Purpose of Disbursement
RADIO

Candidate Name

Amount of Each Disbursement this Period
8311.32

Category/Type
000

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼

State: District: 00

SUBTOTAL of Disbursements This Page (optional) ▶ 24661.56

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)

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| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
METRONEWS

Transaction ID: SB.58
Date of Disbursement
MM / DD / YYYY
09 / 24 / 2010

Mailing Address 1111 VIRGINIA STREET

City CHARLESTON State WV Zip Code 25301

Purpose of Disbursement RADIO
Candidate Name

Amount of Each Disbursement this Period
6311.32

Category/Type
000

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: 00

B.

Full Name (Last, First, Middle Initial)
METRONEWS

Transaction ID: SB.59
Date of Disbursement
MM / DD / YYYY
09 / 30 / 2010

Mailing Address 1111 VIRGINIA STREET

City CHARLESTON State WV Zip Code 25301

Purpose of Disbursement RADIO
Candidate Name

Amount of Each Disbursement this Period
8311.32

Category/Type
000

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: 00

C.

Full Name (Last, First, Middle Initial)
MORGANTOWN PRINTING & BINDING

Transaction ID: SB.60
Date of Disbursement
MM / DD / YYYY
08 / 20 / 2010

Mailing Address 915 GREENBAG ROAD

City MORGANTOWN State WV Zip Code 26508

Purpose of Disbursement SUPPLIES
Candidate Name

Amount of Each Disbursement this Period
424.00

Category/Type
000

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: 00

SUBTOTAL of Disbursements This Page (optional) ▶ 15046.64

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)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
MORGANTOWN'S DOT COM & SIGN CO., LLC

Transaction ID: SB.61
Date of Disbursement
MM / DD / YYYY
09 / 02 / 2010

Mailing Address 1780 MILEGROUND ROAD

City MORGANTOWN State WV Zip Code 26505

Purpose of Disbursement STATIONERY & PRINTING

Candidate Name

Amount of Each Disbursement this Period
429.04

Category/Type
000

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: 00

B. Full Name (Last, First, Middle Initial)
MORGANTOWN'S DOT COM & SIGN CO., LLC

Transaction ID: SB.62
Date of Disbursement
MM / DD / YYYY
09 / 17 / 2010

Mailing Address 1780 MILEGROUND ROAD

City MORGANTOWN State WV Zip Code 26505

Purpose of Disbursement SIGNS & STICKERS

Candidate Name

Amount of Each Disbursement this Period
987.92

Category/Type
000

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: 00

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

Transaction ID: SB.63
Date of Disbursement
MM / DD / YYYY
09 / 10 / 2010

Mailing Address 1718 MILEGROUND ROAD

City MORGANTOWN State WV Zip Code 26505

Purpose of Disbursement FUND RAISING - EVENT

Candidate Name

Amount of Each Disbursement this Period
472.76

Category/Type
000

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: 00

SUBTOTAL of Disbursements This Page (optional) ▶ 1889.72

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 159 / 254 |
| | <input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a | <input type="checkbox"/> 18 <input type="checkbox"/> 20b | <input type="checkbox"/> 19a <input type="checkbox"/> 20c | <input type="checkbox"/> 19b <input type="checkbox"/> 21 | |

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NAME OF COMMITTEE (In Full)
Raese for Senate

| | | |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial) NEUMANN AND COMPANY | Transaction ID: SB.64 Date of Disbursement 08 / 20 / 2010 |
| | Mailing Address 1002 PAULINE AVENUE | Amount of Each Disbursement this Period 43764.85 |
| | City BELLAIRE State TX Zip Code 77401 | |
| | Purpose of Disbursement DIRECT MAIL Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|---|
| B. | Full Name (Last, First, Middle Initial) PARKERSBURG NEWS AND SENTINEL | Transaction ID: SB.66 Date of Disbursement 08 / 25 / 2010 |
| | Mailing Address 519 JULIANA STREET | Amount of Each Disbursement this Period 1420.20 |
| | City PARKERSBURG State WV Zip Code 26101 | |
| | Purpose of Disbursement ADVERTISING Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|---|
| C. | Full Name (Last, First, Middle Initial) PROJECTILE MARKETING, LLC | Transaction ID: SB.67 Date of Disbursement 09 / 24 / 2010 |
| | Mailing Address 4008 WEST MICHIGAN AVENUE | Amount of Each Disbursement this Period 25000.00 |
| | City JACKSON State MI Zip Code 49202 | |
| | Purpose of Disbursement EVENT-DEPOSIT Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | 70185.05 |
| 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

| | | |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial) SANDLER-INNOCENZI, INC. | Transaction ID: SB.68 |
| | Mailing Address 705 PRINCE STREET | Date of Disbursement MM / DD / YYYY 08 / 13 / 2010 |
| | City ALEXANDRIA State VA Zip Code 22314 | Amount of Each Disbursement this Period 10291.00 |
| | Purpose of Disbursement TELEVISION Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|---|
| B. | Full Name (Last, First, Middle Initial) SANDLER-INNOCENZI, INC. | Transaction ID: SB.69 |
| | Mailing Address 705 PRINCE STREET | Date of Disbursement MM / DD / YYYY 08 / 13 / 2010 |
| | City ALEXANDRIA State VA Zip Code 22314 | Amount of Each Disbursement this Period 7840.00 |
| | Purpose of Disbursement TELEVISION Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|---|
| C. | Full Name (Last, First, Middle Initial) SANDLER-INNOCENZI, INC. | Transaction ID: SB.70 |
| | Mailing Address 705 PRINCE STREET | Date of Disbursement MM / DD / YYYY 08 / 13 / 2010 |
| | City ALEXANDRIA State VA Zip Code 22314 | Amount of Each Disbursement this Period 110557.00 |
| | Purpose of Disbursement TELEVISION Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | 128688.00 |
| TOTAL This Period (last page this line number) | |

**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)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
SANDLER-INNOCENZI, INC.

Mailing Address 705 PRINCE STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement TELEVISION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.71
Date of Disbursement 08 / 19 / 2010

Amount of Each Disbursement this Period 141824.00

000
Category/
Type

B. Full Name (Last, First, Middle Initial)
SANDLER-INNOCENZI, INC.

Mailing Address 705 PRINCE STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement TELEVISION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.72
Date of Disbursement 08 / 19 / 2010

Amount of Each Disbursement this Period 11978.00

000
Category/
Type

C. Full Name (Last, First, Middle Initial)
SANDLER-INNOCENZI, INC.

Mailing Address 705 PRINCE STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement RADIO

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.73
Date of Disbursement 08 / 26 / 2010

Amount of Each Disbursement this Period 2245.00

000
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ► 156047.00

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
SANDLER-INNOCENZI, INC.

Mailing Address 705 PRINCE STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement TELEVISION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.74
Date of Disbursement: 09 / 01 / 2010

Amount of Each Disbursement this Period: 157024.00

Category/Type: 000

B.

Full Name (Last, First, Middle Initial)
SANDLER-INNOCENZI, INC.

Mailing Address 705 PRINCE STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement TELEVISION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.75
Date of Disbursement: 09 / 13 / 2010

Amount of Each Disbursement this Period: 125354.00

Category/Type: 000

C.

Full Name (Last, First, Middle Initial)
SANDLER-INNOCENZI, INC.

Mailing Address 705 PRINCE STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement TELEVISION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.76
Date of Disbursement: 09 / 21 / 2010

Amount of Each Disbursement this Period: 249964.00

Category/Type: 000

SUBTOTAL of Disbursements This Page (optional) ▶ 532342.00

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 163 / 254 | |
| | <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b | | |
| | <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 | | |

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NAME OF COMMITTEE (In Full)
Raese for Senate

| | | |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial) SANDLER-INNOCENZI, INC. | Transaction ID: SB.77 |
| | Mailing Address 705 PRINCE STREET | Date of Disbursement 09 / 24 / 2010 |
| | City ALEXANDRIA State VA Zip Code 22314 | Amount of Each Disbursement this Period 10850.00 |
| | Purpose of Disbursement TELEVISION Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|---|
| B. | Full Name (Last, First, Middle Initial) SANDLER-INNOCENZI, INC. | Transaction ID: SB.78 |
| | Mailing Address 705 PRINCE STREET | Date of Disbursement 09 / 27 / 2010 |
| | City ALEXANDRIA State VA Zip Code 22314 | Amount of Each Disbursement this Period 240813.00 |
| | Purpose of Disbursement TELEVISION Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|---|
| C. | Full Name (Last, First, Middle Initial) SIGNS PLUS | Transaction ID: SB.81 |
| | Mailing Address 1342 GREENBAG ROAD | Date of Disbursement 08 / 20 / 2010 |
| | City MORGANTOWN State WV Zip Code 26508 | Amount of Each Disbursement this Period 254.40 |
| | Purpose of Disbursement SIGNS & STICKERS Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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|---|-----------|
| SUBTOTAL of Disbursements This Page (optional) | 251917.40 |
| 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)

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|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

| | | | |
|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) SOFTWARE SYSTEMS, INC. | | Transaction ID: SB.82 Date of Disbursement MM / DD / YYYY 09 / 10 / 2010 | |
| Mailing Address 23 SOUTH UNIVERSITY AVENUE | | Amount of Each Disbursement this Period 26.49 | |
| City MORGANTOWN State WV Zip Code 26508 | Purpose of Disbursement WEB SITE EXPENSES Category/Type: 000 | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | | |
|---|--|---|--|
| B. Full Name (Last, First, Middle Initial) SOUTHERMOST, LLC | | Transaction ID: SB.83 Date of Disbursement MM / DD / YYYY 08 / 18 / 2010 | |
| Mailing Address 70 I STREET, SE | | Amount of Each Disbursement this Period 15000.00 | |
| City WASHINGTON State DC Zip Code 20003 | Purpose of Disbursement CONSULTANT - CAMPAIGN MANAGER Category/Type: 000 | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) SOUTHERMOST, LLC | | Transaction ID: SB.84 Date of Disbursement MM / DD / YYYY 09 / 02 / 2010 | |
| Mailing Address 70 I STREET, SE | | Amount of Each Disbursement this Period 15000.00 | |
| City WASHINGTON State DC Zip Code 20003 | Purpose of Disbursement CONSULTANT - CAMPAIGN MANAGER Category/Type: 000 | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|---|----------|
| SUBTOTAL of Disbursements This Page (optional) | 30026.49 |
| 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 165 / 254 |
| | <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)
Raese for Senate

| | | |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial) SUNNY BROADCASTING, LLC | Transaction ID: SB.85 |
| | Mailing Address P.O. BOX 661 | Date of Disbursement MM / DD / YYYY 09 / 15 / 2010 |
| | City GALLIPOLIS State OH Zip Code 45631 | Amount of Each Disbursement this Period 100.00 |
| | Purpose of Disbursement RADIO Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|---|
| B. | Full Name (Last, First, Middle Initial) T & T ENTERPRISES | Transaction ID: SB.86 |
| | Mailing Address 148 LAWRENCE AVENUE | Date of Disbursement MM / DD / YYYY 09 / 10 / 2010 |
| | City MASONTOWN State WV Zip Code 26542 | Amount of Each Disbursement this Period 305.28 |
| | Purpose of Disbursement PROMOTIONAL Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|---|
| C. | Full Name (Last, First, Middle Initial) THE DOMINION POST | Transaction ID: SB.98 |
| | Mailing Address 1251 EARL L. CORE ROAD | Date of Disbursement MM / DD / YYYY 08 / 26 / 2010 |
| | City MORGANTOWN State WV Zip Code 26505 | Amount of Each Disbursement this Period 1232.80 |
| | Purpose of Disbursement ADVERTISING Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | 1638.08 |
| 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)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
THE HUNTINGTON NATIONAL BANK

Mailing Address 3120 UNIVERSITY AVENUE

City MORGANTOWN State WV Zip Code 26505

Purpose of Disbursement INTEREST EXPENSE 000 Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.100
Date of Disbursement 08 / 26 / 2010

Amount of Each Disbursement this Period 488.08

B. Full Name (Last, First, Middle Initial)
THE HUNTINGTON NATIONAL BANK

Mailing Address 3120 UNIVERSITY AVENUE

City MORGANTOWN State WV Zip Code 26505

Purpose of Disbursement INTEREST EXPENSE 000 Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.101
Date of Disbursement 09 / 30 / 2010

Amount of Each Disbursement this Period 1028.18

C. Full Name (Last, First, Middle Initial)
THE HUNTINGTON NATIONAL BANK

Mailing Address 3120 UNIVERSITY AVENUE

City MORGANTOWN State WV Zip Code 26505

Purpose of Disbursement BANK CHARGES 000 Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.99
Date of Disbursement 08 / 16 / 2010

Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 2516.26

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)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
THE WHEELING NEWSPAPERS, INC.

Mailing Address 1500 MAIN STREET

City WHEELING State WV Zip Code 26003

Purpose of Disbursement ADVERTISING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.103
Date of Disbursement 08 / 18 / 2010

Amount of Each Disbursement this Period 1220.40

Category/Type 000

B. Full Name (Last, First, Middle Initial)
UNIVERSITY HIGH SCHOOL

Mailing Address 131 BAKERS RIDGE ROAD

City MORGANTOWN State WV Zip Code 26505

Purpose of Disbursement PROMOTIONAL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.104
Date of Disbursement 09 / 28 / 2010

Amount of Each Disbursement this Period 25.00

Category/Type 000

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

Mailing Address P.O. BOX 7247-0244

City PHILADELPHIA State PA Zip Code 19170

Purpose of Disbursement POSTAGE & OVERNIGHT FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.105
Date of Disbursement 09 / 10 / 2010

Amount of Each Disbursement this Period 111.39

Category/Type 000

SUBTOTAL of Disbursements This Page (optional) 1356.79

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) UPS | | Transaction ID: SB.106 | |
| Mailing Address P.O. BOX 7247-0244 | | Date of Disbursement MM / DD / YYYY 09 / 15 / 2010 | |
| City PHILADELPHIA | State PA | Zip Code 19170 | Amount of Each Disbursement this Period 118.01 |
| Purpose of Disbursement POSTAGE & OVERNIGHT FEES | | 000 | |
| 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: 00 | | | |

B.

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) WCDK | | Transaction ID: SB.107 | |
| Mailing Address 2307 PENNSYLVANIA AVENUE | | Date of Disbursement MM / DD / YYYY 08 / 09 / 2010 | |
| City WEIRTON | State WV | Zip Code 26062 | Amount of Each Disbursement this Period 503.00 |
| Purpose of Disbursement RADIO | | 000 | |
| 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: 00 | | | |

C.

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) WCDK | | Transaction ID: SB.108 | |
| Mailing Address 2307 PENNSYLVANIA AVENUE | | Date of Disbursement MM / DD / YYYY 08 / 10 / 2010 | |
| City WEIRTON | State WV | Zip Code 26062 | Amount of Each Disbursement this Period 685.00 |
| Purpose of Disbursement RADIO | | 000 | |
| 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: 00 | | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | 1306.01 |
| TOTAL This Period (last page this line number only) | |

1002074200

**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)

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17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
WCDK

Mailing Address 2307 PENNSYLVANIA AVENUE

City WEIRTON State WV Zip Code 26062

Purpose of Disbursement RADIO

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.109
Date of Disbursement 09 / 01 / 2010

Amount of Each Disbursement this Period 963.00

Category/Type 000

B.

Full Name (Last, First, Middle Initial)
WCDK

Mailing Address 2307 PENNSYLVANIA AVENUE

City WEIRTON State WV Zip Code 26062

Purpose of Disbursement RADIO

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.110
Date of Disbursement 09 / 16 / 2010

Amount of Each Disbursement this Period 539.50

Category/Type 000

C.

Full Name (Last, First, Middle Initial)
WCDK

Mailing Address 2307 PENNSYLVANIA AVENUE

City WEIRTON State WV Zip Code 26062

Purpose of Disbursement RADIO

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.111
Date of Disbursement 09 / 28 / 2010

Amount of Each Disbursement this Period 1122.00

Category/Type 000

SUBTOTAL of Disbursements This Page (optional) ▶ 2624.50

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

10020734207

**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)

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|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
WCHS

Transaction ID: SB.112
Date of Disbursement
08 / 10 / 2010

Mailing Address 1111 VIRGINIA STREET

City CHARLESTON State WV Zip Code 26301

Purpose of Disbursement RADIO
Candidate Name

000
Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: 00

Amount of Each Disbursement this Period
654.50

B.

Full Name (Last, First, Middle Initial)
WCHS

Transaction ID: SB.113
Date of Disbursement
08 / 18 / 2010

Mailing Address 1111 VIRGINIA STREET

City CHARLESTON State WV Zip Code 26301

Purpose of Disbursement RADIO
Candidate Name

000
Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: 00

Amount of Each Disbursement this Period
1122.00

C.

Full Name (Last, First, Middle Initial)
WCHS

Transaction ID: SB.114
Date of Disbursement
09 / 01 / 2010

Mailing Address 1111 VIRGINIA STREET

City CHARLESTON State WV Zip Code 26301

Purpose of Disbursement RADIO
Candidate Name

000
Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: 00

Amount of Each Disbursement this Period
1178.10

SUBTOTAL of Disbursements This Page (optional) ▶ 2954.60

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)

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| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) WCHS | Transaction ID: SB.115 |
| | Mailing Address 1111 VIRGINIA STREET | Date of Disbursement 09 / 16 / 2010 |
| | City CHARLESTON State WV Zip Code 26301 | Amount of Each Disbursement this Period 1309.00 |
| | Purpose of Disbursement RADIO Candidate Name | 000 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) WCHS | Transaction ID: SB.116 |
| | Mailing Address 1111 VIRGINIA STREET | Date of Disbursement 09 / 28 / 2010 |
| | City CHARLESTON State WV Zip Code 26301 | Amount of Each Disbursement this Period 1645.60 |
| | Purpose of Disbursement RADIO Candidate Name | 000 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) WCIR | Transaction ID: SB.117 |
| | Mailing Address 306 SOUTH KANAWHA STREET | Date of Disbursement 08 / 10 / 2010 |
| | City BECKLEY State WV Zip Code 25801 | Amount of Each Disbursement this Period 700.00 |
| | Purpose of Disbursement RADIO Candidate Name | 000 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
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| SUBTOTAL of Disbursements This Page (optional) | 3654.60 |
| 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)

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| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

| | | |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial) WCIR | Transaction ID: SB.118 Date of Disbursement 08 / 18 / 2010 |
| | Mailing Address 306 SOUTH KANAWHA STREET | Amount of Each Disbursement this Period 840.00 |
| | City BECKLEY State WV Zip Code 25801 | |
| | Purpose of Disbursement RADIO Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|---|
| B. | Full Name (Last, First, Middle Initial) WCIR | Transaction ID: SB.119 Date of Disbursement 09 / 01 / 2010 |
| | Mailing Address 306 SOUTH KANAWHA STREET | Amount of Each Disbursement this Period 730.00 |
| | City BECKLEY State WV Zip Code 25801 | |
| | Purpose of Disbursement RADIO Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|---|
| C. | Full Name (Last, First, Middle Initial) WCIR | Transaction ID: SB.120 Date of Disbursement 09 / 16 / 2010 |
| | Mailing Address 306 SOUTH KANAWHA STREET | Amount of Each Disbursement this Period 800.00 |
| | City BECKLEY State WV Zip Code 25801 | |
| | Purpose of Disbursement RADIO Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | 2370.00 |
| 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 173 / 254 |
| | <input checked="" type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19a <input type="checkbox"/> 19b <input type="checkbox"/> 20a <input type="checkbox"/> 20b <input type="checkbox"/> 20c <input type="checkbox"/> 21 | |

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NAME OF COMMITTEE (In Full)
Raese for Senate

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) WCIR | Transaction ID: SB.121 Date of Disbursement MM / DD / YYYY 09 / 28 / 2010 |
| | Mailing Address 306 SOUTH KANAWHA STREET | Amount of Each Disbursement this Period 880.00 |
| | City BECKLEY State WV Zip Code 25801 | |
| | Purpose of Disbursement RADIO | 000 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: 00 | |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) WDBS | Transaction ID: SB.122 Date of Disbursement MM / DD / YYYY 09 / 01 / 2010 |
| | Mailing Address 180 MAIN STREET | Amount of Each Disbursement this Period 954.00 |
| | City SUTTON State WV Zip Code 26601 | |
| | Purpose of Disbursement RADIO | 000 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: 00 | |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) WDBS | Transaction ID: SB.123 Date of Disbursement MM / DD / YYYY 09 / 16 / 2010 |
| | Mailing Address 180 MAIN STREET | Amount of Each Disbursement this Period 1060.00 |
| | City SUTTON State WV Zip Code 26601 | |
| | Purpose of Disbursement RADIO | 000 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: 00 | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | 2894.00 |
| 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)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
WDBS

Mailing Address 180 MAIN STREET

City SUTTON State WV Zip Code 26601

Purpose of Disbursement RADIO

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.124
Date of Disbursement 09 / 28 / 2010

Amount of Each Disbursement this Period 1312.00

Category/Type 000

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

Mailing Address 401 11TH STREET, SUITE 200

City HUNTINGTON State WV Zip Code 25701

Purpose of Disbursement RADIO

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.125
Date of Disbursement 09 / 16 / 2010

Amount of Each Disbursement this Period 1400.00

Category/Type 000

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

Mailing Address 401 11TH STREET, SUITE 200

City HUNTINGTON State WV Zip Code 25701

Purpose of Disbursement RADIO

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.126
Date of Disbursement 09 / 28 / 2010

Amount of Each Disbursement this Period 1760.00

Category/Type 000

SUBTOTAL of Disbursements This Page (optional) ▶ 4472.00

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

10020734212

**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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

| | | |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial) WELC-FM | Transaction ID: SB.127 |
| | Mailing Address 213A HOWARD AVENUE | Date of Disbursement 09 / 28 / 2010 |
| | City MULLENS State WV Zip Code 25882 | Amount of Each Disbursement this Period 1110.00 |
| | Purpose of Disbursement RADIO Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|---|
| B. | Full Name (Last, First, Middle Initial) WELD | Transaction ID: SB.128 |
| | Mailing Address 126 KESSEL ROAD | Date of Disbursement 09 / 28 / 2010 |
| | City FISHER State WV Zip Code 26818 | Amount of Each Disbursement this Period 968.00 |
| | Purpose of Disbursement RADIO Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|---|
| C. | Full Name (Last, First, Middle Initial) WELLS FARGO INS. SERVICES | Transaction ID: SB.129 |
| | Mailing Address P.O. BOX 535106 | Date of Disbursement 09 / 17 / 2010 |
| | City ATLANTA State GA Zip Code 30353 | Amount of Each Disbursement this Period 2043.00 |
| | Purpose of Disbursement INSURANCE Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | 4121.00 |
| 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)

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| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

| | | |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial) WELLS FARGO INS. SERVICES | Transaction ID: SB.130 |
| | Mailing Address P.O. BOX 535106 | Date of Disbursement 09 / 17 / 2010 |
| | City ATLANTA State GA Zip Code 30353 | Amount of Each Disbursement this Period 858.00 |
| | Purpose of Disbursement INSURANCE Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|---|
| B. | Full Name (Last, First, Middle Initial) WELLS FARGO INS. SERVICES | Transaction ID: SB.131 |
| | Mailing Address P.O. BOX 535106 | Date of Disbursement 09 / 17 / 2010 |
| | City ATLANTA State GA Zip Code 30353 | Amount of Each Disbursement this Period 312.00 |
| | Purpose of Disbursement INSURANCE Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|---|
| C. | Full Name (Last, First, Middle Initial) WELLS FARGO INS. SERVICES | Transaction ID: SB.132 |
| | Mailing Address P.O. BOX 535106 | Date of Disbursement 09 / 17 / 2010 |
| | City ATLANTA State GA Zip Code 30353 | Amount of Each Disbursement this Period 2513.75 |
| | Purpose of Disbursement INSURANCE Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | 3683.75 |
| TOTAL This Period (last page this line number only) | |

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**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)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
WEPM

Mailing Address 1606 WEST KING STREET

City MARTINSBURG State WV Zip Code 25401

Purpose of Disbursement RADIO

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.133
Date of Disbursement 08 / 10 / 2010

Amount of Each Disbursement this Period 320.00

000
Category/Type

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

Mailing Address 1606 WEST KING STREET

City MARTINSBURG State WV Zip Code 25401

Purpose of Disbursement RADIO

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.134
Date of Disbursement 08 / 18 / 2010

Amount of Each Disbursement this Period 450.00

000
Category/Type

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

Mailing Address 1606 WEST KING STREET

City MARTINSBURG State WV Zip Code 25401

Purpose of Disbursement RADIO

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.135
Date of Disbursement 09 / 01 / 2010

Amount of Each Disbursement this Period 468.00

000
Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ 1238.00

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)

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| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
WEPM

Mailing Address 1606 WEST KING STREET

City MARTINSBURG State WV Zip Code 25401

Purpose of Disbursement RADIO

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.136
Date of Disbursement 09 / 16 / 2010

Amount of Each Disbursement this Period 520.00

Category/Type 000

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

Mailing Address 1606 WEST KING STREET

City MARTINSBURG State WV Zip Code 25401

Purpose of Disbursement RADIO

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.137
Date of Disbursement 09 / 28 / 2010

Amount of Each Disbursement this Period 520.00

Category/Type 000

C. Full Name (Last, First, Middle Initial)
WEST VIRGINIANS FOR LIFE, INC.

Mailing Address 25 CANYON ROAD

City MORGANTOWN State WV Zip Code 26508

Purpose of Disbursement LIST RENTAL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.138
Date of Disbursement 08 / 24 / 2010

Amount of Each Disbursement this Period 4500.00

Category/Type 000

SUBTOTAL of Disbursements This Page (optional) ▶ 5540.00

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)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)

WETZ

Transaction ID: SB.139

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2010

Mailing Address 1130 4TH STREET

Amount of Each Disbursement this Period

504.00

City State Zip Code
NEW MARTINSVILLE WV 26155

Purpose of Disbursement
RADIO

000
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District: 00

B.

Full Name (Last, First, Middle Initial)

WETZ

Transaction ID: SB.140

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2010

Mailing Address 1130 4TH STREET

Amount of Each Disbursement this Period

560.00

City State Zip Code
NEW MARTINSVILLE WV 26155

Purpose of Disbursement
RADIO

000
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District: 00

C.

Full Name (Last, First, Middle Initial)

WETZ

Transaction ID: SB.141

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2010

Mailing Address 1130 4TH STREET

Amount of Each Disbursement this Period

704.00

City State Zip Code
NEW MARTINSVILLE WV 26155

Purpose of Disbursement
RADIO

000
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District: 00

SUBTOTAL of Disbursements This Page (optional) ▶

1768.00

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

| | | |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial) WGGE | Transaction ID: SB.142 Date of Disbursement 08 / 10 / 2010 |
| | Mailing Address #5 ROSEMAR CIRCLE | Amount of Each Disbursement this Period 816.00 |
| | City PARKERSBURG State WV Zip Code 26104 | |
| | Purpose of Disbursement RADIO Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|---|
| B. | Full Name (Last, First, Middle Initial) WGGE | Transaction ID: SB.143 Date of Disbursement 08 / 18 / 2010 |
| | Mailing Address #5 ROSEMAR CIRCLE | Amount of Each Disbursement this Period 856.80 |
| | City PARKERSBURG State WV Zip Code 26104 | |
| | Purpose of Disbursement RADIO Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|---|
| C. | Full Name (Last, First, Middle Initial) WGGE | Transaction ID: SB.144 Date of Disbursement 09 / 01 / 2010 |
| | Mailing Address #5 ROSEMAR CIRCLE | Amount of Each Disbursement this Period 1285.20 |
| | City PARKERSBURG State WV Zip Code 26104 | |
| | Purpose of Disbursement RADIO Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | 2958.00 |
| 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)

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
WGGE

Mailing Address #5 ROSEMAR CIRCLE

City PARKERSBURG State WV Zip Code 26104

Purpose of Disbursement RADIO

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB.145
Date of Disbursement
09 / 23 / 2010

Amount of Each Disbursement this Period
1428.00

000
Category/
Type

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

Mailing Address #5 ROSEMAR CIRCLE

City PARKERSBURG State WV Zip Code 26104

Purpose of Disbursement RADIO

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB.146
Date of Disbursement
09 / 28 / 2010

Amount of Each Disbursement this Period
1795.20

000
Category/
Type

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

Mailing Address 900 BLUEFIELD AVENUE

City BLUEFIELD State WV Zip Code 24701

Purpose of Disbursement RADIO

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB.147
Date of Disbursement
08 / 10 / 2010

Amount of Each Disbursement this Period
665.00

000
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 3888.20

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)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 17 | <input type="checkbox"/> | 18 | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| <input type="checkbox"/> | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 21 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) WHAJ | | Transaction ID: SB.148 | |
| Mailing Address 900 BLUEFIELD AVENUE | | Date of Disbursement 08 / 18 / 2010 | |
| City BLUEFIELD | State WV | Zip Code 24701 | Amount of Each Disbursement this Period 777.00 |
| Purpose of Disbursement RADIO | | 000 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: 00 | | | |

B.

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) WHAJ | | Transaction ID: SB.149 | |
| Mailing Address 900 BLUEFIELD AVENUE | | Date of Disbursement 09 / 01 / 2010 | |
| City BLUEFIELD | State WV | Zip Code 24701 | Amount of Each Disbursement this Period 1351.00 |
| Purpose of Disbursement RADIO | | 000 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: 00 | | | |

C.

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) WHAJ | | Transaction ID: SB.150 | |
| Mailing Address 900 BLUEFIELD AVENUE | | Date of Disbursement 09 / 16 / 2010 | |
| City BLUEFIELD | State WV | Zip Code 24701 | Amount of Each Disbursement this Period 1470.00 |
| Purpose of Disbursement RADIO | | 000 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: 00 | | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | 3598.00 |
| TOTAL This Period (last page this line number only) | |

10020734220

**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 183 / 254 |
| | <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b | |
| | <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 | |

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NAME OF COMMITTEE (In Full)
Raese for Senate

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) WHAJ | Transaction ID: SB.151 Date of Disbursement 09 / 28 / 2010 |
| | Mailing Address 900 BLUEFIELD AVENUE | Amount of Each Disbursement this Period 1442.00 |
| | City BLUEFIELD State WV Zip Code 24701 | |
| | Purpose of Disbursement RADIO Candidate Name | 000 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) WHDC | Transaction ID: SB.152 Date of Disbursement 08 / 10 / 2010 |
| | Mailing Address 440 RADIO STATION LANE | Amount of Each Disbursement this Period 380.00 |
| | City BERKELEY SPRINGS State WV Zip Code 25411 | |
| | Purpose of Disbursement RADIO Candidate Name | 000 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) WHDC | Transaction ID: SB.153 Date of Disbursement 08 / 18 / 2010 |
| | Mailing Address 440 RADIO STATION LANE | Amount of Each Disbursement this Period 360.00 |
| | City BERKELEY SPRINGS State WV Zip Code 25411 | |
| | Purpose of Disbursement RADIO Candidate Name | 000 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | 2182.00 |
| 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
WHDC

Transaction ID: SB.154
Date of Disbursement
09 / 01 / 2010

Mailing Address 440 RADIO STATION LANE

City BERKELEY SPRINGS State WV Zip Code 25411

Purpose of Disbursement RADIO
Candidate Name

Amount of Each Disbursement this Period
540.00

Category/Type 000

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: 00

B.

Full Name (Last, First, Middle Initial)
WHDC

Transaction ID: SB.155
Date of Disbursement
09 / 16 / 2010

Mailing Address 440 RADIO STATION LANE

City BERKELEY SPRINGS State WV Zip Code 25411

Purpose of Disbursement RADIO
Candidate Name

Amount of Each Disbursement this Period
600.00

Category/Type 000

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: 00

C.

Full Name (Last, First, Middle Initial)
WHDC

Transaction ID: SB.156
Date of Disbursement
09 / 28 / 2010

Mailing Address 440 RADIO STATION LANE

City BERKELEY SPRINGS State WV Zip Code 25411

Purpose of Disbursement RADIO
Candidate Name

Amount of Each Disbursement this Period
744.00

Category/Type 000

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: 00

SUBTOTAL of Disbursements This Page (optional) ▶ 1884.00

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

27761707

**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)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
WHEELING INTELLIGENCER

Transaction ID: SB.157
Date of Disbursement

Mailing Address 1500 MAIN STREET

/ /

City WHEELING State WV Zip Code 26003

Amount of Each Disbursement this Period

Purpose of Disbursement
ADVERTISING

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: 00

B.

Full Name (Last, First, Middle Initial)
WHKX

Transaction ID: SB.158
Date of Disbursement

Mailing Address 900 BLUEFIELD AVENUE

/ /

City BLUEFIELD State WV Zip Code 24701

Amount of Each Disbursement this Period

Purpose of Disbursement
RADIO

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: 00

C.

Full Name (Last, First, Middle Initial)
WHKX

Transaction ID: SB.159
Date of Disbursement

Mailing Address 900 BLUEFIELD AVENUE

/ /

City BLUEFIELD State WV Zip Code 24701

Amount of Each Disbursement this Period

Purpose of Disbursement
RADIO

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: 00

SUBTOTAL of Disbursements This Page (optional)

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)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 17 | <input type="checkbox"/> | 18 | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| <input type="checkbox"/> | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 21 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
WHKX

Mailing Address 900 BLUEFIELD AVENUE

City BLUEFIELD State WV Zip Code 24701

Purpose of Disbursement RADIO

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.160
Date of Disbursement 09 / 16 / 2010

Amount of Each Disbursement this Period 1360.00

Category/Type 000

B.

Full Name (Last, First, Middle Initial)
WHKX

Mailing Address 900 BLUEFIELD AVENUE

City BLUEFIELD State WV Zip Code 24701

Purpose of Disbursement RADIO

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.161
Date of Disbursement 09 / 28 / 2010

Amount of Each Disbursement this Period 1336.00

Category/Type 000

C.

Full Name (Last, First, Middle Initial)
WJLS

Mailing Address 102 NORTH KANAWHA STREET

City BECKLEY State WV Zip Code 26801

Purpose of Disbursement RADIO

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.162
Date of Disbursement 08 / 10 / 2010

Amount of Each Disbursement this Period 785.00

Category/Type 000

SUBTOTAL of Disbursements This Page (optional) ▶ 3481.00

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

1002074224

**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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
WJLS

Mailing Address 102 NORTH KANAWHA STREET

City BECKLEY State WV Zip Code 26801

Purpose of Disbursement RADIO

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB.163
Date of Disbursement 08 / 18 / 2010

Amount of Each Disbursement this Period 929.00

Category/Type 000

B.

Full Name (Last, First, Middle Initial)
WJLS

Mailing Address 102 NORTH KANAWHA STREET

City BECKLEY State WV Zip Code 26801

Purpose of Disbursement RADIO

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB.164
Date of Disbursement 09 / 01 / 2010

Amount of Each Disbursement this Period 1431.00

Category/Type 000

C.

Full Name (Last, First, Middle Initial)
WJLS

Mailing Address 102 NORTH KANAWHA STREET

City BECKLEY State WV Zip Code 26801

Purpose of Disbursement RADIO

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB.165
Date of Disbursement 09 / 15 / 2010

Amount of Each Disbursement this Period 180.00

Category/Type 000

SUBTOTAL of Disbursements This Page (optional) ▶ 2540.00

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 188 / 254

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) WJLS | | Transaction ID: SB.166 | |
| Mailing Address 102 NORTH KANAWHA STREET | | Date of Disbursement MM / DD / YYYY 09 / 16 / 2010 | |
| City BECKLEY | State WV | Zip Code 26801 | Amount of Each Disbursement this Period 1750.00 |
| Purpose of Disbursement RADIO | | Category/ Type 000 | |
| 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: 00 | | | |

B.

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) WJLS | | Transaction ID: SB.167 | |
| Mailing Address 102 NORTH KANAWHA STREET | | Date of Disbursement MM / DD / YYYY 09 / 28 / 2010 | |
| City BECKLEY | State WV | Zip Code 26801 | Amount of Each Disbursement this Period 1714.00 |
| Purpose of Disbursement RADIO | | Category/ Type 000 | |
| 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: 00 | | | |

C.

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) WKCJ | | Transaction ID: SB.168 | |
| Mailing Address 276 SENECA TRAIL N | | Date of Disbursement MM / DD / YYYY 09 / 01 / 2010 | |
| City RONCEVERTE | State WV | Zip Code 24970 | Amount of Each Disbursement this Period 472.50 |
| Purpose of Disbursement RADIO | | Category/ Type 000 | |
| 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: 00 | | | |

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| SUBTOTAL of Disbursements This Page (optional) | 3936.50 |
| 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 189 / 254

17 18 19a 19b
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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
WKCJ

Mailing Address 276 SENECA TRAIL N

City RONCEVERTE State WV Zip Code 24970

Purpose of Disbursement RADIO

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.169
Date of Disbursement 09 / 16 / 2010

Amount of Each Disbursement this Period 525.00

000
Category/Type

B.

Full Name (Last, First, Middle Initial)
WKCJ

Mailing Address 276 SENECA TRAIL N

City RONCEVERTE State WV Zip Code 24970

Purpose of Disbursement RADIO

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.170
Date of Disbursement 09 / 28 / 2010

Amount of Each Disbursement this Period 660.00

000
Category/Type

C.

Full Name (Last, First, Middle Initial)
WKEE

Mailing Address 134 FOURTH AVENUE

City HUNTINGTON State WV Zip Code 25701

Purpose of Disbursement RADIO

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.171
Date of Disbursement 08 / 10 / 2010

Amount of Each Disbursement this Period 507.00

000
Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ 1692.00

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 190 / 254 |
| | <input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a | <input type="checkbox"/> 18 <input type="checkbox"/> 20b | <input type="checkbox"/> 19a <input type="checkbox"/> 20c | <input type="checkbox"/> 19b <input type="checkbox"/> 21 | |

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NAME OF COMMITTEE (In Full)
Raese for Senate

| | | |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial) WKEE | Transaction ID: SB.172 Date of Disbursement 08 / 18 / 2010 |
| | Mailing Address 134 FOURTH AVENUE | Amount of Each Disbursement this Period 1014.00 |
| | City HUNTINGTON State WV Zip Code 25701 | |
| | Purpose of Disbursement RADIO Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|---|
| B. | Full Name (Last, First, Middle Initial) WKEE | Transaction ID: SB.173 Date of Disbursement 09 / 01 / 2010 |
| | Mailing Address 134 FOURTH AVENUE | Amount of Each Disbursement this Period 1521.00 |
| | City HUNTINGTON State WV Zip Code 25701 | |
| | Purpose of Disbursement RADIO Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|---|
| C. | Full Name (Last, First, Middle Initial) WKEE | Transaction ID: SB.174 Date of Disbursement 09 / 16 / 2010 |
| | Mailing Address 134 FOURTH AVENUE | Amount of Each Disbursement this Period 1690.00 |
| | City HUNTINGTON State WV Zip Code 25701 | |
| | Purpose of Disbursement RADIO Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | 4225.00 |
| TOTAL This Period (last page this line number only) | |

10020734228

**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)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
WKEE

Mailing Address 134 FOURTH AVENUE

City HUNTINGTON State WV Zip Code 25701

Purpose of Disbursement RADIO

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB.175
Date of Disbursement 09 / 28 / 2010

Amount of Each Disbursement this Period 1690.00

Category/Type 000

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

Mailing Address 900 BLUEFIELD AVENUE

City BLUEFIELD State WV Zip Code 24701

Purpose of Disbursement RADIO

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB.176
Date of Disbursement 09 / 28 / 2010

Amount of Each Disbursement this Period 1059.00

Category/Type 000

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

Mailing Address CAPITOL MUSIC HALL
1015 MAIN STREET

City WHEELING State WV Zip Code 26003

Purpose of Disbursement RADIO

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB.177
Date of Disbursement 08 / 10 / 2010

Amount of Each Disbursement this Period 367.00

Category/Type 000

SUBTOTAL of Disbursements This Page (optional) ▶ 3116.00

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 192 / 254 | |
| | <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)
Raese for Senate

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) WKWK | Transaction ID: SB.178 Date of Disbursement 08 / 18 / 2010 |
| | Mailing Address CAPITOL MUSIC HALL 1015 MAIN STREET | Amount of Each Disbursement this Period 630.00 |
| | City WHEELING | State WV |
| | Zip Code 26003 | |
| | Purpose of Disbursement RADIO | 000 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: 00 | |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) WKWK | Transaction ID: SB.179 Date of Disbursement 09 / 01 / 2010 |
| | Mailing Address CAPITOL MUSIC HALL 1015 MAIN STREET | Amount of Each Disbursement this Period 513.00 |
| | City WHEELING | State WV |
| | Zip Code 26003 | |
| | Purpose of Disbursement RADIO | 000 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: 00 | |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) WKWK | Transaction ID: SB.180 Date of Disbursement 09 / 16 / 2010 |
| | Mailing Address CAPITOL MUSIC HALL 1015 MAIN STREET | Amount of Each Disbursement this Period 570.00 |
| | City WHEELING | State WV |
| | Zip Code 26003 | |
| | Purpose of Disbursement RADIO | 000 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: 00 | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | 1713.00 |
| 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 193 / 254 | |
| | <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)
Raese for Senate

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) WKWK | Transaction ID: SB.181 Date of Disbursement 09 / 28 / 2010 |
| | Mailing Address CAPITOL MUSIC HALL 1015 MAIN STREET | Amount of Each Disbursement this Period 570.00 |
| | City WHEELING | State WV |
| | Zip Code 26003 | |
| | Purpose of Disbursement RADIO | 000 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: 00 | |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) WLTF | Transaction ID: SB.182 Date of Disbursement 08 / 10 / 2010 |
| | Mailing Address 1606 WEST KING STREET | Amount of Each Disbursement this Period 680.00 |
| | City MARTINSBURG | State WV |
| | Zip Code 25401 | |
| | Purpose of Disbursement RADIO | 000 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: 00 | |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) WLTF | Transaction ID: SB.183 Date of Disbursement 08 / 18 / 2010 |
| | Mailing Address 1606 WEST KING STREET | Amount of Each Disbursement this Period 714.00 |
| | City MARTINSBURG | State WV |
| | Zip Code 25401 | |
| | Purpose of Disbursement RADIO | 000 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: 00 | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | 1964.00 |
| 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 194 / 254

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
WLTF

Mailing Address 1606 WEST KING STREET

City MARTINSBURG State WV Zip Code 25401

Purpose of Disbursement RADIO

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.184
Date of Disbursement 09 / 01 / 2010

Amount of Each Disbursement this Period 1071.00

Category/Type 000

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

Mailing Address 1606 WEST KING STREET

City MARTINSBURG State WV Zip Code 25401

Purpose of Disbursement RADIO

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.185
Date of Disbursement 09 / 16 / 2010

Amount of Each Disbursement this Period 1190.00

Category/Type 000

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

Mailing Address 1606 WEST KING STREET

City MARTINSBURG State WV Zip Code 25401

Purpose of Disbursement RADIO

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.186
Date of Disbursement 09 / 28 / 2010

Amount of Each Disbursement this Period 1496.00

Category/Type 000

SUBTOTAL of Disbursements This Page (optional) ▶ 3757.00

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)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
WNUS

Mailing Address 6006 GRAND CENTRAL AVENUE

City PARKERSBURG State WV Zip Code 26105

Purpose of Disbursement
RADIO

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General
 Other (specify) ▼

State: District: 00

Transaction ID: SB.187
Date of Disbursement
08 / 10 / 2010

Amount of Each Disbursement this Period
630.00

Category/Type
000

B.

Full Name (Last, First, Middle Initial)
WNUS

Mailing Address 6006 GRAND CENTRAL AVENUE

City PARKERSBURG State WV Zip Code 26105

Purpose of Disbursement
RADIO

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General
 Other (specify) ▼

State: District: 00

Transaction ID: SB.188
Date of Disbursement
08 / 18 / 2010

Amount of Each Disbursement this Period
588.00

Category/Type
000

C.

Full Name (Last, First, Middle Initial)
WNUS

Mailing Address 6006 GRAND CENTRAL AVENUE

City PARKERSBURG State WV Zip Code 26105

Purpose of Disbursement
RADIO

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General
 Other (specify) ▼

State: District: 00

Transaction ID: SB.189
Date of Disbursement
09 / 01 / 2010

Amount of Each Disbursement this Period
882.00

Category/Type
000

SUBTOTAL of Disbursements This Page (optional) ▶ 2100.00

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

1002074423

**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)

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| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

| | | |
|--|---|--|
| A. Full Name (Last, First, Middle Initial) WNUS | | Transaction ID: SB.190 Date of Disbursement 09 / 23 / 2010 |
| Mailing Address 6006 GRAND CENTRAL AVENUE | | Amount of Each Disbursement this Period 980.00 |
| City PARKERSBURG State WV Zip Code 26105 | 000 Category/ Type | |
| Purpose of Disbursement RADIO | | |
| 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: 00 | | |

| | | |
|--|---|--|
| B. Full Name (Last, First, Middle Initial) WNUS | | Transaction ID: SB.191 Date of Disbursement 09 / 28 / 2010 |
| Mailing Address 6006 GRAND CENTRAL AVENUE | | Amount of Each Disbursement this Period 1232.00 |
| City PARKERSBURG State WV Zip Code 26105 | 000 Category/ Type | |
| Purpose of Disbursement RADIO | | |
| 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: 00 | | |

| | | |
|--|---|--|
| C. Full Name (Last, First, Middle Initial) WOVK | | Transaction ID: SB.192 Date of Disbursement 08 / 10 / 2010 |
| Mailing Address CAPITOL MUSIC HALL 1015 MAIN STREET | | Amount of Each Disbursement this Period 585.00 |
| City WHEELING State WV Zip Code 26003 | 000 Category/ Type | |
| Purpose of Disbursement RADIO | | |
| 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: 00 | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | 2797.00 |
| 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)

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
WOVK

Mailing Address CAPITOL MUSIC HALL
 1015 MAIN STREET

City State Zip Code
WHEELING WV 26003

Purpose of Disbursement
RADIO

Candidate Name

Office Sought: House Disbursement For: Primary General
 Senate Other (specify) ▼
 President

State: District: 00

Transaction ID: SB.193
Date of Disbursement

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

Amount of Each Disbursement this Period

546.00

B.

Full Name (Last, First, Middle Initial)
WOVK

Mailing Address CAPITOL MUSIC HALL
 1015 MAIN STREET

City State Zip Code
WHEELING WV 26003

Purpose of Disbursement
RADIO

Candidate Name

Office Sought: House Disbursement For: Primary General
 Senate Other (specify) ▼
 President

State: District: 00

Transaction ID: SB.194
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | / | 0 | 1 | / | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

819.00

C.

Full Name (Last, First, Middle Initial)
WOVK

Mailing Address CAPITOL MUSIC HALL
 1015 MAIN STREET

City State Zip Code
WHEELING WV 26003

Purpose of Disbursement
RADIO

Candidate Name

Office Sought: House Disbursement For: Primary General
 Senate Other (specify) ▼
 President

State: District: 00

Transaction ID: SB.195
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | / | 1 | 6 | / | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

910.00

SUBTOTAL of Disbursements This Page (optional) ▶

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

2275.00

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)

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 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
WOVK

Transaction ID: SB.196
Date of Disbursement

Mailing Address CAPITOL MUSIC HALL
1015 MAIN STREET

M M / D D / Y Y Y Y
09 / 28 / 2010

City State Zip Code
WHEELING WV 26003

Amount of Each Disbursement this Period

Purpose of Disbursement
RADIO

000
Category/
Type

1144.00

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
WQBE

Transaction ID: SB.197
Date of Disbursement

Mailing Address 817 SUNCREST PLACE

M M / D D / Y Y Y Y
08 / 18 / 2010

City State Zip Code
CHARLESTON WV 25303

Amount of Each Disbursement this Period

Purpose of Disbursement
RADIO

000
Category/
Type

1500.00

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
WQBE

Transaction ID: SB.198
Date of Disbursement

Mailing Address 817 SUNCREST PLACE

M M / D D / Y Y Y Y
09 / 16 / 2010

City State Zip Code
CHARLESTON WV 25303

Amount of Each Disbursement this Period

Purpose of Disbursement
RADIO

000
Category/
Type

3700.00

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

6344.00

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 199 / 254 | |
| | <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)
Raese for Senate

| | | |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial) WQBE | Transaction ID: SB.199 Date of Disbursement 09 / 28 / 2010 |
| | Mailing Address 817 SUNCREST PLACE | Amount of Each Disbursement this Period 3700.00 |
| | City CHARLESTON State WV Zip Code 25303 | |
| | Purpose of Disbursement RADIO Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|---|
| B. | Full Name (Last, First, Middle Initial) WQWV | Transaction ID: SB.200 Date of Disbursement 09 / 01 / 2010 |
| | Mailing Address 2 ALTS AVENUE | Amount of Each Disbursement this Period 409.50 |
| | City PETERSBURG State WV Zip Code 26847 | |
| | Purpose of Disbursement RADIO Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|---|
| C. | Full Name (Last, First, Middle Initial) WQWV | Transaction ID: SB.201 Date of Disbursement 09 / 16 / 2010 |
| | Mailing Address 2 ALTS AVENUE | Amount of Each Disbursement this Period 455.00 |
| | City PETERSBURG State WV Zip Code 26847 | |
| | Purpose of Disbursement RADIO Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | 4564.50 |
| TOTAL This Period (last page this line number only) | |

1002074234

**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 200 / 254 |
| | <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)
Raese for Senate

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) WQWV | Transaction ID: SB.202 |
| | Mailing Address 2 ALTS AVENUE | Date of Disbursement MM / DD / YYYY 09 / 28 / 2010 |
| | City PETERSBURG State WV Zip Code 26847 | Amount of Each Disbursement this Period 572.00 |
| | Purpose of Disbursement RADIO Candidate Name | 000 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: 00 | |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) WRNR | Transaction ID: SB.203 |
| | Mailing Address 1762 EAGLE SCHOOL ROAD | Date of Disbursement MM / DD / YYYY 08 / 10 / 2010 |
| | City MARTINSBURG State WV Zip Code 25404 | Amount of Each Disbursement this Period 590.00 |
| | Purpose of Disbursement RADIO Candidate Name | 000 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: 00 | |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) WRNR | Transaction ID: SB.204 |
| | Mailing Address 1762 EAGLE SCHOOL ROAD | Date of Disbursement MM / DD / YYYY 08 / 18 / 2010 |
| | City MARTINSBURG State WV Zip Code 25404 | Amount of Each Disbursement this Period 619.50 |
| | Purpose of Disbursement RADIO Candidate Name | 000 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: 00 | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | 1781.50 |
| 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) WRON - FM | Transaction ID: SB.206 Date of Disbursement 09 / 01 / 2010 |
| | Mailing Address 276 SENECA TRAIL N | |
| | City RONCEVERTE State WV Zip Code 24970 | Amount of Each Disbursement this Period 630.00 |
| | Purpose of Disbursement RADIO Candidate Name | 000 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: 00 | |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) WRON - FM | Transaction ID: SB.207 Date of Disbursement 09 / 16 / 2010 |
| | Mailing Address 276 SENECA TRAIL N | |
| | City RONCEVERTE State WV Zip Code 24970 | Amount of Each Disbursement this Period 700.00 |
| | Purpose of Disbursement RADIO Candidate Name | 000 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: 00 | |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) WRON - FM | Transaction ID: SB.208 Date of Disbursement 09 / 28 / 2010 |
| | Mailing Address 276 SENECA TRAIL N | |
| | City RONCEVERTE State WV Zip Code 24970 | Amount of Each Disbursement this Period 880.00 |
| | Purpose of Disbursement RADIO Candidate Name | 000 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: 00 | |

| | | |
|---|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 2210.00 |
| 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 202 / 254 |
| | <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)
Raese for Senate

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) WSTG | Transaction ID: SB.209 Date of Disbursement 09 / 28 / 2010 |
| | Mailing Address #1 RADIO LANE | Amount of Each Disbursement this Period 1110.00 |
| | City PRINCETON State WV Zip Code 24740 | |
| | Purpose of Disbursement RADIO Candidate Name | 000 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: 00 | |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) WTCR | Transaction ID: SB.210 Date of Disbursement 08 / 10 / 2010 |
| | Mailing Address 134 FOURTH AVENUE | Amount of Each Disbursement this Period 510.00 |
| | City HUNTINGTON State WV Zip Code 25701 | |
| | Purpose of Disbursement RADIO Candidate Name | 000 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: 00 | |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) WTCR | Transaction ID: SB.211 Date of Disbursement 08 / 18 / 2010 |
| | Mailing Address 134 FOURTH AVENUE | Amount of Each Disbursement this Period 1260.00 |
| | City HUNTINGTON State WV Zip Code 25701 | |
| | Purpose of Disbursement RADIO Candidate Name | 000 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: 00 | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | 2880.00 |
| TOTAL This Period (last page this line number only) | |

200907020001

**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)

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 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
WTCR

Transaction ID: SB.212
Date of Disbursement
09 / 01 / 2010

Mailing Address 134 FOURTH AVENUE

City HUNTINGTON State WV Zip Code 25701

Purpose of Disbursement RADIO
Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: 00

Amount of Each Disbursement this Period
1890.00

Category/Type: 000

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

Transaction ID: SB.213
Date of Disbursement
09 / 28 / 2010

Mailing Address 134 FOURTH AVENUE

City HUNTINGTON State WV Zip Code 25701

Purpose of Disbursement RADIO
Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: 00

Amount of Each Disbursement this Period
2100.00

Category/Type: 000

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

Transaction ID: SB.214
Date of Disbursement
09 / 28 / 2010

Mailing Address 102 N. KANAWHA STREET

City BECKLEY State WV Zip Code 26801

Purpose of Disbursement RADIO
Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: 00

Amount of Each Disbursement this Period
880.00

Category/Type: 000

SUBTOTAL of Disbursements This Page (optional) ▶ 4870.00

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)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
WV RADIO CORPORATION

Transaction ID: SB.215
Date of Disbursement

Mailing Address 1251 EARL L CORE ROAD

/

City MORGANTOWN State WV Zip Code 26505

Amount of Each Disbursement this Period

Purpose of Disbursement
RADIO

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: 00

B.

Full Name (Last, First, Middle Initial)
WV RADIO CORPORATION

Transaction ID: SB.216
Date of Disbursement

Mailing Address 1251 EARL L CORE ROAD

/

City MORGANTOWN State WV Zip Code 26505

Amount of Each Disbursement this Period

Purpose of Disbursement
RADIO

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: 00

C.

Full Name (Last, First, Middle Initial)
WV RADIO CORPORATION

Transaction ID: SB.217
Date of Disbursement

Mailing Address 1251 EARL L CORE ROAD

/

City MORGANTOWN State WV Zip Code 26505

Amount of Each Disbursement this Period

Purpose of Disbursement
RADIO

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: 00

SUBTOTAL of Disbursements This Page (optional)

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 205 / 254 | | | |
| | <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)
Raese for Senate

| | | | | | | | | | | | | | | | | | | | | | |
|----|--|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A. | Full Name (Last, First, Middle Initial) WV RADIO CORPORATION | Transaction ID: SB.218 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 1251 EARL L CORE ROAD | <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>0</td><td>9</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 | | 1 | 6 | | 2 | 0 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 9 | | 1 | 6 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| | City MORGANTOWN State WV Zip Code 26505 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement RADIO | 10572.70 | | | | | | | | | | | | | | | | | | | |
| | Candidate Name | 000 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: 00 | | | | | | | | | | | | | | | | | | | | |

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|----|--|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B. | Full Name (Last, First, Middle Initial) WV RADIO CORPORATION | Transaction ID: SB.219 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 1251 EARL L CORE ROAD | <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>0</td><td>9</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 | | 2 | 8 | | 2 | 0 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 9 | | 2 | 8 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| | City MORGANTOWN State WV Zip Code 26505 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement RADIO | 11794.10 | | | | | | | | | | | | | | | | | | | |
| | Candidate Name | 000 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: 00 | | | | | | | | | | | | | | | | | | | | |

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|----|--|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C. | Full Name (Last, First, Middle Initial) WV STATE TAX DEPARTMENT | Transaction ID: SB.220 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address P.O. BOX 3784 | <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>0</td><td>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 | | 1 | 5 | | 2 | 0 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 9 | | 1 | 5 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| | City CHARLESTON State WV Zip Code 25337 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement PAYROLL TAX | 204.00 | | | | | | | | | | | | | | | | | | | |
| | Candidate Name | 000 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: 00 | | | | | | | | | | | | | | | | | | | | |

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|---|----------|
| SUBTOTAL of Disbursements This Page (optional) | 22570.80 |
| 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

| | | |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial) WVAF | Transaction ID: SB.221 |
| | Mailing Address 1111 VIRGINIA STREET, E | Date of Disbursement 08 / 10 / 2010 |
| | City CHARLESTON State WV Zip Code 26301 | Amount of Each Disbursement this Period 1047.00 |
| | Purpose of Disbursement RADIO Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|---|
| B. | Full Name (Last, First, Middle Initial) WVAF | Transaction ID: SB.222 |
| | Mailing Address 1111 VIRGINIA STREET, E | Date of Disbursement 08 / 18 / 2010 |
| | City CHARLESTON State WV Zip Code 26301 | Amount of Each Disbursement this Period 1067.40 |
| | Purpose of Disbursement RADIO Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|---|
| C. | Full Name (Last, First, Middle Initial) WVAF | Transaction ID: SB.223 |
| | Mailing Address 1111 VIRGINIA STREET, E | Date of Disbursement 09 / 01 / 2010 |
| | City CHARLESTON State WV Zip Code 26301 | Amount of Each Disbursement this Period 1905.00 |
| | Purpose of Disbursement RADIO Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | 4019.40 |
| 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
WVAF

Mailing Address 1111 VIRGINIA STREET, E

City CHARLESTON State WV Zip Code 26301

Purpose of Disbursement RADIO

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.224
Date of Disbursement 09 / 16 / 2010

Amount of Each Disbursement this Period 2094.00

Category/Type 000

B.

Full Name (Last, First, Middle Initial)
WVAF

Mailing Address 1111 VIRGINIA STREET, E

City CHARLESTON State WV Zip Code 26301

Purpose of Disbursement RADIO

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.225
Date of Disbursement 09 / 28 / 2010

Amount of Each Disbursement this Period 2094.00

Category/Type 000

C.

Full Name (Last, First, Middle Initial)
WVJO-FM

Mailing Address 213A HOWARD AVENUE

City MULLENS State WV Zip Code 25882

Purpose of Disbursement RADIO

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: 00

Transaction ID: SB.226
Date of Disbursement 09 / 28 / 2010

Amount of Each Disbursement this Period 1110.00

Category/Type 000

SUBTOTAL of Disbursements This Page (optional) ▶ 5298.00

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

1002074243

**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 208 / 254 |
| | <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)
Raese for Senate

| | | |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial) WVOW AM | Transaction ID: SB.227 Date of Disbursement 09 / 01 / 2010 |
| | Mailing Address 204 MAIN STREET # 201 | Amount of Each Disbursement this Period 677.25 |
| | City LOGAN State WV Zip Code 25601 | |
| | Purpose of Disbursement RADIO Candidate Name | 000 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|---|
| B. | Full Name (Last, First, Middle Initial) WVOW AM | Transaction ID: SB.228 Date of Disbursement 09 / 16 / 2010 |
| | Mailing Address 204 MAIN STREET # 201 | Amount of Each Disbursement this Period 752.50 |
| | City LOGAN State WV Zip Code 25601 | |
| | Purpose of Disbursement RADIO Candidate Name | 000 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|---|
| C. | Full Name (Last, First, Middle Initial) WVOW AM | Transaction ID: SB.229 Date of Disbursement 09 / 28 / 2010 |
| | Mailing Address 204 MAIN STREET # 201 | Amount of Each Disbursement this Period 946.00 |
| | City LOGAN State WV Zip Code 25601 | |
| | Purpose of Disbursement RADIO Candidate Name | 000 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | 2375.75 |
| TOTAL This Period (last page this line number only) | |

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**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 209 / 254 |
| | <input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a | <input type="checkbox"/> 18 <input type="checkbox"/> 20b |
| | <input type="checkbox"/> 19a <input type="checkbox"/> 20c | <input type="checkbox"/> 19b <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Raese for Senate

| | | |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial) WVTS AM & FM | Transaction ID: SB.230 Date of Disbursement 08 / 10 / 2010 |
| | Mailing Address 817 SUNCREST PLACE | Amount of Each Disbursement this Period 900.00 |
| | City CHARLESTON State WV Zip Code 25303 | |
| | Purpose of Disbursement RADIO Candidate Name | 000 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|---|
| B. | Full Name (Last, First, Middle Initial) WVTS AM & FM | Transaction ID: SB.231 Date of Disbursement 08 / 18 / 2010 |
| | Mailing Address 817 SUNCREST PLACE | Amount of Each Disbursement this Period 1350.00 |
| | City CHARLESTON State WV Zip Code 25303 | |
| | Purpose of Disbursement RADIO Candidate Name | 000 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|---|
| C. | Full Name (Last, First, Middle Initial) WVTS AM & FM | Transaction ID: SB.232 Date of Disbursement 09 / 01 / 2010 |
| | Mailing Address 817 SUNCREST PLACE | Amount of Each Disbursement this Period 2295.00 |
| | City CHARLESTON State WV Zip Code 25303 | |
| | Purpose of Disbursement RADIO Candidate Name | 000 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | 4545.00 |
| 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 210 / 254

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Raese for Senate

A. Full Name (Last, First, Middle Initial)
WVTS AM & FM

Transaction ID: SB.233
Date of Disbursement
09 / 16 / 2010

Mailing Address 817 SUNCREST PLACE

City CHARLESTON State WV Zip Code 25303

Purpose of Disbursement RADIO
Candidate Name

Amount of Each Disbursement this Period
2400.00

000
Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: 00

B. Full Name (Last, First, Middle Initial)
WVTS AM & FM

Transaction ID: SB.234
Date of Disbursement
09 / 28 / 2010

Mailing Address 817 SUNCREST PLACE

City CHARLESTON State WV Zip Code 25303

Purpose of Disbursement RADIO
Candidate Name

Amount of Each Disbursement this Period
2400.00

000
Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: 00

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

Transaction ID: SB.235
Date of Disbursement
09 / 02 / 2010

Mailing Address P.O. BOX 4422

City MORGANTOWN State WV Zip Code 26504

Purpose of Disbursement PARKING
Candidate Name

Amount of Each Disbursement this Period
2000.00

000
Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: 00

SUBTOTAL of Disbursements This Page (optional) ▶ 6800.00

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 211 / 254 |
| | <input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21 | |

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NAME OF COMMITTEE (In Full)
Raese for Senate

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) WWVA | Transaction ID: SB.236 Date of Disbursement 08 / 10 / 2010 |
| | Mailing Address CAPITOL MUSIC HALL 1015 MAIN STREET | Amount of Each Disbursement this Period 340.00 |
| | City WHEELING | State WV |
| | Zip Code 26003 | |
| | Purpose of Disbursement RADIO | 000 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: 00 | |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) WWVA | Transaction ID: SB.237 Date of Disbursement 08 / 18 / 2010 |
| | Mailing Address CAPITOL MUSIC HALL 1015 MAIN STREET | Amount of Each Disbursement this Period 672.00 |
| | City WHEELING | State WV |
| | Zip Code 26003 | |
| | Purpose of Disbursement RADIO | 000 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: 00 | |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) WWVA | Transaction ID: SB.238 Date of Disbursement 09 / 01 / 2010 |
| | Mailing Address CAPITOL MUSIC HALL 1015 MAIN STREET | Amount of Each Disbursement this Period 630.00 |
| | City WHEELING | State WV |
| | Zip Code 26003 | |
| | Purpose of Disbursement RADIO | 000 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: 00 | |

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|---|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 1642.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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**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)

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Raese for Senate

| | | | |
|---|--|--|--------------------------|
| A. Full Name (Last, First, Middle Initial) WWVA | | Transaction ID: SB.239 Date of Disbursement 09 / 16 / 2010 | |
| Mailing Address CAPITOL MUSIC HALL 1015 MAIN STREET | | Amount of Each Disbursement this Period 600.00 | |
| City WHEELING | State WV | Zip Code 26003 | Category/ Type 000 |
| Purpose of Disbursement RADIO | | | |
| 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: 00 | | | |

| | | | |
|---|--|--|--------------------------|
| B. Full Name (Last, First, Middle Initial) WWVA | | Transaction ID: SB.240 Date of Disbursement 09 / 28 / 2010 | |
| Mailing Address CAPITOL MUSIC HALL 1015 MAIN STREET | | Amount of Each Disbursement this Period 600.00 | |
| City WHEELING | State WV | Zip Code 26003 | Category/ Type 000 |
| Purpose of Disbursement RADIO | | | |
| 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: 00 | | | |

| | | | |
|---|--|--|--------------------------|
| C. Full Name (Last, First, Middle Initial) WXCC | | Transaction ID: SB.241 Date of Disbursement 09 / 28 / 2010 | |
| Mailing Address 1240 RADIO DRIVE | | Amount of Each Disbursement this Period 1764.00 | |
| City PIKEVILLE | State KY | Zip Code 41501 | Category/ Type 000 |
| Purpose of Disbursement RADIO | | | |
| 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: 00 | | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | 2964.00 |
| 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 213 / 254

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
WYMJ - FM

Transaction ID: SB.242
Date of Disbursement

Mailing Address 1130 4TH STREET

09 / 01 / 2010

City State Zip Code
NEW MARTINSVILLE WV 26155

Amount of Each Disbursement this Period

Purpose of Disbursement
RADIO

000
Category/
Type

504.00

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
WYMJ - FM

Transaction ID: SB.243
Date of Disbursement

Mailing Address 1130 4TH STREET

09 / 16 / 2010

City State Zip Code
NEW MARTINSVILLE WV 26155

Amount of Each Disbursement this Period

Purpose of Disbursement
RADIO

000
Category/
Type

560.00

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
WYMJ - FM

Transaction ID: SB.244
Date of Disbursement

Mailing Address 1130 4TH STREET

09 / 28 / 2010

City State Zip Code
NEW MARTINSVILLE WV 26155

Amount of Each Disbursement this Period

Purpose of Disbursement
RADIO

000
Category/
Type

704.00

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1768.00

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 214 / 254

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Raese for Senate

A.

Full Name (Last, First, Middle Initial)
WZAC

Transaction ID: SB.245
Date of Disbursement

Mailing Address 351 HOPKINS AVENUE

/ /

City DANVILLE State WV Zip Code 25053

Amount of Each Disbursement this Period

Purpose of Disbursement
RADIO

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District: 00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

1002071412

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE 215 / 254

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)
Raese for Senate

Transaction ID: SC9.001

LOAN SOURCE Full Name (Last, First, Middle Initial)
MR. JOHN R. RAESE - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼
PRIMARY - 1984

Mailing Address P.O. BOX 262

City MORGANTOWN State WV ZIP Code 26507

Original Amount of Loan 90000.00 Cumulative Payment To Date 216.44 Balance Outstanding at Close of This Period 89783.56

TERMS

Date Incurred M M D D Y Y Y Y
04 24 1984

Date Due NONE

Interest Rate 0.0000 % (apr)

Secured: Yes No

| List All Endorsers or Guarantors (if any) to Loan Source | |
|--|------------------------------------|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

SUBTOTALS This Period This Page (optional) ▶ 89783.56

TOTALS This Period (last page in this line only) ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

10020734233

SCHEDULE C (FEC Form 3)

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

FOR LINE NUMBER: (check only one) 13a
 13b

LOANS

NAME OF COMMITTEE (In Full)
Raese for Senate
Transaction ID: SC9.002

| | |
|---|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) MR. JOHN R RAESE - [PERSONAL FUNDS] | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ PRIMARY - 1984 |
| Mailing Address P.O. BOX 262 | |
| City MORGANTOWN State WV ZIP Code 26507 | |

| | | |
|---|---|---|
| Original Amount of Loan 2500.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 2500.00 |
|---|---|---|

TERMS

| | | | |
|--|-------------------------|--|--|
| Date Incurred MM DD YY 05 04 1984 | Date Due NONE | Interest Rate 0.0000 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|-------------------------|--|--|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|---|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | | |
|---|---|---------|
| SUBTOTALS This Period This Page (optional) | ▶ | 2500.00 |
| TOTALS This Period (last page in this line only) | ▶ | [] |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

10020734244

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)
Raese for Senate
Transaction ID: SC9.003

LOAN SOURCE Full Name (Last, First, Middle Initial)
MR. JOHN R RAESE - [PERSONAL FUNDS]
Election: Primary General Other (specify) ▼
Mailing Address P.O. BOX 262
City MORGANTOWN State WV ZIP Code 26507
PRIMARY - 1984

Original Amount of Loan 28200.00 Cumulative Payment To Date 0.00 Balance Outstanding at Close of This Period 28200.00

TERMS
Date Incurred M M 05 D D 07 Y Y Y Y 1984 Date Due NONE Interest Rate 0.0000 % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|---|------------------------------------|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

SUBTOTALS This Period This Page (optional) ▶ 28200.00

TOTALS This Period (last page in this line only) ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

1002071421

SCHEDULE C (FEC Form 3)

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

PAGE 218 / 254

FOR LINE NUMBER: (check only one) 13a 13b

LOANS

NAME OF COMMITTEE (In Full)
Raese for Senate

Transaction ID: SC9.004

LOAN SOURCE Full Name (Last, First, Middle Initial)
MR. JOHN R. RAESE

Mailing Address P.O. BOX 262

City MORGANTOWN State WV ZIP Code 26507

Election:
 Primary
 General
 Other (specify) ▼
 PRIMARY - 1984

Original Amount of Loan 9000.00 Cumulative Payment To Date 0.00 Balance Outstanding at Close of This Period 9000.00

TERMS

Date Incurred M 05 D 12 Y 1984 Date Due NONE Interest Rate 0.0000 % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|---|------------------------------------|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

SUBTOTALS This Period This Page (optional) ▶ 9000.00

TOTALS This Period (last page in this line only) ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one) 13a
 13b

NAME OF COMMITTEE (In Full)

Raese for Senate

Transaction ID: SC9.005

LOAN SOURCE Full Name (Last, First, Middle Initial)
MR. JOHN R. RAESE

Election:
 Primary
 General
 Other (specify) ▼
PRIMARY - 1984

Mailing Address P.O. BOX 262

City MORGANTOWN State WV ZIP Code 26507

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 4700.00 | 0.00 | 4700.00 |

TERMS

Date Incurred: MM 06 DD 04 YYYY 1984
Date Due: NONE
Interest Rate: 0.0000 % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|---|------------------------------------|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

SUBTOTALS This Period This Page (optional) ▶ 4700.00
TOTALS This Period (last page in this line only) ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

10020734257

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)
Raese for Senate

Transaction ID: SC9.006

LOAN SOURCE Full Name (Last, First, Middle Initial)
MR. JOHN R. RAESE - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼
PRIMARY - 1984

Mailing Address P.O. BOX 262

City MORGANTOWN State WV ZIP Code 26507

| | | |
|------------------------------------|------------------------------------|--|
| Original Amount of Loan 5000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 5000.00 |
|------------------------------------|------------------------------------|--|

TERMS

| | | | |
|---|------------------|---------------------------------|---|
| Date Incurred M M 06 D D 29 Y Y Y Y 1984 | Date Due NONE | Interest Rate 0.0000 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|------------------|---------------------------------|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|---|------------------------------------|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

SUBTOTALS This Period This Page (optional) ▶ 5000.00

TOTALS This Period (last page in this line only) ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

10020734233

SCHEDULE C (FEC Form 3)

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

FOR LINE NUMBER:
(check only one) 13a
 13b

LOANS

NAME OF COMMITTEE (In Full)
Raese for Senate
Transaction ID: SC9.007

LOAN SOURCE Full Name (Last, First, Middle Initial)
MR. JOHN R. RAESE - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼
PRIMARY - 1984

Mailing Address P.O. BOX 262

City MORGANTOWN State WV ZIP Code 26507

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 120000.00 | 0.00 | 120000.00 |

TERMS
Date Incurred: M M 07 D D 18 Y Y Y Y 1984
Date Due: NONE
Interest Rate: 0.0000 % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|---|------------------------------------|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

SUBTOTALS This Period This Page (optional) ▶ 120000.00
TOTALS This Period (last page in this line only) ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Raese for Senate

Transaction ID: SC9.008

LOAN SOURCE Full Name (Last, First, Middle Initial)
MR. JOHN R RAESE - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼
PRIMARY - 1984

Mailing Address P.O. BOX 262

City MORGANTOWN State WV ZIP Code 26507

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 30000.00 | 0.00 | 30000.00 |

TERMS

Date Incurred: MM 07 DD 18 YYYY 1984
Date Due: NONE
Interest Rate: 0.0000 % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|---|--------------------------------|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

SUBTOTALS This Period This Page (optional)

30000.00

TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

10020734250

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)
Raese for Senate

Transaction ID: SC9.009

LOAN SOURCE Full Name (Last, First, Middle Initial)
MR. JOHN R. RAESE - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼
PRIMARY - 1984

Mailing Address P.O. BOX 262

City MORGANTOWN State WV ZIP Code 26507

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 4000.00 | 0.00 | 4000.00 |

TERMS

| | | | |
|------------------|----------|----------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| M 09 D 04 Y 1984 | NONE | 0.0000 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|---|------------------------------------|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | | |
|--|---|---------|
| SUBTOTALS This Period This Page (optional) | ▶ | 4000.00 |
| TOTALS This Period (last page in this line only) | ▶ | [] |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

11032075421

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)

Raese for Senate

Transaction ID: SC9.010

LOAN SOURCE Full Name (Last, First, Middle Initial)
MR. JOHN R. RAESE - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼
PRIMARY - 1984

Mailing Address P.O. BOX 262

City MORGANTOWN State WV ZIP Code 26507

| | | |
|------------------------------------|------------------------------------|--|
| Original Amount of Loan 4000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 4000.00 |
|------------------------------------|------------------------------------|--|

TERMS

Date Incurred: MM 09 DD 24 YY 1984
Date Due: NONE
Interest Rate: 0.0000 % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|---|------------------------------------|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

SUBTOTALS This Period This Page (optional) ▶ 4000.00

TOTALS This Period (last page in this line only) ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

10020734252

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: 13a
 13b

NAME OF COMMITTEE (In Full)
 Raese for Senate

Transaction ID: SC9.011

LOAN SOURCE Full Name (Last, First, Middle Initial)
 MR. JOHN R. RAESE - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼
 PRIMARY - 1984

Mailing Address P.O. BOX 262

City MORGANTOWN State WV ZIP Code 26507

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 100000.00 | 0.00 | 100000.00 |

TERMS

Date Incurred: M M 10, D D 05, Y Y Y Y 1984
 Date Due: NONE
 Interest Rate: 0.0000 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|---|------------------------------------|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | | |
|--|---|-----------|
| SUBTOTALS This Period This Page (optional) | ▶ | 100000.00 |
| TOTALS This Period (last page in this line only) | ▶ | [] |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

100207429

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: 13a
 13b

NAME OF COMMITTEE (In Full)

Raese for Senate

Transaction ID: SC9.012

LOAN SOURCE Full Name (Last, First, Middle Initial)
MR. JOHN R. RAESE - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼
PRIMARY - 1984

Mailing Address P.O. BOX 262

City MORGANTOWN State WV ZIP Code 26507

| | | |
|------------------------------------|------------------------------------|--|
| Original Amount of Loan 4500.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 4500.00 |
|------------------------------------|------------------------------------|--|

TERMS

Date Incurred: MM 10 DD 24 YY 1984 Date Due: NONE Interest Rate: 0.0000 % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|---|------------------------------------|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | |
|---|---------|
| SUBTOTALS This Period This Page (optional) | 4500.00 |
| TOTALS This Period (last page in this line only) | [] |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

10020734254

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)

Raese for Senate

Transaction ID: SC9.013

LOAN SOURCE Full Name (Last, First, Middle Initial)
MR. JOHN R RAESE - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼
PRIMARY - 1984

Mailing Address P.O. BOX 262

City MORGANTOWN State WV ZIP Code 26507

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 10000.00 | 0.00 | 10000.00 |

TERMS

Date Incurred: M M 11 D D 08 Y Y Y Y 1984 Date Due: NONE Interest Rate: 0.0000 % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|---|------------------------------------|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | | |
|---|---|----------|
| SUBTOTALS This Period This Page (optional) | ▶ | 10000.00 |
| TOTALS This Period (last page in this line only) | ▶ | [] |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

10020734255

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)

Raese for Senate

Transaction ID: SC9.014

LOAN SOURCE Full Name (Last, First, Middle Initial)
MR. JOHN R. RAESE - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼
PRIMARY - 1984

Mailing Address P.O. BOX 262

City MORGANTOWN State WV ZIP Code 26507

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 5000.00 | 0.00 | 5000.00 |

TERMS

Date Incurred: M M 12 D D 27 Y Y Y Y 1985
Date Due: NONE
Interest Rate: 0.0000 % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| Full Name (Last, First, Middle Initial) | Name of Employer |
|---|--------------------------------|
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

SUBTOTALS This Period This Page (optional) ▶ 5000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

10020734255

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)
Raese for Senate

Transaction ID: SC9.205

LOAN SOURCE Full Name (Last, First, Middle Initial)
MR. JOHN R. RAESE - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address P.O. BOX 262
BANK LOAN SECURED BY INVESTMENTS

City MORGANTOWN **State** WV **ZIP Code** 26507

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 200000.00 | 0.00 | 200000.00 |

TERMS

Date Incurred M M D D Y Y Y Y Y Y
08 10 2010

Date Due NONE

Interest Rate 254.50 % (apr)

Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|---|------------------------------------|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

SUBTOTALS This Period This Page (optional) ▶ 200000.00

TOTALS This Period (last page in this line only) ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

10020734267

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Raese for Senate

Transaction ID: SC9.206

LOAN SOURCE Full Name (Last, First, Middle Initial)
MR. JOHN R. RAESE - [PERSONAL FUNDS]

Election:

Primary
 General
 Other (specify) ▼

BANK LOAN SECURED BY INVE-

Mailing Address P.O. BOX 262

City MORGANTOWN State WV ZIP Code 26507

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 200000.00 | 0.00 | 200000.00 |

TERMS

Date Incurred: M 08 D 17 Y 2010
Date Due: NONE
Interest Rate: 254.50 % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|---|------------------------------------|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

SUBTOTALS This Period This Page (optional) ▶ 200000.00

TOTALS This Period (last page in this line only) ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

100207425

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one) 13a
 13b

NAME OF COMMITTEE (In Full)
Raese for Senate
Transaction ID: SC9.207

LOAN SOURCE Full Name (Last, First, Middle Initial)
MR. JOHN R. RAESE - [PERSONAL FUNDS]
Election:
 Primary
 General
 Other (specify) ▼

BANK LOAN SECURED BY INVE-
MORTGAGE STATEMENTS
Mailing Address P.O. BOX 262

City MORGANTOWN State WV ZIP Code 26507

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 100000.00 | 0.00 | 100000.00 |

TERMS

| Date Incurred | Date Due | Interest Rate | Secured: |
|----------------------------------|----------|----------------|---|
| M M 09 D D 01 Y Y Y Y 2010 | NONE | 254.50 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|---|------------------------------------|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

SUBTOTALS This Period This Page (optional) ▶ 100000.00

TOTALS This Period (last page in this line only) ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

10020734253

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)
Raese for Senate

Transaction ID: SC9.202

| | |
|---|--|
| LOAN SOURCE Full Name (Last, First, Middle Initial) MR. JOHN R. RAESE - [PERSONAL FUNDS] | Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address P.O. BOX 262 BANK LOAN SECURED BY INVESTMENTS | |
| City MORGANTOWN State WV ZIP Code 26507 | |

| | | |
|--------------------------------------|------------------------------------|--|
| Original Amount of Loan 250000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 250000.00 |
|--------------------------------------|------------------------------------|--|

TERMS

| | | | |
|----------------------------------|----------|----------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| M M 09 D D 10 Y Y Y Y 2010 | NONE | 325.00 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|---|--|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |

| | |
|---|---|
| SUBTOTALS This Period This Page (optional) | <input style="width: 100%;" type="text" value="250000.00"/> |
| TOTALS This Period (last page in this line only) | <input style="width: 100%;" type="text"/> |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

10020734270

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)
Raese for Senate
Transaction ID: SC9.201

LOAN SOURCE Full Name (Last, First, Middle Initial)
MR. JOHN R. RAESE - [PERSONAL FUNDS]
Election:
 Primary
 General
 Other (specify) ▼

Mailing Address P.O. BOX 262
BANK LOAN SECURED BY INVESTMENTS
City MORGANTOWN State WV ZIP Code 26507
Original Amount of Loan 200000.00 Cumulative Payment To Date 0.00 Balance Outstanding at Close of This Period 200000.00

TERMS
Date Incurred M M 09 D D 20 Y Y Y Y 2010 Date Due NONE Interest Rate 325.00 % (apr) Secured: Yes No

| List All Endorsers or Guarantors (if any) to Loan Source | |
|--|------------------------------------|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

SUBTOTALS This Period This Page (optional) ▶ 200000.00
TOTALS This Period (last page in this line only) ▶ []
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

1002074271

SCHEDULE C (FEC Form 3)

| | |
|---|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 234 / 254 |
| | FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b |

LOANS

NAME OF COMMITTEE (In Full)
Raese for Senate

Transaction ID: SC9.203

| | |
|--|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) MR. JOHN R. RAESE - [PERSONAL FUNDS] | Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address P.O. BOX 262 BANK LOAN SECURED BY INVESTMENTS | |
| City MORGANTOWN State WV ZIP Code 26507 | |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 250000.00 | 0.00 | 250000.00 |

TERMS

| | | | |
|----------------------------|----------|----------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| M M 09 D D 24 Y Y Y Y 2010 | NONE | 325.00 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|---|------------------------------------|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | |
|---|-----------|
| SUBTOTALS This Period This Page (optional) | 250000.00 |
| TOTALS This Period (last page in this line only) | [] |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

10020734272

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)
Raese for Senate
Transaction ID: SC9.204

LOAN SOURCE Full Name (Last, First, Middle Initial)
MR. JOHN R RAESE - [PERSONAL FUNDS]
Election:
 Primary
 General
 Other (specify) ▼

Mailing Address P.O. BOX 262
BANK LOAN SECURED BY INVESTMENTS
City MORGANTOWN State WV ZIP Code 26507
Original Amount of Loan 100000.00 Cumulative Payment To Date 0.00 Balance Outstanding at Close of This Period 100000.00

TERMS
Date Incurred Date Due Interest Rate Secured:
M M D D Y Y Y Y NONE 325.00 % (apr) Yes No

| List All Endorsers or Guarantors (if any) to Loan Source | |
|--|------------------------------------|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

SUBTOTALS This Period This Page (optional) ▶ 100000.00

TOTALS This Period (last page in this line only) ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

10020734273

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one) 13a
 13b

NAME OF COMMITTEE (In Full)
Raese for Senate

Transaction ID: SC9.015

| | |
|---|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) MR. JOHN R. RAESE (Personal Funds) - [PERSONAL FUNDS] | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ PRIMARY - 2006 |
| Mailing Address P.O. BOX 262 | |
| City MORGANTOWN State WV ZIP Code 26507 | |

| | | |
|-------------------------------------|--|---|
| Original Amount of Loan 70000.00 | Cumulative Payment To Date 13827.16 | Balance Outstanding at Close of This Period 56172.84 |
|-------------------------------------|--|---|

TERMS

| | | | |
|---------------------|----------|----------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| MM 04 DD 19 YY 2006 | NONE | 0.0000 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|---|------------------------------------|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | |
|--|----------|
| SUBTOTALS This Period This Page (optional) | 56172.84 |
| TOTALS This Period (last page in this line only) | [] |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. | |

10020734274

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)
Raese for Senate

Transaction ID: SC9.016

LOAN SOURCE Full Name (Last, First, Middle Initial)
MR. JOHN R. RAESE (Personal Funds) - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼
PRIMARY - 2006

Mailing Address P.O. BOX 262

City MORGANTOWN State WV ZIP Code 26507

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 100000.00 | 0.00 | 100000.00 |

TERMS

| | | | |
|---|------------------|---------------------------------|---|
| Date Incurred MM DD YY 04 27 2006 | Date Due NONE | Interest Rate 0.0000 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|------------------|---------------------------------|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|---|------------------------------------|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

SUBTOTALS This Period This Page (optional) ▶ 100000.00

TOTALS This Period (last page in this line only) ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

10020734273

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)
Raese for Senate
Transaction ID: SC9.017

LOAN SOURCE Full Name (Last, First, Middle Initial)
MR. JOHN R. RAESE (Personal Funds) - [PERSONAL FUNDS]
Election:
 Primary
 General
 Other (specify) ▼
PRIMARY - 2006

Mailing Address P.O. BOX 262

City MORGANTOWN State WV ZIP Code 26507

Original Amount of Loan 80000.00
Cumulative Payment To Date 0.00
Balance Outstanding at Close of This Period 80000.00

TERMS
Date Incurred: M M 05, D D 03, Y Y Y Y 2006
Date Due: NONE
Interest Rate: 0.0000 % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|---|------------------------------------|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

SUBTOTALS This Period This Page (optional) ▶ 80000.00

TOTALS This Period (last page in this line only) ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

10020734275

SCHEDULE C (FEC Form 3)

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

PAGE 239 / 254

FOR LINE NUMBER: (check only one) 13a 13b

LOANS

NAME OF COMMITTEE (In Full)
Raese for Senate

Transaction ID: SC9.019

LOAN SOURCE Full Name (Last, First, Middle Initial)
MR. JOHN R. RAESE (Personal Funds) - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼
GENERAL - 2006

Mailing Address P.O. BOX 262

City MORGANTOWN State WV ZIP Code 26507

Original Amount of Loan 50000.00 Cumulative Payment To Date 0.00 Balance Outstanding at Close of This Period 50000.00

TERMS

Date Incurred M M D Y Y Y 10 02 2006 Date Due NONE Interest Rate 0.0000 % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|---|------------------------------------|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

SUBTOTALS This Period This Page (optional) ▶ 50000.00

TOTALS This Period (last page in this line only) ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

1002074277

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)
Raese for Senate
Transaction ID: SC9.020

LOAN SOURCE Full Name (Last, First, Middle Initial)
MR. JOHN R. RAESE (Personal Funds) - [PERSONAL FUNDS]
Mailing Address P.O. BOX 262
City MORGANTOWN State WV ZIP Code 26507
Election:
 Primary
 General
 Other (specify) ▼
GENERAL - 2006

| | | |
|--------------------------------------|--|--|
| Original Amount of Loan 200000.00 | Cumulative Payment To Date 11760.00 | Balance Outstanding at Close of This Period 188240.00 |
|--------------------------------------|--|--|

TERMS
Date Incurred: M 10 D 20 Y 2006
Date Due: NONE
Interest Rate: 0.0000 % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|---|------------------------------------|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

SUBTOTALS This Period This Page (optional) ▶ 188240.00
TOTALS This Period (last page in this line only) ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

10020734273

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)
Raese for Senate

Transaction ID: SC9.021

| | |
|---|--|
| LOAN SOURCE Full Name (Last, First, Middle Initial) MR. JOHN R. RAESE (PERSONAL FUNDS) - [PERSONAL FUNDS] | Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address P.O. BOX 262 | |
| City MORGANTOWN State WV ZIP Code 26507 | |

| | | |
|-------------------------------------|------------------------------------|---|
| Original Amount of Loan 10000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 10000.00 |
|-------------------------------------|------------------------------------|---|

TERMS

| | | | |
|---------------------|----------|----------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| MM 07 DD 27 YY 2010 | NONE | 0.0000 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|---|--|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |

| | |
|--|--|
| SUBTOTALS This Period This Page (optional) ▶ | <input style="width: 100%;" type="text" value="10000.00"/> |
| TOTALS This Period (last page in this line only) ▶ | <input style="width: 100%;" type="text"/> |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. | |

10020714273

SCHEDULE C (FEC Form 3)

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

PAGE 242 / 254

FOR LINE NUMBER: (check only one) 13a 13b

LOANS

NAME OF COMMITTEE (In Full)
Raese for Senate

Transaction ID: SC9.001b

LOAN SOURCE Full Name (Last, First, Middle Initial)
MR. JOHN R RAESE (PERSONAL FUNDS) - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address P.O. BOX 262

City MORGANTOWN State WV ZIP Code 26507

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

TERMS

Date Incurred Date Due Interest Rate % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|---|---|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

SUBTOTALS This Period This Page (optional)

TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

1002074280

SCHEDULE C-1 (FEC Form 3)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page 243 / 254 of Schedule C

| | | |
|--|--|--|
| Name of Committee (in Full) Raese for Senate | | FEC IDENTIFICATION NUMBER C00182089 |
| Back Ref ID: SC9.203 | | |

| | | |
|---|------------------------------|-------------------------------|
| LENDING INSTITUTION (LENDER) Full Name CENTRA BANK, INC | Amount of Loan 1500000.00 | Interest Rate (APR) 3.25 % |
|---|------------------------------|-------------------------------|

| | |
|---|--|
| Mailing Address 999 ELMER PRINCE DRIVE PO BOX 658 | Date Incurred or Established 08 12 2010 |
| City MORGANTOWN State WV Zip Code 26507 | Date Due 08/12/2011 |

A. Has loan been restructured? No Yes If yes, date originally incurred : [] [] []

B. If line of credit, Amount of this Draw: 200000.00 Total Outstanding balance : 450000.00

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Sch. C)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: STOCK IN CERTAIN NON PUBLICLY TRADED COMPANY

What is the value of this collateral?
2600000.00

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____

What is the estimated value?
0.00

A depository account must be established pursuant to 11 CFR 100.82 and 100.142.

Date account established: [] [] [] Location of account _____
 Address: _____
 City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER
 Typed Name JAMES TROY DATE 10 15 2010
 Signature _____

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:
 I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of this loan are accurate as stated above.
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

| | | |
|--|-------------|--------------------|
| AUTHORIZED REPRESENTATIVE Typed Name _____ Signature _____ | Title _____ | DATE 12 30 1899 |
|--|-------------|--------------------|

100207E#231

SCHEDULE C-1 (FEC Form 3)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 Information found on
 Page 244 / 254 of Schedule C

Federal Election Commission, Washington, D.C. 20463

| | |
|--|--|
| Name of Committee (in Full) Raese for Senate | FEC IDENTIFICATION NUMBER C00182089 |
| Back Ref ID: SC9.202 | |

| | | |
|---|------------------------------|-------------------------------|
| LENDING INSTITUTION (LENDER) Full Name CENTRA BANK, INC | Amount of Loan 1500000.00 | Interest Rate (APR) 3.25 % |
|---|------------------------------|-------------------------------|

| | |
|---|--|
| Mailing Address 999 ELMER PRINCE DRIVE PO BOX 658 | Date Incurred or Established 08 12 2010 |
| City MORGANTOWN | Date Due 08/12/2011 |
| State Zip Code WV 26507 | |

A. Has loan been restructured? No Yes If yes, date originally incurred : [] [] [] [] [] [] [] []

B. If line of credit, Amount of this Draw: 250000.00 Total Outstanding balance : 700000.00

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Sch. C)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: STOCK IN CERTAIN NON PUBLICLY TRADED COMPANY
 What is the value of this collateral? 2600000.00
 Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____
 What is the estimated value? 0.00

A depository account must be established pursuant to 11 CFR 100.82 and 100.142.
 Date account established: [] [] [] [] [] [] [] [] Location of account Address: _____
 City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER
 Typed Name JAMES TROY DATE 10 15 2010
 Signature _____

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:
 I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of this loan are accurate as stated above.
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

| | | |
|--|-------|--------------------|
| AUTHORIZED REPRESENTATIVE Typed Name Signature | Title | DATE 12 30 1899 |
|--|-------|--------------------|

SCHEDULE C-1 (FEC Form 3)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 Information found on
 Page 245 / 254 of Schedule C

Federal Election Commission, Washington, D.C. 20463

| | |
|--|--|
| Name of Committee (in Full) Raese for Senate | FEC IDENTIFICATION NUMBER C00182089 |
|--|--|

Back Ref ID: SC9.201

| | | |
|--|------------------------------|-------------------------------|
| LENDING INSTITUTION (LENDER) Full Name CENTRA BANK, INC. | Amount of Loan 1500000.00 | Interest Rate (APR) 3.25 % |
|--|------------------------------|-------------------------------|

| | |
|---|--|
| Mailing Address 999 ELMER PRINCE DRIVE PO BOX 658 | Date Incurred or Established 08 12 2010 |
| City MORGANTOWN | Date Due 08/12/2011 |
| State Zip Code WV 26507 | |

A. Has loan been restructured? No Yes If yes, date originally incurred : [] [] []

B. If line of credit, Amount of this Draw: 250000.00 Total Outstanding balance: 250000.00

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Sch. C)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: STOCK IN CERTAIN NON PUBLICLY TRADED COMPANY

What is the value of this collateral?
2600000.00

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____

What is the estimated value?
0.00

A depository account must be established pursuant to 11 CFR 100.82 and 100.142.

Date account established: [] [] [] Location of account _____
 Address: _____
 City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER
 Typed Name JAMES TROY DATE 10 15 2010
 Signature _____

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:
 I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of this loan are accurate as stated above.
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

| | |
|--|--------------------|
| AUTHORIZED REPRESENTATIVE Typed Name _____ Signature _____ | DATE 12 30 1899 |
| Title _____ | |

**SCHEDULE C-1 (FEC Form 3)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Supplementary for
Information found on
Page 246 / 254 of Schedule C

Federal Election Commission, Washington, D.C. 20463

| | |
|--|--|
| Name of Committee (in Full) Raese for Senate | FEC IDENTIFICATION NUMBER C00182089 |
|--|--|

Back Ref ID: SC9.204

| | | |
|---|--|-------------------------------|
| LENDING INSTITUTION (LENDER) Full Name CENTRA BANK, INC. | Amount of Loan 1500000.00 | Interest Rate (APR) 3.25 % |
| Mailing Address 999 ELMER PRINCE DRIVE PO BOX 658 | Date Incurred or Established 08 12 2010 | Date Due 08/12/2011 |
| City MORGANTOWN | State WV | Zip Code 26507 |

A. Has loan been restructured? No Yes If yes, date originally incurred : [] [] []

B. If line of credit, Amount of this Draw: 100000.00 Total Outstanding balance : 800000.00

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Sch. C)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: STOCK IN CERTAIN NON PUBLICLY TRADED COMPANY
What is the value of this collateral? 2600000.00
Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____
What is the estimated value? 0.00

A depository account must be established pursuant to 11 CFR 100.82 and 100.142.
Date account established: [] [] [] Location of account _____
Address: _____
City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER
Typed Name JAMES TROY DATE 10 15 2010
Signature _____

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:
I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of this loan are accurate as stated above.
II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

| | | |
|---|-------|--------------------|
| AUTHORIZED REPRESENTATIVE Typed Name Signature | Title | DATE 12 30 1899 |
|---|-------|--------------------|

SCHEDULE C-1 (FEC Form 3)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page 247 / 254 of Schedule C

| | |
|--|--|
| Name of Committee (in Full) Raese for Senate | FEC IDENTIFICATION NUMBER C00182089 |
| Back Ref ID: SC9.206 | |

| | | |
|---|-----------------------------|-------------------------------|
| LENDING INSTITUTION (LENDER) Full Name HUNTINGTON NATIONAL BANK | Amount of Loan 500000.00 | Interest Rate (APR) 2.54 % |
|---|-----------------------------|-------------------------------|

| | |
|------------------------------------|--|
| Mailing Address 201 HIGH STREET | Date Incurred or Established 08 09 2010 |
| City MORGANTOWN | Date Due 10/31/2010 |
| State Zip Code WV 26505 | |

A. Has loan been restructured? No Yes If yes, date originally incurred : [] [] []

B. If line of credit, Amount of this Draw: 200000.00 Total Outstanding balance : 200000.00

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Sch. C)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: STOCK IN CERTAIN NON PUBLICLY TRADED COMPANIES
 What is the value of this collateral? 3400000.00
 Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____
 What is the estimated value? 0.00

A depository account must be established pursuant to 11 CFR 100.82 and 100.142. Location of account _____
 Date account established: [] [] [] Address: _____
 City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER
 Typed Name JAMES TROY DATE 10 15 2010
 Signature _____

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:
 I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of this loan are accurate as stated above.
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

| | | |
|--|-------|--------------------|
| AUTHORIZED REPRESENTATIVE Typed Name Signature | Title | DATE 12 30 1899 |
|--|-------|--------------------|

SCHEDULE C-1 (FEC Form 3)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 Information found on
 Page 248 / 254 of Schedule C

Federal Election Commission, Washington, D.C. 20463

| | |
|--|--|
| Name of Committee (in Full) Raese for Senate | FEC IDENTIFICATION NUMBER C00182089 |
|--|--|

Back Ref ID: SC9.207

| | | |
|---|--|-------------------------------|
| LENDING INSTITUTION (LENDER) Full Name HUNTINGTON NATIONAL BANK | Amount of Loan 500000.00 | Interest Rate (APR) 2.54 % |
| Mailing Address 201 HIGH STREET | Date Incurred or Established 08 09 2010 | Date Due 10/31/2010 |
| City MORGANTOWN | State WV | Zip Code 26505 |

A. Has loan been restructured? No Yes If yes, date originally incurred : [] [] []

B. If line of credit, Amount of this Draw: 100000.00 Total Outstanding balance : 500000.00

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Sch. C)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: STOCK IN CERTAIN NON PUBLICLY TRADED COMPANIES
 What is the value of this collateral? 3400000.00
 Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____
 What is the estimated value? 0.00

A depository account must be established pursuant to 11 CFR 100.82 and 100.142.
 Date account established: [] [] [] Location of account _____
 Address: _____
 City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER
 Typed Name JAMES TROY DATE 10 15 2010
 Signature _____

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:
 I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of this loan are accurate as stated above.
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

| | |
|--|--------------------|
| AUTHORIZED REPRESENTATIVE Typed Name _____ Signature _____ | DATE 12 30 1899 |
| Title _____ | |

SCHEDULE C-1 (FEC Form 3)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page 249 / 254 of Schedule C

| | | |
|--|--|--|
| Name of Committee (in Full) Raese for Senate | | FEC IDENTIFICATION NUMBER C00182089 |
| Back Ref ID: SC9.205 | | |

| | | |
|---|-----------------------------|-------------------------------|
| LENDING INSTITUTION (LENDER) Full Name HUNTINGTON NATIONAL BANK | Amount of Loan 500000.00 | Interest Rate (APR) 2.54 % |
|---|-----------------------------|-------------------------------|

| | |
|--|--|
| Mailing Address 201 HIGH STREET | Date Incurred or Established 08 09 2010 |
| City MORGANTOWN State WV Zip Code 26505 | Date Due 10/31/2010 |

A. Has loan been restructured? No Yes If yes, date originally incurred: [] [] [] [] [] []

B. If line of credit, Total
 Amount of this Draw: 200000.00 Outstanding
 balance: 400000.00

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Sch. C)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: STOCK IN CERTAIN NON PUBLICLY TRADED COMPANIES

What is the value of this collateral?
340000.00

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____

What is the estimated value?
0.00

A depository account must be established pursuant to 11 CFR 100.82 and 100.142. Location of account _____

Date account established: [] [] [] [] [] [] Address: _____

City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

| | |
|---|--------------------|
| G. COMMITTEE TREASURER Typed Name JAMES TROY Signature _____ | DATE 10 15 2010 |
|---|--------------------|

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of this loan are accurate as stated above.

II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.

III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

| | | |
|--|-------------|--------------------|
| AUTHORIZED REPRESENTATIVE Typed Name _____ Signature _____ | Title _____ | DATE 12 30 1899 |
|--|-------------|--------------------|

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SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 250 / 254
 FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)
 Raese for Senate

| | | | | | | | |
|---|---|----------|----------|------------|----|-------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PAMELA BOSSIO | Nature of Debt (Purpose): Reimbursement | | | | | | |
| Mailing Address P.O. BOX 262 | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">City</td> <td style="width: 33%; border: none;">State</td> <td style="width: 33%; border: none;">ZIP Code</td> </tr> <tr> <td style="border: none;">MORGANTOWN</td> <td style="border: none;">WV</td> <td style="border: none;">26507</td> </tr> </table> | City | State | ZIP Code | MORGANTOWN | WV | 26507 | |
| City | State | ZIP Code | | | | | |
| MORGANTOWN | WV | 26507 | | | | | |

| | | | | | | | |
|--|--|--|---|--|--|--|--|
| Outstanding Balance Beginning This Period <input style="width: 100%; text-align: center;" type="text" value="445.13"/> | Transaction ID: SD10.1 | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">Amount Incurred This Period</td> <td style="width: 33%; border: none;">Payment This Period</td> <td style="width: 33%; border: none;">Outstanding Balance at Close of This Period</td> </tr> <tr> <td style="border: none;"><input style="width: 100%; text-align: center;" type="text" value="0.00"/></td> <td style="border: none;"><input style="width: 100%; text-align: center;" type="text" value="445.13"/></td> <td style="border: none;"><input style="width: 100%; text-align: center;" type="text" value="0.00"/></td> </tr> </table> | Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | <input style="width: 100%; text-align: center;" type="text" value="0.00"/> | <input style="width: 100%; text-align: center;" type="text" value="445.13"/> | <input style="width: 100%; text-align: center;" type="text" value="0.00"/> | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | | | | | |
| <input style="width: 100%; text-align: center;" type="text" value="0.00"/> | <input style="width: 100%; text-align: center;" type="text" value="445.13"/> | <input style="width: 100%; text-align: center;" type="text" value="0.00"/> | | | | | |

| | | | | | | | |
|--|---|----------|----------|---------|----|-------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor JASON BRUCE | Nature of Debt (Purpose): Social Networking | | | | | | |
| Mailing Address 21014 Timber Ridge Terrace Unit 10 | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">City</td> <td style="width: 33%; border: none;">State</td> <td style="width: 33%; border: none;">ZIP Code</td> </tr> <tr> <td style="border: none;">ASHBURN</td> <td style="border: none;">VA</td> <td style="border: none;">20147</td> </tr> </table> | City | State | ZIP Code | ASHBURN | VA | 20147 | |
| City | State | ZIP Code | | | | | |
| ASHBURN | VA | 20147 | | | | | |

| | | | | | | | |
|--|--|--|---|--|--|--|--|
| Outstanding Balance Beginning This Period <input style="width: 100%; text-align: center;" type="text" value="0.00"/> | Transaction ID: SD10.6 | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">Amount Incurred This Period</td> <td style="width: 33%; border: none;">Payment This Period</td> <td style="width: 33%; border: none;">Outstanding Balance at Close of This Period</td> </tr> <tr> <td style="border: none;"><input style="width: 100%; text-align: center;" type="text" value="500.00"/></td> <td style="border: none;"><input style="width: 100%; text-align: center;" type="text" value="0.00"/></td> <td style="border: none;"><input style="width: 100%; text-align: center;" type="text" value="500.00"/></td> </tr> </table> | Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | <input style="width: 100%; text-align: center;" type="text" value="500.00"/> | <input style="width: 100%; text-align: center;" type="text" value="0.00"/> | <input style="width: 100%; text-align: center;" type="text" value="500.00"/> | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | | | | | |
| <input style="width: 100%; text-align: center;" type="text" value="500.00"/> | <input style="width: 100%; text-align: center;" type="text" value="0.00"/> | <input style="width: 100%; text-align: center;" type="text" value="500.00"/> | | | | | |

| | | | | | | | |
|---|--|----------|----------|------------|----|-------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor RON GREGORY | Nature of Debt (Purpose): Consulting | | | | | | |
| Mailing Address P.O. Box 20297 | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">City</td> <td style="width: 33%; border: none;">State</td> <td style="width: 33%; border: none;">ZIP Code</td> </tr> <tr> <td style="border: none;">CHARLESTON</td> <td style="border: none;">WV</td> <td style="border: none;">25362</td> </tr> </table> | City | State | ZIP Code | CHARLESTON | WV | 25362 | |
| City | State | ZIP Code | | | | | |
| CHARLESTON | WV | 25362 | | | | | |

| | | | | | | | |
|--|--|---|---|---|--|---|--|
| Outstanding Balance Beginning This Period <input style="width: 100%; text-align: center;" type="text" value="0.00"/> | Transaction ID: SD10.10 | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">Amount Incurred This Period</td> <td style="width: 33%; border: none;">Payment This Period</td> <td style="width: 33%; border: none;">Outstanding Balance at Close of This Period</td> </tr> <tr> <td style="border: none;"><input style="width: 100%; text-align: center;" type="text" value="2000.00"/></td> <td style="border: none;"><input style="width: 100%; text-align: center;" type="text" value="0.00"/></td> <td style="border: none;"><input style="width: 100%; text-align: center;" type="text" value="2000.00"/></td> </tr> </table> | Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | <input style="width: 100%; text-align: center;" type="text" value="2000.00"/> | <input style="width: 100%; text-align: center;" type="text" value="0.00"/> | <input style="width: 100%; text-align: center;" type="text" value="2000.00"/> | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | | | | | |
| <input style="width: 100%; text-align: center;" type="text" value="2000.00"/> | <input style="width: 100%; text-align: center;" type="text" value="0.00"/> | <input style="width: 100%; text-align: center;" type="text" value="2000.00"/> | | | | | |

| | |
|--|---|
| 1) SUBTOTALS This Period This Page (optional)..... | <input style="width: 100%; text-align: center;" type="text" value="2500.00"/> |
| 2) TOTALS This Period (last page this line number only)..... | <input style="width: 100%; text-align: center;" type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | <input style="width: 100%; text-align: center;" type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input style="width: 100%; text-align: center;" type="text"/> |

2003 FEB 14 14:24:33

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 251 / 254
 FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)
 Raese for Senate

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 ROLAND KERNS Nature of Debt (Purpose):
Signs

Mailing Address HC 60 BOX 18-1

City PAW PAW State WV ZIP Code 25343

Outstanding Balance Beginning This Period Transaction ID: SD10.15

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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 TERRANCE P. RINEHART Nature of Debt (Purpose):
Reimbursement

Mailing Address P.O. BOX 262

City MORGANTOWN State WV ZIP Code 26507

Outstanding Balance Beginning This Period Transaction ID: SD10.2

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
 AT & T Mobility Nature of Debt (Purpose):
Cell Phones

Mailing Address P.O. Box 6463

City CAROL STREAM State IL ZIP Code 60197

Outstanding Balance Beginning This Period Transaction ID: SD10.8

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

1) SUBTOTALS This Period This Page (optional)..... ▶

2) TOTALS This Period (last page this line number only)..... ▶

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 252 / 254
 FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)
 Raese for Senate

| | | | | | | | |
|--|---|----------|----------|---------|----|-------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Black Knight Country Club | Nature of Debt (Purpose): Event | | | | | | |
| Mailing Address PO BOX 3064 | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">City</td> <td style="width: 33%; border: none;">State</td> <td style="width: 33%; border: none;">ZIP Code</td> </tr> <tr> <td style="border: none;">BECKLEY</td> <td style="border: none;">WV</td> <td style="border: none;">25801</td> </tr> </table> | City | State | ZIP Code | BECKLEY | WV | 25801 | |
| City | State | ZIP Code | | | | | |
| BECKLEY | WV | 25801 | | | | | |

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|--|--|---|---|---|--|---|--|
| Outstanding Balance Beginning This Period <input style="width: 100%; text-align: center;" type="text" value="0.00"/> | Transaction ID: SD10.13 | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">Amount Incurred This Period</td> <td style="width: 33%; border: none;">Payment This Period</td> <td style="width: 33%; border: none;">Outstanding Balance at Close of This Period</td> </tr> <tr> <td style="border: none;"><input style="width: 100%; text-align: center;" type="text" value="1357.12"/></td> <td style="border: none;"><input style="width: 100%; text-align: center;" type="text" value="0.00"/></td> <td style="border: none;"><input style="width: 100%; text-align: center;" type="text" value="1357.12"/></td> </tr> </table> | Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | <input style="width: 100%; text-align: center;" type="text" value="1357.12"/> | <input style="width: 100%; text-align: center;" type="text" value="0.00"/> | <input style="width: 100%; text-align: center;" type="text" value="1357.12"/> | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | | | | | |
| <input style="width: 100%; text-align: center;" type="text" value="1357.12"/> | <input style="width: 100%; text-align: center;" type="text" value="0.00"/> | <input style="width: 100%; text-align: center;" type="text" value="1357.12"/> | | | | | |

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|---|--|----------|----------|------------|----|-------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CD, Inc. | Nature of Debt (Purpose): Internet | | | | | | |
| Mailing Address P.O. BOX 1877 | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">City</td> <td style="width: 33%; border: none;">State</td> <td style="width: 33%; border: none;">ZIP Code</td> </tr> <tr> <td style="border: none;">ALEXANDRIA</td> <td style="border: none;">VA</td> <td style="border: none;">22313</td> </tr> </table> | City | State | ZIP Code | ALEXANDRIA | VA | 22313 | |
| City | State | ZIP Code | | | | | |
| ALEXANDRIA | VA | 22313 | | | | | |

| | | | | | | | |
|---|---|--|---|--|---|--|--|
| Outstanding Balance Beginning This Period <input style="width: 100%; text-align: center;" type="text" value="0.00"/> | Transaction ID: SD10.5 | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">Amount Incurred This Period</td> <td style="width: 33%; border: none;">Payment This Period</td> <td style="width: 33%; border: none;">Outstanding Balance at Close of This Period</td> </tr> <tr> <td style="border: none;"><input style="width: 100%; text-align: center;" type="text" value="213.78"/></td> <td style="border: none;"><input style="width: 100%; text-align: center;" type="text" value="18.76"/></td> <td style="border: none;"><input style="width: 100%; text-align: center;" type="text" value="195.02"/></td> </tr> </table> | Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | <input style="width: 100%; text-align: center;" type="text" value="213.78"/> | <input style="width: 100%; text-align: center;" type="text" value="18.76"/> | <input style="width: 100%; text-align: center;" type="text" value="195.02"/> | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | | | | | |
| <input style="width: 100%; text-align: center;" type="text" value="213.78"/> | <input style="width: 100%; text-align: center;" type="text" value="18.76"/> | <input style="width: 100%; text-align: center;" type="text" value="195.02"/> | | | | | |

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|---|--|----------|----------|------------|----|-------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Engage LLC | Nature of Debt (Purpose): WEB SERVICES | | | | | | |
| Mailing Address 707 8th Street SE, Suite 200 | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">City</td> <td style="width: 33%; border: none;">State</td> <td style="width: 33%; border: none;">ZIP Code</td> </tr> <tr> <td style="border: none;">WASHINGTON</td> <td style="border: none;">DC</td> <td style="border: none;">20003</td> </tr> </table> | City | State | ZIP Code | WASHINGTON | DC | 20003 | |
| City | State | ZIP Code | | | | | |
| WASHINGTON | DC | 20003 | | | | | |

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|--|--|--|---|--|--|--|--|
| Outstanding Balance Beginning This Period <input style="width: 100%; text-align: center;" type="text" value="0.00"/> | Transaction ID: SD10.12 | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">Amount Incurred This Period</td> <td style="width: 33%; border: none;">Payment This Period</td> <td style="width: 33%; border: none;">Outstanding Balance at Close of This Period</td> </tr> <tr> <td style="border: none;"><input style="width: 100%; text-align: center;" type="text" value="21449.68"/></td> <td style="border: none;"><input style="width: 100%; text-align: center;" type="text" value="0.00"/></td> <td style="border: none;"><input style="width: 100%; text-align: center;" type="text" value="21449.68"/></td> </tr> </table> | Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | <input style="width: 100%; text-align: center;" type="text" value="21449.68"/> | <input style="width: 100%; text-align: center;" type="text" value="0.00"/> | <input style="width: 100%; text-align: center;" type="text" value="21449.68"/> | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | | | | | |
| <input style="width: 100%; text-align: center;" type="text" value="21449.68"/> | <input style="width: 100%; text-align: center;" type="text" value="0.00"/> | <input style="width: 100%; text-align: center;" type="text" value="21449.68"/> | | | | | |

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| 1) SUBTOTALS This Period This Page (optional)..... | <input style="width: 100%; text-align: center;" type="text" value="23001.82"/> |
| 2) TOTALS This Period (last page this line number only)..... | <input style="width: 100%; text-align: center;" type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | <input style="width: 100%; text-align: center;" type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input style="width: 100%; text-align: center;" type="text"/> |

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 253 / 254
 FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)
 Raese for Senate

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 FIA Business Card Services N.A. **Nature of Debt (Purpose):**
Credit Card

Mailing Address P. O. BOX 15710

City State ZIP Code
 WILMINGTON DE 19886

Outstanding Balance Beginning This Period Transaction ID: SD10.11

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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 GOP Shoppe.com **Nature of Debt (Purpose):**
Signs

Mailing Address 899 AIRPORT PARK ROAD

City State ZIP Code
 GLEN BURNIE MD 21061

Outstanding Balance Beginning This Period Transaction ID: SD10.14

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
 Greer Industries, Inc. **Nature of Debt (Purpose):**
Reimbursement

Mailing Address P.O. BOX 1900

City State ZIP Code
 MORGANTOWN WV 26507

Outstanding Balance Beginning This Period Transaction ID: SD10.9

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

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|--|---------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... | <input type="text" value="29630.13"/> |
| 2) TOTALS This Period (last page this line number only)..... | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 254 / 254 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
Raese for Senate

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sandler-Innocenzi | Nature of Debt (Purpose): MEDIA PRODUCTION |
| Mailing Address 705 Prince Street | |
| City State ZIP Code ALEXANDRIA VA 22314 | |

| | | |
|--|-----------------------------------|---|
| Outstanding Balance Beginning This Period 7840.00 | Transaction ID: SD10.3 | |
| Amount Incurred This Period 1060900.00 | Payment This Period 1068740.00 | Outstanding Balance at Close of This Period 0.00 |

| | |
|--|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor T & T Enterprises | Nature of Debt (Purpose): Promotional |
| Mailing Address 148 Lawrence Avenue | |
| City State ZIP Code MASON TOWN WV 26542 | |

| | | |
|---|-------------------------------|---|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: SD10.7 | |
| Amount Incurred This Period 814.08 | Payment This Period 305.28 | Outstanding Balance at Close of This Period 508.80 |

| | |
|--|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor UPS | Nature of Debt (Purpose): Postage and Shipping |
| Mailing Address P.O. Box 7247-0244 | |
| City State ZIP Code PHILADELPHIA PA 19170 | |

| | | |
|---|-------------------------------|---|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: SD10.4 | |
| Amount Incurred This Period 772.47 | Payment This Period 229.40 | Outstanding Balance at Close of This Period 543.07 |

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|---|------------|
| 1) SUBTOTALS This Period This Page (optional)..... | 1051.87 |
| 2) TOTALS This Period (last page this line number only)..... | 57177.27 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | 2311096.40 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | 2368273.67 |

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED 10-15-10
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

| | SHIPPING DATE | NEXT BUSINESS DAY DELIVERY |
|------------------|---------------|----------------------------|
| FEDERAL EXPRESS | _____ | <input type="checkbox"/> |
| UPS | _____ | <input type="checkbox"/> |
| DHL | _____ | <input type="checkbox"/> |
| AIRBORNE EXPRESS | _____ | <input type="checkbox"/> |

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 10-15-10

1002073#205

10020734294

