

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

McKinley for Congress

ADDRESS (number and street)

PO Box 642

Check if different than previously reported. (ACC)

Morgantown

WV

26507

2. FEC IDENTIFICATION NUMBER

C C00473132

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

WV

01

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

M M / D D / Y Y Y Y

in the State of

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

X

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

11 / 06 / 2012

in the State of

WV

5. Covering Period

M M / D D / Y Y Y Y

10 / 18 / 2012

through

M M / D D / Y Y Y Y

11 / 26 / 2012

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 Samuel Stone

Signature of Treasurer Samuel Stone

[Electronically Filed]

Date

M M / D D / Y Y Y Y

12 / 05 / 2012

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)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**McKinley for Congress**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	58330.86	2210260.23
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	8700.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	58330.86	2201560.23
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	219527.23	1177440.54
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	3306.51
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	219527.23	1174134.03
8. Cash on Hand at Close of Reporting Period (from Line 27).....	893476.65	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	415000.00	

**For further information contact:**

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

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

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

**McKinley for Congress**

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

**I. RECEIPTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2012"/> (date of general election)	COLUMN C Total for <input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2012"/> (date after general election)  through <input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/> (last day of reporting period)
<b>11. CONTRIBUTIONS</b> (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
<input type="text" value="22065.86"/>	<input type="text" value="1150413.95"/>	<input type="text" value="0.00"/>
(ii) Unitemized		
<input type="text" value="2515.00"/>	<input type="text" value="92130.22"/>	<input type="text" value="0.00"/>
(iii) Total of contributions from individuals		
<input type="text" value="24580.86"/>	<input type="text" value="1242544.17"/>	<input type="text" value="0.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="450.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees		
<input type="text" value="33750.00"/>	<input type="text" value="967266.06"/>	<input type="text" value="0.00"/>

# POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 52

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
58330.86	2210260.23	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	3306.51	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
58330.86	2213566.74	0.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 52

Write or Type Committee Name

McKinley for Congress

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

**II. DISBURSEMENTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
<b>17. OPERATING EXPENDITURES</b>		
219527.23	1177440.54	1788.02
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>		
0.00	0.00	0.00
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	85000.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	85000.00	0.00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees		
0.00	7200.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 52

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
-------------------------------	---	---

(c) Other Political Committees (such as PACs)

0.00	1500.00	0.00
------	---------	------

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00	8700.00	0.00
------	---------	------

**21. OTHER DISBURSEMENTS**

35650.00	140150.00	1000.00
----------	-----------	---------

**22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)**

255177.23	1411290.54	2788.02
-----------	------------	---------

**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

58330.86	2201560.23	0.00
----------	------------	------

**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

219527.23	1174134.03	1788.02
-----------	------------	---------

**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1090323.02
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	58330.86
25. SUBTOTAL (add Line 23 and Line 24).....	1148653.88
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	255177.23
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	893476.65

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. STEPHANIE ABRAMOWITZ**

Mailing Address 12 STONY POINT RD.

City CHARLESTON State WV Zip Code 25314-1670

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 01 / 2012

**Transaction ID : SA11.5234**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. JAMES ALTMAYER**

Mailing Address 1400 EOFF ST

City WHEELING State WV Zip Code 26003-3526

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 02 / 2012

**Transaction ID : SA11.5256**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT G. ANDREW**

Mailing Address P.O. BOX 81

City BUCKHANNON State WV Zip Code 26201-0081

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

Name of Employer Occupation  
HIGHWAY EASTERN DIVISION EQUIP. MANAGER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 06 / 2012

**Transaction ID : SA11.5246**

Amount of Each Receipt this Period  
200.00  
CONTRIBUTION

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

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

700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. STUART F. BLOCH**

Mailing Address 4000 WATER ST.

City State Zip Code  
WHEELING WV 26003-4354

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 01 / 2012

**Transaction ID : SA11.5203**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DR. BYRON C. CALHOUN**

Mailing Address 1570 SUMMIT DR.

City State Zip Code  
CHARLESTON WV 25302-2921

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

Name of Employer Occupation  
WEST VIRGINIA UNIVERSITY PROFESSOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 01 / 2012

**Transaction ID : SA11.5229**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. GREGORY M. CYPHERT**

Mailing Address 659 POPLAR WOODS DR.

City State Zip Code  
MORGANTOWN WV 26505-1110

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

Name of Employer Occupation  
PROGRESSIVE INDUSTRIES OWNER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 01 / 2012

**Transaction ID : SA11.5220**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

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

1250.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOSEPH DIBARTOLOMEO**

Mailing Address 229 VISTA DR

City WEIRTON State WV Zip Code 26062-5024

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **982.93**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2012

**Transaction ID : SA11.5261**

Amount of Each Receipt this Period  
**482.93**

CONTRIBUTION

IN-KIND:EVENT CATERING EXPENSE

**B.** Full Name (Last, First, Middle Initial)  
**MRS. MARIA DIBARTOLOMEO**

Mailing Address 229 VISTA DR

City WEIRTON State WV Zip Code 26062-5024

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **482.93**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2012

**Transaction ID : SA11.5262**

Amount of Each Receipt this Period  
**482.93**

CONTRIBUTION

IN-KIND: EVENT CATERING EXPENSE

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOE EDDY**

Mailing Address 150 LONGVUE ACRES RD

City WHEELING State WV Zip Code 26003-1852

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

Name of Employer EAGLE MFG. COMPANY Occupation PRESIDENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2012

**Transaction ID : SA11.5180**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

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

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

**1965.86**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. SCOTT R. EMANUELSON**

Mailing Address 102 TRENTON CIR.

City MCMURRAY State PA Zip Code 15317-3657

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

Name of Employer SLEDDCO, INC. Occupation EXECUTIVE

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2012

**Transaction ID : SA11.5245**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. MATHIS P. FRICK**

Mailing Address P.O. BOX 9237

City MORGANTOWN State WV Zip Code 26506-9237

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2012

**Transaction ID : SA11.5259**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DR. GREG GANZER**

Mailing Address 2101 CHAPLINE ST.

City WHEELING State WV Zip Code 26003-3875

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2012

**Transaction ID : SA11.5253**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

1750.00

**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 11 OF 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. LUCILLE GARLAND**

Mailing Address 932 SCONNELTOWN RD

City WEST CHESTER State PA Zip Code 19382-2158

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2012

**Transaction ID : SA11.5252**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT H. GENTILE**

Mailing Address 4036 25TH ST N

City ARLINGTON State VA Zip Code 22207-3902

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

Name of Employer LEONARDO TECHNOLOGIES Occupation CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2012

**Transaction ID : SA11.5181**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. F. TOM GRAFF JR.**

Mailing Address P.O. BOX 1386

City CHARLESTON State WV Zip Code 25325-1386

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

Name of Employer BOWLES RICE Occupation ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2012

**Transaction ID : SA11.5224**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

3750.00

**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 12 OF 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. CHRIS R. HAMILTON**

Mailing Address 1 EVERGREEN DR.

City State Zip Code  
ELKVIEW WV 25071-9314

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

Name of Employer Occupation  
WEST VIRGINIA COAL ASSOC. SENIOR VICE PRESIDENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 01 / 2012

**Transaction ID : SA11.5231**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MRS. DORIS W. KASLEY**

Mailing Address 503 N HURON ST

City State Zip Code  
WHEELING WV 26003-2327

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 27 / 2012

**Transaction ID : SA11.5190**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. T. RICHARD KOEHLER**

Mailing Address 204 WESTMINSTER DR

City State Zip Code  
WHEELING WV 26003-5579

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

Name of Employer Occupation  
ADVANTAGE PAYROLL SERVICE PRESIDENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2900.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 01 / 2012

**Transaction ID : SA11.5202**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. J. THOMAS LANE**

Mailing Address **P.O. BOX 1386**

City **CHARLESTON** State **WV** Zip Code **25325-1386**

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

Name of Employer **BOWLES RICE** Occupation **ATTORNEY**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 06 / 2012**

**Transaction ID : SA11.5251**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MS. RUTH R. LEMMON**

Mailing Address **225 BROOKE LANE**

City **NITRO** State **WV** Zip Code **25143-1786**

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

Name of Employer **WV AUTO/TRUCK DEALERS** Occupation **EXECUTIVE**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 01 / 2012**

**Transaction ID : SA11.5226**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOSEPH M. LETNAUNCHYN**

Mailing Address **225 ARIEL HEIGHTS**

City **CHARLESTON** State **WV** Zip Code **25311-1143**

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

Name of Employer **WV HOSPITAL ASSOCIATION** Occupation **PRESIDENT**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 01 / 2012**

**Transaction ID : SA11.5233**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

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

**600.00**

**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 14 OF 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JEREMY C. MCCAMIC**

Mailing Address 132 ALGONQUIN TRACE

City State Zip Code  
WHEELING WV 26003-8002

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

Name of Employer Occupation  
SELF EMPLOYED ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 02 / 2012

**Transaction ID : SA11.5240**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. JEREMY C. MCCAMIC**

Mailing Address 132 ALGONQUIN TRACE

City State Zip Code  
WHEELING WV 26003-8002

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

Name of Employer Occupation  
SELF EMPLOYED ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 06 / 2012

**Transaction ID : SA11.5258**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MRS. DOROTHY R. NOBLE**

Mailing Address 201 BROGAN DR.

City State Zip Code  
WHEELING WV 26003-1640

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

Name of Employer Occupation  
NONE HOMEMAKER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 23 / 2012

**Transaction ID : SA11.5182**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

3000.00

**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 15 OF 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DR. WILLIAM L. NOBLE**

Mailing Address 201 BROGAN DR

City State Zip Code  
WHEELING WV 26003-1640

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RADIOLOGIST ASSOCIATES RADIOLOGIST

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.5179**

Amount of Each Receipt this Period

CONTRIBUTION

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

Mailing Address 1831 LOUDON HEIGHTS CIRCLE

City State Zip Code  
CHARLESTON WV 25314-1564

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
POTESTA & ASSOCIATES, INC. EXECUTIVE

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.5236**

Amount of Each Receipt this Period

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. NELSON B. ROBINSON**

Mailing Address 2210 WASHINGTON ST. E.

City State Zip Code  
CHARLESTON WV 25311-2219

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF(

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.5230**

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: (check only one)	PAGE 16 OF 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

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

Mailing Address 207 BEAUREGARD ST

City Charleston State WV Zip Code 25301-1920

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

Name of Employer CENTRA BANK, INC. Occupation SENIOR VICE PRESIDENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2012

**Transaction ID : SA11.5197**

Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MRS. LISA M. SIMON**

Mailing Address 65 STAMM CIRCLE

City WHEELING State WV Zip Code 26003-5542

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

Name of Employer OHIO VALLEY HEALTH SVCS & EDU Occupation CHIEF FINANCIAL OFFICER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2012

**Transaction ID : SA11.5201**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT M. SINCAVICH**

Mailing Address 55589 NATIONAL RD.

City BRIDGEPORT State OH Zip Code 43912-1534

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

Name of Employer SLEDD COMPANY Occupation EXECUTIVE

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2012

**Transaction ID : SA11.5244**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

1050.00



**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 17 OF 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JEFF SPEAKS**

Mailing Address 149 CHEROKEE PARK

City Lexington State KY Zip Code 40503-1303

FEC ID number of contributing federal political committee.

Name of Employer JBS COMMUNICATIONS Occupation GOVERNMENT RELATIONS

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2012

**Transaction ID : SA11.5192**

Amount of Each Receipt this Period

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. LARRY D. SWANN**

Mailing Address 405 CAPITOL ST. STE. 513

City Charleston State WV Zip Code 25301-1783

FEC ID number of contributing federal political committee.

Name of Employer SELF EMPLOYED Occupation GOVERNMENT RELATIONS

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2012

**Transaction ID : SA11.5232**

Amount of Each Receipt this Period

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MRS. PAM URSE**

Mailing Address 8 OAK LN

City Bridgeport State WV Zip Code 26330-1384

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED PER BEST EFF( Occupation INFORMATION REQUESTED PER BEST EFF(

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2012

**Transaction ID : SA11.5194**

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: (check only one)	PAGE 18 OF 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

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

Mailing Address 1410 CONNELL RD.

City CHARLESTON State WV Zip Code 25314-1924

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2012

**Transaction ID : SA11.5241**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. GLENN L. WALTERS**

Mailing Address 444 DIXONS RUN RD

City TRIADELPHIA State WV Zip Code 26059-1351

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

Name of Employer WALTERS CONSTUCTION Occupation CONTRACTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2012

**Transaction ID : SA11.5191**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. JASON WORMSER**

Mailing Address 2109 VENDERBILT LN, UNIT B

City REDONDO BEACH State CA Zip Code 90278-3020

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

Name of Employer INFORMATION REQUESTED PER BEST EFF( Occupation INFORMATION REQUESTED PER BEST EFF(

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2012

**Transaction ID : SA11.5176**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 19 OF 52  
(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)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CRW MANAGEMENT GROUP**

Mailing Address 2007 QUARRIER ST. EAST

City Charleston State WV Zip Code 25311-2212

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2012

**Transaction ID : SA11.5235**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

SEE ATTRIBUTION BELOW

**B.** Full Name (Last, First, Middle Initial)  
**MR. ROB CASTO**

Mailing Address PO BOX 3393

City Charleston State WV Zip Code 25333-3393

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

Name of Employer Occupation  
 CRW MANAGEMENT GROUP PARTNER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 125.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2012

**Transaction ID : SA11.5263**

Amount of Each Receipt this Period  
 125.00

CONTRIBUTION

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**CHRIS MARR**

Mailing Address PO BOX 3393

City Charleston State WV Zip Code 25333-3393

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

Name of Employer Occupation  
 CRW MANAGEMENT GROUP PARTNER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 125.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2012

**Transaction ID : SA11.5264**

Amount of Each Receipt this Period  
 125.00

CONTRIBUTION

**[MEMO ITEM]**

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

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

250.00

22065.86

**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 20 OF 52
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN ASSOC OF NURSE ANESTHESISTS CRNA PAC**

Mailing Address 25 MASSACHUSETTS AVE. NW STE. 550

City	State	Zip Code
WASHINGTON	DC	20001-1408

FEC ID number of contributing federal political committee. **C** C00173153

Name of Employer	Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 6500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2012

**Transaction ID : SA11.5255**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN BEVERAGE ASSOCIATION PAC**

Mailing Address 1101 16TH ST. NW

City	State	Zip Code
WASHINGTON	DC	20036-4829

FEC ID number of contributing federal political committee. **C** C00163832

Name of Employer	Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2012

**Transaction ID : SA11.5248**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN COUNCIL OF ENGINEERING COS PAC**

Mailing Address 1015 15TH ST NW

City	State	Zip Code
WASHINGTON	DC	20005-2605

FEC ID number of contributing federal political committee. **C** C00010868

Name of Employer	Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2012

**Transaction ID : SA11.5184**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2000.00  
 CONTRIBUTION

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

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

\_\_\_\_\_ 4000.00

\_\_\_\_\_

**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 21 OF 52
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CHESAPEAKE ENERGY CORP. FEDERAL PAC**

Mailing Address P.O. BOX 18576

City State Zip Code  
OKLAHOMA CITY OK 73154-0576

FEC ID number of contributing federal political committee. **C** C00389288

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2012

**Transaction ID : SA11.5237**

Amount of Each Receipt this Period  
 4000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CSX CORPORATION GOOD GOVERNMENT FUND**

Mailing Address 1331 PENNSYLVANIA AVE NW

City State Zip Code  
WASHINGTON DC 20004-1710

FEC ID number of contributing federal political committee. **C** C00163832

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2012

**Transaction ID : SA11.5239**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ELECTRICAL CONTRACTORS PAC**

Mailing Address 3 BETHESDA METRO CTR

City State Zip Code  
BETHESDA MD 20814-5330

FEC ID number of contributing federal political committee. **C** C00113811

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2012

**Transaction ID : SA11.5185**

Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

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

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

10000.00

**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 22 OF 52
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**INTL UNION PAINTERS/ALLIED TRADES PAC**

Mailing Address 7234 PARKWAY DR

City HANOVER State MD Zip Code 21076-1307

FEC ID number of contributing federal political committee. **C** C00000885

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2012

**Transaction ID : SA11.5164**

Amount of Each Receipt this Period  
 3000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MAPPS PAC**

Mailing Address 1858 OLD RESTON VA, STE 205

City RETON State VA Zip Code 20190-3305

FEC ID number of contributing federal political committee. **C** C00233247

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2012

**Transaction ID : SA11.5222**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MCKESSON CORPORATION EMPLOYEES POLITICAL FUND**

Mailing Address 1 POST ST, 32ND FLOOR

City SAN FRANCISCO State CA Zip Code 94104-5255

FEC ID number of contributing federal political committee. **C** C00108035

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2012

**Transaction ID : SA11.5189**

Amount of Each Receipt this Period  
 2000.00

CONTRIBUTION

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

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

5500.00

**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 23 OF 52
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**NATL ACTIVE AND RETIRED FEDERAL EMP PAC(NARFE PAC)**

Mailing Address 606 N WASHINGTON ST.

City ALEXANDRIA State VA Zip Code 22314-1914

FEC ID number of contributing federal political committee. **C** C00091561

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 7000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2012

**Transaction ID : SA11.5186**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**NATL ACTIVE AND RETIRED FEDERAL EMP PAC(NARFE PAC)**

Mailing Address 606 N WASHINGTON ST.

City ALEXANDRIA State VA Zip Code 22314-1914

FEC ID number of contributing federal political committee. **C** C00091561

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 7000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2012

**Transaction ID : SA11.5193**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**NATRIUM PAC**

Mailing Address P.O. BOX 191

City NEW MARTINSVILLE State WV Zip Code 26155-0191

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2012

**Transaction ID : SA11.5221**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

PERMISSIBLE FUNDS

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

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

2250.00

**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 24 OF 52
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**NEUROSURGERY PAC**

Mailing Address 5550 MEADOWBROOK CT

City State Zip Code  
ROLLING MEADOWS IL 60008

FEC ID number of contributing federal political committee. **C C00413955**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 02 / 2012

**Transaction ID : SA11.5238**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PPG BETTER GOVERNMENT TEAM**

Mailing Address 1 PPG PL, 40TH FLOOR

City State Zip Code  
PITTSBURGH PA 15272-0001

FEC ID number of contributing federal political committee. **C C00034298**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 01 / 2012

**Transaction ID : SA11.5223**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**SARAH PAC**

Mailing Address P.O. BOX 7711

City State Zip Code  
ARLINGTON VA 22207-0711

FEC ID number of contributing federal political committee. **C C00458588**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 22 / 2012

**Transaction ID : SA11.5177**

Amount of Each Receipt this Period  
2500.00  
CONTRIBUTION

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

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

4000.00



**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 25 OF 52
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**McKinley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**SMAC PAC-SHEET METAL & AC CONTRACTORS PAC**

Mailing Address P.O. BOX 221230

City State Zip Code  
CHANTILLY VA 20153-1230

FEC ID number of contributing federal political committee. **C** C00013961

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 06 / 2012

**Transaction ID : SA11.5254**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**TEAM REP UTILITZING SENSIBLE TACTICS PAC**

Mailing Address 228 S WASHINGTON ST

City State Zip Code  
ALEXANDRIA VA 22314-5408

FEC ID number of contributing federal political committee. **C** C00330720

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 26 / 2012

**Transaction ID : SA11.5188**

Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**TRUCKING PAC OF THE AMERICAN TRUCKING ASSOC, INC.**

Mailing Address 430 1ST ST SE

City State Zip Code  
WASHINGTON DC 20003-1826

FEC ID number of contributing federal political committee. **C** C00002881

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 25 / 2012

**Transaction ID : SA11.5187**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

8000.00

33750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**McKinley for Congress**

Full Name (Last, First, Middle Initial) <b>A. MR. JOSEPH DIBARTOLOMEO</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 18 / 2012</b>
Mailing Address <b>229 VISTA DR</b>		Amount of Each Disbursement this Period <b>482.93</b>
City <b>WEIRTON</b> State <b>WV</b> Zip Code <b>26062-5024</b>	Purpose of Disbursement <b>IN-KIND CONTRIBUTION</b>	<b>Transaction ID : SB17.5261</b>
Candidate Name	Category/Type	<b>IN-KIND:EVENT CATERING EXPENSE</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: <b>00</b>		

Full Name (Last, First, Middle Initial) <b>B. MRS. MARIA DIBARTOLOMEO</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 18 / 2012</b>
Mailing Address <b>229 VISTA DR</b>		Amount of Each Disbursement this Period <b>482.93</b>
City <b>WEIRTON</b> State <b>WV</b> Zip Code <b>26062-5024</b>	Purpose of Disbursement <b>IN-KIND CONTRIBUTION</b>	<b>Transaction ID : SB17.5262</b>
Candidate Name	Category/Type	<b>IN-KIND: EVENT CATERING EXPENSE</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: <b>00</b>		

Full Name (Last, First, Middle Initial) <b>C. MR. GEOFF HEMPELMANN</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 01 / 2012</b>
Mailing Address <b>1208 HILDRETH AVE</b>		Amount of Each Disbursement this Period <b>3000.00</b>
City <b>WHEELING</b> State <b>WV</b> Zip Code <b>26003</b>	Purpose of Disbursement <b>CAMPAIGN STRATEGY</b>	<b>Transaction ID : SB17.1546</b>
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: <b>00</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3965.86</b>
<b>TOTAL</b> 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 27 OF 52			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**McKinley for Congress**

Full Name (Last, First, Middle Initial) <b>A. MR. GEOFF HEMPELMANN</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2012
Mailing Address 1208 HILDRETH AVE		Amount of Each Disbursement this Period 1776.02
City WHEELING	State WV	
Zip Code 26003	Purpose of Disbursement SEE MEMO ENTRIES	Transaction ID : SB17.I550
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		

Full Name (Last, First, Middle Initial) <b>B. MR. GEOFF HEMPELMANN</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2012
Mailing Address 1208 HILDRETH AVE		Amount of Each Disbursement this Period 797.64
City WHEELING	State WV	
Zip Code 26003	Purpose of Disbursement MILEAGE REIMBURSEMENT	Transaction ID : SB17.I551
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)	[MEMO ITEM]
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. SAM'S CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2012
Mailing Address 2101 SE SIMPLE SAVINGS DR		Amount of Each Disbursement this Period 142.89
City BENTONVILLE	State AR	
Zip Code 72716	Purpose of Disbursement EVENT SUPPLIES	Transaction ID : SB17.I554
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)	[MEMO ITEM]
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1776.02
<b>TOTAL</b> 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 28 OF 52			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 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)  
**McKinley for Congress**

Full Name (Last, First, Middle Initial) <b>A. UPS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2012
Mailing Address 55 GLENLAKE PKWY NE		Amount of Each Disbursement this Period 64.48
City ATLANTA	State GA Zip Code 30328	
Purpose of Disbursement SHIPPING	Category/Type	Transaction ID : SB17.I552  [MEMO ITEM]
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) <b>B. YE OLD ALPHA</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2012
Mailing Address 50 CARMEL RD		Amount of Each Disbursement this Period 603.05
City WHEELING	State WV Zip Code 26003	
Purpose of Disbursement EVENT CATERING EXPENSE	Category/Type	Transaction ID : SB17.I553  [MEMO ITEM]
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) <b>C. AMY MCKINLEY</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2012
Mailing Address 3204 ILLINOIS LN		Amount of Each Disbursement this Period 2500.00
City BELLINGHAM	State WA Zip Code 98226	
Purpose of Disbursement FINANCE CONSULTING	Category/Type	Transaction ID : SB17.I547
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>SUBTOTAL</b> of Disbursements This Page (optional).....	2500.00
<b>TOTAL</b> 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 29 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**McKinley for Congress**

Full Name (Last, First, Middle Initial) <b>A. MARY MCKINLEY</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 24 / 2012</b>
Mailing Address <b>23 STAMM LN</b>		Amount of Each Disbursement this Period <b>6091.97</b>
City <b>WHEELING</b>	State <b>WV</b>	Zip Code <b>26003</b>
Purpose of Disbursement <b>SEE MEMO ENTRIES</b>		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: <b>00</b>	District: <b>00</b>	

Transaction ID : SB17.I525

Full Name (Last, First, Middle Initial) <b>B. DUNBAR PRINTING &amp; GRAPHICS LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 24 / 2012</b>
Mailing Address <b>1310 OHIO AVE</b>		Amount of Each Disbursement this Period <b>5837.47</b>
City <b>DUNBAR</b>	State <b>WV</b>	Zip Code <b>25064</b>
Purpose of Disbursement <b>PRINTING</b>		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: <b>00</b>	District: <b>00</b>	

Transaction ID : SB17.I527

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. MORGANTOWN EVENT CENTER</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 24 / 2012</b>
Mailing Address <b>2 WATERFRONT PL</b>		Amount of Each Disbursement this Period <b>254.50</b>
City <b>MORGANTOWN</b>	State <b>WV</b>	Zip Code <b>26501</b>
Purpose of Disbursement <b>EVENT FACILITY RENTAL</b>		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: <b>00</b>	District: <b>00</b>	

Transaction ID : SB17.I526

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>6091.97</b>
<b>TOTAL</b> 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 30 OF 52		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 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)  
**McKinley for Congress**

Full Name (Last, First, Middle Initial) <b>A. BB&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address 300 S WASHINGTON ST		Amount of Each Disbursement this Period 8.00
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement BANK FEES	
Candidate Name	Category/Type	Transaction ID : SB17.I490
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) <b>B. BB&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2012
Mailing Address 300 S WASHINGTON ST		Amount of Each Disbursement this Period 12.00
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement BANK FEES	
Candidate Name	Category/Type	Transaction ID : SB17.I561
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) <b>C. CARDINAL CONSULTING, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2012
Mailing Address 204 TREYSON LN		Amount of Each Disbursement this Period 3806.16
City MORGANTOWN State WV Zip Code 26508	Purpose of Disbursement SEE MEMO ENTRIES	
Candidate Name	Category/Type	Transaction ID : SB17.I541
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>SUBTOTAL</b> of Disbursements This Page (optional).....	3826.16
<b>TOTAL</b> 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 31 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**McKinley for Congress**

**A. BENCHMARK E-MAIL**

Full Name (Last, First, Middle Initial)  
Mailing Address 10621 CALLE LE

City LOS ALAMITOS State CA Zip Code 90720

Purpose of Disbursement E-MARKETING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 10 / 30 / 2012

Amount of Each Disbursement this Period: 369.90

Transaction ID : SB17.I577

[MEMO ITEM]

**B. CARDINAL CONSULTING, LLC**

Full Name (Last, First, Middle Initial)  
Mailing Address 204 TREYSON LN

City MORGANTOWN State WV Zip Code 26508

Purpose of Disbursement FINANCIAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 10 / 30 / 2012

Amount of Each Disbursement this Period: 1787.04

Transaction ID : SB17.I573

[MEMO ITEM]

**C. CARDINAL CONSULTING, LLC**

Full Name (Last, First, Middle Initial)  
Mailing Address 204 TREYSON LN

City MORGANTOWN State WV Zip Code 26508

Purpose of Disbursement MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 10 / 30 / 2012

Amount of Each Disbursement this Period: 786.52

Transaction ID : SB17.I574

[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 32 OF 52			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**McKinley for Congress**

Full Name (Last, First, Middle Initial) <b>A. RIVER CITY RESTAURANT</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2012		
Mailing Address 1400 MAIN ST			Amount of Each Disbursement this Period 604.95		
City WHEELING	State WV	Zip Code 26003	Transaction ID : SB17.I575  [MEMO ITEM]		
Purpose of Disbursement EVENT CATERING EXPENSE		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					

Full Name (Last, First, Middle Initial) <b>B. UPS</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2012		
Mailing Address 55 GLENLAKE PKWY NE			Amount of Each Disbursement this Period 158.75		
City ATLANTA	State GA	Zip Code 30328	Transaction ID : SB17.I576  [MEMO ITEM]		
Purpose of Disbursement SHIPPING		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					

Full Name (Last, First, Middle Initial) <b>C. USPS</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2012		
Mailing Address 2501 CHAPLINE ST			Amount of Each Disbursement this Period 99.00		
City WHEELING	State WV	Zip Code 26003	Transaction ID : SB17.I578  [MEMO ITEM]		
Purpose of Disbursement POSTAGE		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>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 33 OF 52			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 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)  
**McKinley for Congress**

Full Name (Last, First, Middle Initial) <b>A. FEDERAL CITY CATERERS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2012
Mailing Address 1119 12TH ST NW		Amount of Each Disbursement this Period 2228.87
City WASHINGTON State DC Zip Code 20005	Purpose of Disbursement EVENT CATERING EXPENSE	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I545</b>
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) <b>B. LUMOS NETWORKS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2012
Mailing Address P.O. BOX 11171		Amount of Each Disbursement this Period 15.96
City CHARLESTON State WV Zip Code 25339	Purpose of Disbursement TELEPHONE	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I534</b>
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) <b>C. MAI &amp; ASSOCIATES LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2012
Mailing Address 901 N MONROE ST APT 1306		Amount of Each Disbursement this Period 3500.00
City ARLINGTON State VA Zip Code 22201	Purpose of Disbursement CAMPAIGN STRATEGY	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I535</b>
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>SUBTOTAL</b> of Disbursements This Page (optional).....	5744.83
<b>TOTAL</b> 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 34 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**McKinley for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. PAYPAL</b>		M M / D D / Y Y Y Y 10 / 21 / 2012
Mailing Address 2211 N 1ST ST		Amount of Each Disbursement this Period
City SAN JOSE State CA Zip Code 95131		5.30
Purpose of Disbursement CC TRANSACTION FEES		Transaction ID : SB17.I494
Candidate Name		Category/ Type
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For:
State:	District: 00	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. PAYPAL</b>		M M / D D / Y Y Y Y 10 / 24 / 2012
Mailing Address 2211 N 1ST ST		Amount of Each Disbursement this Period
City SAN JOSE State CA Zip Code 95131		5.60
Purpose of Disbursement CC TRANSACTION FEES		Transaction ID : SB17.I528
Candidate Name		Category/ Type
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For:
State:	District: 00	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. PAYPAL</b>		M M / D D / Y Y Y Y 10 / 29 / 2012
Mailing Address 2211 N 1ST ST		Amount of Each Disbursement this Period
City SAN JOSE State CA Zip Code 95131		27.30
Purpose of Disbursement CC TRANSACTION FEES		Transaction ID : SB17.I529
Candidate Name		Category/ Type
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For:
State:	District: 00	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	38.20
<b>TOTAL</b> 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 35 OF 52			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**McKinley for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. PAYPAL</b>		M M / D D / Y Y Y Y 10 / 31 / 2012
Mailing Address 2211 N 1ST ST		Amount of Each Disbursement this Period
City SAN JOSE State CA Zip Code 95131		7.80
Purpose of Disbursement CC TRANSACTION FEES		<b>Transaction ID : SB17.I530</b>
Candidate Name		Category/Type
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	
Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District: 00	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. PAYPAL</b>		M M / D D / Y Y Y Y 11 / 01 / 2012
Mailing Address 2211 N 1ST ST		Amount of Each Disbursement this Period
City SAN JOSE State CA Zip Code 95131		10.90
Purpose of Disbursement CC TRANSACTION FEES		<b>Transaction ID : SB17.I531</b>
Candidate Name		Category/Type
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	
Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District: 00	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. PAYPAL</b>		M M / D D / Y Y Y Y 11 / 01 / 2012
Mailing Address 2211 N 1ST ST		Amount of Each Disbursement this Period
City SAN JOSE State CA Zip Code 95131		30.00
Purpose of Disbursement CC TRANSACTION FEES		<b>Transaction ID : SB17.I532</b>
Candidate Name		Category/Type
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	
Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	48.70
<b>TOTAL</b> 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 36 OF 52			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 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)  
**McKinley for Congress**

Full Name (Last, First, Middle Initial) <b>A. PAYPAL</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2012
Mailing Address 2211 N 1ST ST		Amount of Each Disbursement this Period 9.35
City SAN JOSE	State CA	
Zip Code 95131	Purpose of Disbursement CC TRANSACTION FEES	Transaction ID : SB17.I533
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		

Full Name (Last, First, Middle Initial) <b>B. POLITICAL INK, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2012
Mailing Address 1341 CONNECTICUT AVE NW, STE 5		Amount of Each Disbursement this Period 10678.71
City WASHINGTON	State DC	
Zip Code 20036	Purpose of Disbursement DIRECT MARKETING	Transaction ID : SB17.I537
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		

Full Name (Last, First, Middle Initial) <b>C. PUBLIC OPINION STRATEGIES</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2012
Mailing Address 214 N FAYETTE ST		Amount of Each Disbursement this Period 8000.00
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement RESEARCH	Transaction ID : SB17.I548
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>SUBTOTAL</b> of Disbursements This Page (optional).....	18688.06
<b>TOTAL</b> 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 37 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**McKinley for Congress**

Full Name (Last, First, Middle Initial) <b>A. RISING TIDE MEDIA GROUP LLC</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 25 / 2012</b>
Mailing Address <b>226 S FAYETTE ST</b>			Amount of Each Disbursement this Period <b>11061.00</b> <b>Transaction ID : SB17.I538</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	
Purpose of Disbursement <b>MEDIA PRODUCTION</b>		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: <b>00</b>	

Full Name (Last, First, Middle Initial) <b>B. SANDSCREST</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 23 / 2012</b>
Mailing Address <b>143 SANDSCREST DR</b>			Amount of Each Disbursement this Period <b>504.00</b> <b>Transaction ID : SB17.I522</b>
City <b>WHEELING</b>	State <b>WV</b>	Zip Code <b>26003</b>	
Purpose of Disbursement <b>EVENT CATERING EXPENSE</b>		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: <b>00</b>	

Full Name (Last, First, Middle Initial) <b>C. STATE AUTO INSURANCE COMPANIES</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 30 / 2012</b>
Mailing Address <b>PO BOX 182738</b>			Amount of Each Disbursement this Period <b>156.00</b> <b>Transaction ID : SB17.I540</b>
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43218</b>	
Purpose of Disbursement <b>INSURANCE</b>		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: <b>00</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>11721.00</b>
<b>TOTAL</b> 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 38 OF 52			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 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)  
**McKinley for Congress**

Full Name (Last, First, Middle Initial) <b>A. STRATEGIC MEDIA SERVICES, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2012
Mailing Address 3299 K ST NW, STE 200			Amount of Each Disbursement this Period 143588.00 <b>Transaction ID : SB17.I514</b>
City WASHINGTON	State DC	Zip Code 20007	
Purpose of Disbursement MEDIA BUY		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			

Full Name (Last, First, Middle Initial) <b>B. TARGETED CREATIVE COMMUNICATIONS, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2012
Mailing Address 106 S COLUMBUS ST			Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB17.I524</b>
City ALEXANDRIA	State VA	Zip Code 22314	
Purpose of Disbursement AUTOMATED CALLING		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			

Full Name (Last, First, Middle Initial) <b>C. THE BLENNERHASSETT HOTEL</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2012
Mailing Address 320 MARKET ST			Amount of Each Disbursement this Period 1776.66 <b>Transaction ID : SB17.I536</b>
City PARKERSBURG	State WV	Zip Code 26101	
Purpose of Disbursement EVENT CATERING EXPENSE		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>SUBTOTAL</b> of Disbursements This Page (optional).....	148364.66
<b>TOTAL</b> 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 39 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**McKinley for Congress**

Full Name (Last, First, Middle Initial) <b>A. THE THEODORE COMPANY, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 22 / 2012</b>	
Mailing Address <b>P.O. BOX 320412</b>			Amount of Each Disbursement this Period <b>11606.77</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22320</b>	Transaction ID : <b>SB17.I516</b>	
Purpose of Disbursement <b>SEE MEMO ENTRIES</b>		Category/Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: <b>00</b>				

Full Name (Last, First, Middle Initial) <b>B. ACQUA AL 2</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 22 / 2012</b>	
Mailing Address <b>212 7TH ST SE</b>			Amount of Each Disbursement this Period <b>2127.45</b>	
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20003</b>	Transaction ID : <b>SB17.I521</b>	
Purpose of Disbursement <b>EVENT CATERING EXPENSE</b>		Category/Type		
Candidate Name			[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: <b>00</b>				

Full Name (Last, First, Middle Initial) <b>C. BULLFEATHERS</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 22 / 2012</b>	
Mailing Address <b>410 1ST ST SE</b>			Amount of Each Disbursement this Period <b>531.70</b>	
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20003</b>	Transaction ID : <b>SB17.I519</b>	
Purpose of Disbursement <b>EVENT CATERING EXPENSE</b>		Category/Type		
Candidate Name			[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: <b>00</b>				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>11606.77</b>
<b>TOTAL</b> 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 40 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**McKinley for Congress**

Full Name (Last, First, Middle Initial)  
**A. FEDERAL EXPRESS**

Mailing Address 13155 NOEL RD STE 1600

City DALLAS State TX Zip Code 75240

Purpose of Disbursement SHIPPING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 10 / 22 / 2012

Amount of Each Disbursement this Period: 165.86

Transaction ID : SB17.I518

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**B. THE THEODORE COMPANY, LLC**

Mailing Address P.O. BOX 320412

City ALEXANDRIA State VA Zip Code 22320

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 10 / 22 / 2012

Amount of Each Disbursement this Period: 8218.64

Transaction ID : SB17.I517

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**C. W. MILLAR & CO. CATERING**

Mailing Address 1335 14TH ST NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement EVENT CATERING EXPENSE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 10 / 22 / 2012

Amount of Each Disbursement this Period: 283.18

Transaction ID : SB17.I520

[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 41 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**McKinley for Congress**

Full Name (Last, First, Middle Initial) <b>A. THE THEODORE COMPANY, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 30 / 2012</b>
Mailing Address <b>P.O. BOX 320412</b>		Amount of Each Disbursement this Period <b>4120.00</b>
City <b>ALEXANDRIA</b> State <b>VA</b> Zip Code <b>22320</b>	Purpose of Disbursement <b>FUNDRAISING CONSULTING</b>	
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)	<b>Transaction ID : SB17.I544</b>
State: District: <b>00</b>		

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 23 / 2012</b>
Mailing Address <b>2501 CHAPLINE ST</b>		Amount of Each Disbursement this Period <b>35.00</b>
City <b>WHEELING</b> State <b>WV</b> Zip Code <b>26003</b>	Purpose of Disbursement <b>P.O. BOX RENTAL</b>	
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)	<b>Transaction ID : SB17.I523</b>
State: District: <b>00</b>		

Full Name (Last, First, Middle Initial) <b>C. WEST VIRGINIA REPUBLICAN PARTY</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 22 / 2012</b>
Mailing Address <b>P.O. BOX 2711</b>		Amount of Each Disbursement this Period <b>1000.00</b>
City <b>CHARLESTON</b> State <b>WV</b> Zip Code <b>25330</b>	Purpose of Disbursement <b>EVENT TICKETS</b>	
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)	<b>Transaction ID : SB17.I562</b>
State: District: <b>00</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>5155.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>219527.23</b>

**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 42 OF 52	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 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)  
**McKinley for Congress**

Full Name (Last, First, Middle Initial) <b>A. BRIAN BILBRAY FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 26 / 2012</b>
Mailing Address <b>970 SEACOAST DR, #7</b>		Amount of Each Disbursement this Period <b>1000.00</b> <b>Transaction ID : SB21.I563</b>
City <b>IMPERIAL BEACH</b>	State <b>CA</b>	
Zip Code <b>91932</b>	Purpose of Disbursement <b>CONTRIBUTION</b>	Category/ Type
Candidate Name <b>BRIAN PHILLIP BILBRAY</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2012</b>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>CA</b>	District: <b>52</b>	

Full Name (Last, First, Middle Initial) <b>B. COFFMAN FOR CONGRESS 2012</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 26 / 2012</b>
Mailing Address <b>9249 S BROADWAY #200-501</b>		Amount of Each Disbursement this Period <b>1000.00</b> <b>Transaction ID : SB21.I565</b>
City <b>HIGHLANDS RANCH</b>	State <b>CO</b>	
Zip Code <b>80129</b>	Purpose of Disbursement <b>CONTRIBUTION</b>	Category/ Type
Candidate Name <b>MICHAEL COFFMAN</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2012</b>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>CO</b>	District: <b>06</b>	

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF PAT MCGEEHAN</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 30 / 2012</b>
Mailing Address <b>616 FLORIDA AVE</b>		Amount of Each Disbursement this Period <b>600.00</b> <b>Transaction ID : SB21.I542</b>
City <b>CHESTER</b>	State <b>WV</b>	
Zip Code <b>26034</b>	Purpose of Disbursement <b>CONTRIBUTION</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2012</b>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District: <b>00</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2600.00</b>
<b>TOTAL</b> 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 43 OF 52	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 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)  
**McKinley for Congress**

Full Name (Last, First, Middle Initial)  
**A. FRIENDS OF FRANK GUINTA**

Mailing Address **PO BOX 877**

City **MANCHESTER** State **NH** Zip Code **03105**

Purpose of Disbursement **CONTRIBUTUION**

Candidate Name **FRANK GUINTA**

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: **NH** District: **01**

Date of Disbursement: **10 / 26 / 2012**

Amount of Each Disbursement this Period: **1000.00**

Transaction ID : **SB21.I566**

Full Name (Last, First, Middle Initial)  
**B. JIM RENACCI FOR CONGRESS**

Mailing Address **150 SMOKERISE DR**

City **WADSWORTH** State **OH** Zip Code **44281**

Purpose of Disbursement **CONTRIBUTION**

Candidate Name **JAMES B. RENACCI**

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: **OH** District: **16**

Date of Disbursement: **10 / 26 / 2012**

Amount of Each Disbursement this Period: **1000.00**

Transaction ID : **SB21.I568**

Full Name (Last, First, Middle Initial)  
**C. LANDRY FOR LOUISIANA**

Mailing Address **PO BOX 13816**

City **NEW IBERIA** State **LA** Zip Code **70562**

Purpose of Disbursement **CONTRIBUTION**

Candidate Name **JEFFREY M LANDRY**

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) **General Runoff**

State: **LA** District: **03**

Date of Disbursement: **11 / 20 / 2012**

Amount of Each Disbursement this Period: **1000.00**

Transaction ID : **SB21.I555**

**SUBTOTAL** of Disbursements This Page (optional) ..... **3000.00**

**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 44 OF 52			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 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)  
**McKinley for Congress**

Full Name (Last, First, Middle Initial) <b>A. LATHAM FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2012
Mailing Address 2775 86TH ST		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.I549</b>
City URBANDALE State IA Zip Code 50322	Purpose of Disbursement CONTRIBUTION	
Candidate Name THOMAS LATHAM	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 03		

Full Name (Last, First, Middle Initial) <b>B. LUNGREN FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2012
Mailing Address 9321 SILVERBEND LN		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.I567</b>
City ELK GROVE State CA Zip Code 95624	Purpose of Disbursement CONTRIBUTION	
Candidate Name DANIEL E. LUNGREN	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 07		

Full Name (Last, First, Middle Initial) <b>C. PATON FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2012
Mailing Address 3912 W INA RD, #228		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.I571</b>
City TUCSON State AZ Zip Code 85741	Purpose of Disbursement CONTRIBUTION	
Candidate Name JONATHAN PATON	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AZ District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3000.00
<b>TOTAL</b> 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 45 OF 52			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 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)  
**McKinley for Congress**

Full Name (Last, First, Middle Initial) <b>A. RODNEY FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2012
Mailing Address 305 BEECHWOOD DR		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.I570</b>
City TAYLORVILLE State IL Zip Code 62568	Purpose of Disbursement CONTRIBUTION	
Candidate Name <b>RODNEY L DAVIS</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 13		

Full Name (Last, First, Middle Initial) <b>B. TARKANIAN FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2012
Mailing Address 50 S JONES BLVD #202		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.I569</b>
City LAS VEGAS State NV Zip Code 89107	Purpose of Disbursement CONTRIBUTION	
Candidate Name <b>DANNY TARKANIAN</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NV District: 04		

Full Name (Last, First, Middle Initial) <b>C. VERNON PARKER FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2012
Mailing Address 3230 E BROADWAY RD, STE C-260		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.I572</b>
City PHOENIX State AZ Zip Code 85040	Purpose of Disbursement CONTRIBUTION	
Candidate Name <b>VERNON PARKER</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AZ District: 09		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3000.00
<b>TOTAL</b> 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 46 OF 52	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 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)  
**McKinley for Congress**

Full Name (Last, First, Middle Initial) <b>A. NATIONAL REPUBLICAN CONGRESSIONAL COMMIT</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 18 / 2012</b>
Mailing Address <b>320 FIRST ST SE</b>		Amount of Each Disbursement this Period <b>8000.00</b> <b>Transaction ID : SB21.I513</b>
City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20003</b>	Purpose of Disbursement <b>CONTRIBUTION</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: <b>00</b>		

Full Name (Last, First, Middle Initial) <b>B. NATIONAL REPUBLICAN CONGRESSIONAL COMMIT</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 26 / 2012</b>
Mailing Address <b>320 FIRST ST SE</b>		Amount of Each Disbursement this Period <b>15000.00</b> <b>Transaction ID : SB21.I539</b>
City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20003</b>	Purpose of Disbursement <b>CONTRIBUTION</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: <b>00</b>		

Full Name (Last, First, Middle Initial) <b>C. WEST VIRGINIANS FOR LIFE INC. PAC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 22 / 2012</b>
Mailing Address <b>25 CANYON RD</b>		Amount of Each Disbursement this Period <b>1000.00</b> <b>Transaction ID : SB21.I515</b>
City <b>MORGANTOWN</b> State <b>WV</b> Zip Code <b>26508</b>	Purpose of Disbursement <b>CONTRIBUTION</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: <b>00</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>24000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>35600.00</b>

**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)  
**McKinley for Congress**

Transaction ID : **LS10311.C1095**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

**David McKinley**

**[PERSONAL FUNDS]**

Election:

Primary  
 General  
 Other (specify) ▼  
Primary 2010

Mailing Address  
23 Stamm Ln

City State ZIP Code  
Wheeling WV 26003-5542

Original Amount of Loan 100000.00	Cumulative Payment To Date 85000.00	Balance Outstanding at Close of This Period 15000.00
--------------------------------------	--	---

**TERMS**

Date Incurred: M 03 / D 31 / Y 2010  
Date Due: M M / D D / Y 12/31/2012  
Interest Rate: 0.00 % (apr)  
Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. 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)..... ▶ 15000.00

**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**

NAME OF COMMITTEE (In Full) **McKinley for Congress** Transaction ID : **Ls10311.C1097**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>David McKinley</b>	<b>[PERSONAL FUNDS]</b>	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2010
Mailing Address 23 Stamm Ln		

City	State	ZIP Code
Wheeling	WV	26003-5542

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 04 / D 21 / Y 2010	M M / D D / Y 12/31/2012	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....	50000.00
<b>TOTALS</b> 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)  
**McKinley for Congress**

Transaction ID : **LS10311.C1098**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**David McKinley**

**[PERSONAL FUNDS]**

Election:

Primary  
 General  
 Other (specify) ▼  
Primary 2010

Mailing Address  
23 Stamm Ln

City State ZIP Code  
Wheeling WV 26003-5542

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 04 / D 30 / Y 2010  
 Date Due: M M / D D / Y 12/31/2012  
 Interest Rate: 0.00 % (apr)  
 Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	100000.00
<b>TOTALS</b> 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**

NAME OF COMMITTEE (In Full) **McKinley for Congress** Transaction ID : **LS10311.C1100**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>David McKinley</b>	<b>[PERSONAL FUNDS]</b>	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General 2010
Mailing Address 23 Stamm Ln		

City	State	ZIP Code
Wheeling	WV	26003-5542

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150000.00	100000.00	50000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
06 / 30 / 2010	12/31/2012	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	50000.00
<b>TOTALS</b> This Period (last page in this line only).....	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **McKinley for Congress** Transaction ID : **LS10311.C1101**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>David McKinley</b>	<b>[PERSONAL FUNDS]</b>	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General 2010
Mailing Address 23 Stamm Ln		

City	State	ZIP Code
Wheeling	WV	26003-5542

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150000.00	0.00	150000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate	Secured:
	09 / 30 / 2010	12/31/2012	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....	150000.00
<b>TOTALS</b> 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**

NAME OF COMMITTEE (In Full) **McKinley for Congress** Transaction ID : **LS10311.C1103**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>David McKinley</b>	<b>[PERSONAL FUNDS]</b>	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General 2010
Mailing Address 23 Stamm Ln		

City	State	ZIP Code
Wheeling	WV	26003-5542

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 10 / D 26 / Y 2010	M M / D D / Y 12/31/2012	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. 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"/>
2. 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"/>
3. 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"/>
4. 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"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	<input style="width: 100%;" type="text" value="50000.00"/>
<b>TOTALS</b> This Period (last page in this line only).....	<input style="width: 100%;" type="text" value="415000.00"/>

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**