RECEIVED FED MAIL CENTER

2010 FEB -3 AM 9: 52

FEC FORM 1

STATEMENT OF ORGANIZATION

| | | | | | Office Use Only | | | |
|--------------|------------------------------------|------------------------------|---|--|---------------------------------------|--|--|--|
| | ME OF MMITTEE (in full) | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5 | e e e e e e e e e e e e e e e e e e e | | | |
| M 1: | NEAR fo | R. CONGRE | <u>\$\$::::::</u> | 1 1 1 1 : | ; , , , ; ; , , | | | |
| <u>لـنـن</u> | <u> </u> | 1::::::: | 2616 | <u> </u> | <u>i · i l ·</u> | | | |
| ADDRE | SS (number and street) | PO BOX | | <u> </u> | <u> </u> | | | |
| | (Check if address | FAI RMONT | <u> </u> | <u> </u> | 1 : 1 : 1 : 1 : 1 | | | |
| • | is changed) | | <u> </u> | WLY L | 26555 - 2616 | | | |
| | | | CITY | STATE | ZIP CODE | | | |
| COMMI | TTEE'S E-MAIL ADDRE | SS (Please provide only one | e-mail address) | | | | | |
| | (Check if address | SMMINEL | ROPACLICOM | <u>: ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;</u> | 1 1 1 1 | | | |
| | is changed) | | <u> </u> | <u> </u> | <u> </u> | | | |
| СОММ | COMMITTEE'S WEB PAGE ADDRESS (URL) | | | | | | | |
| PEUR! | , 55 | | FOR CONGRE | 5 5, , , , | | | | |
| • | (Check if address is changed) | 1 | | | | | | |
| 2. DA | TE / - 22° | | eria. | | | | | |
| 4. IS | THIS STATEMENT | NEW (N) OR | AMENDED (A) | | | | | |
| l certify | that I have examined t | his Statement and to the bes | t of my knowledge and belief it | is true, correct a | nd complete. | | | |
| Type or | Print Name of Treasure | DONALO | R. CONLEY | | | | | |
| - | re of Treasurer | Some L. | Conley | Date / | 23-2010 | | | |
| NOTE: S | Submission of false, erron | | may subject the person signing t | | e penalties of 2 U.S.C. §437g. | | | |
| 1 | Office Use Only | | For further information of Federal Election Commission Toll Free 800-424-9530 | | FEC FORM 1 (Revised 02/2009) | | | |

| FEC FORM 1 (Nevised 02/2009) | | | | | | | |
|--|---|--|--|--|--|--|--|
| TYPE OF COMMITTEE | | | | | | | |
| Candidate Committee: | | | | | | | |
| (a) This committee is a principal campaign committee. (| Complete the candidate information below.) | | | | | | |
| (b) This committee is an authorized committee, and is N information below.) | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) | | | | | | |
| Name of Candidate SARAH MINEAR | <u> </u> | | | | | | |
| Candidate Party Affiliation Republican Sought: House | State WC State District 157 | | | | | | |
| (c) This committee supports/opposes only one candidate | , and is NOT an authorized committee. | | | | | | |
| Name of Candidate SARAH MUNEAR | | | | | | | |
| Party Committee: /Y/4 | | | | | | | |
| (Mational, Si or subordinal or | ate (Democratic, tte) committee of the Republican, etc.) Party. | | | | | | |
| Political Action Committee (PAC): N | | | | | | | |
| (e) This committee is a separate segregated fund. (Ident | ify connected organization on line 6.) Its connected organization is a | | | | | | |
| Corporation | orporation w/o Capital Stock Labor Organization | | | | | | |
| Membership Organization Tr | ade Association Cooperative | | | | | | |
| In addition, this committee is a Lobbyis | /Registrant PAC. | | | | | | |
| (f) This committee supports/opposes more than one Fed committee. (i.e., nonconnected committee) | deral candidate, and is NOT a separate segregated fund or party | | | | | | |
| In addition, this committee is a Lobbyist/Registr | ant PAC. | | | | | | |
| In addition, this committee is a Leadership PAC | (Identify sponsor on line 6.) | | | | | | |
| Joint Fundraising Representative: N/4 | | | | | | | |
| | expenses and disburses net proceeds for two or more political uthorized committee of a federal candidate. | | | | | | |
| | expenses and disburses net proceeds for two or more political | | | | | | |
| Committees Participating in Joint Fundraiser | | | | | | | |
| 1. [] [] [] [] [] [] [] [] [] [| FEC ID number C | | | | | | |
| 2. | FEC ID number C | | | | | | |
| 3. [| FEC ID number C | | | | | | |
| 4. | FEC ID number C | | | | | | |
| * | <u> </u> | | | | | | |

Write or Type Committee Name

| ************************************** | Organization, Affiliated Committee, Join | t Fundraising Representative. c | r Leadership PAC Sponsor |
|---|--|---------------------------------------|--------------------------------|
| Name of Any Confected | Organization, Anniated Committee, Som | t i undraiding representative, e | , badderdhip i Ab oponiosi |
| | | | |
| | | | <u> </u> |
| Mailing Address | | | |
| | | | 1111111 |
| | | | 1:::: 1- |
| | CITY | STATE | ZIP CODE |
| Polotionship: Canasat | ad Organization Affiliated Committee | loint Fundraicina Possocatet | vo I andorchia PAC Sanna |
| Relationship: Connecte | ed Organization Affiliated Committee | Joint Fundraising Representati | ve Leadership PAC Sponso |
| | | | |
| | entily by name, address (phone number | optional) and position of the per | son in possession of committee |
| oooks and records. | | | |
| Full Name Dr.A. | ACD P CONLTN | / | |
| -uii Name <u>I/2 C:: C:</u> | POBOX 1150 | <u> </u> | <u> </u> |
| Mailing Address | F. O. Dax : 1/50 | <u> </u> | |
| | | | 1:11:11:11 |
| | FAIR MOXT | $\omega \varrho$ | 26555-1150 |
| Title or Position | CITY | STATE | ZIP CODE |
| 4 | _ | | |
| -D-16 110-0 | | Telephone number 30 | 4-366-2276 |
| 1- FROMKEY | | | |
| I F F MSIVIKE'S | | | |
| Freasurer: List the name ar | nd address (phone number optional) of tassistant treasurer). | the treasurer of the committee; a | and the name and address of |
| Treasurer: List the name ar any designated agent (e.g., | | the treasurer of the committee; ε | nd the name and address of |
| Freasurer: List the name arany designated agent (e.g., | assistant treasurer). | | |
| Freasurer: List the name are any designated agent (e.g., Full Name of Treasurer | assistant treasurer). | | |
| Treasurer: List the name ar any designated agent (e.g., | assistant treasurer). | | |
| Treasurer: List the name are any designated agent (e.g., Full Name of Treasurer | assistant treasurer). ALD: R. CONLEY: P.O. BOX: 1.1.50. | | |
| Full Name of Treasurer | ALU: R: CONLEY: PO BOX: 1.1.50. F.A.1.RMONT: | : : : : : : : : : : : : : : : : : : : | 26555-1150 |
| Treasurer: List the name are any designated agent (e.g., Full Name of Treasurer | assistant treasurer). ALD: R. CONLEY: P.O. BOX: 1.1.50. | | |

9.

| FEC Form 1 (Revis | sed 02/2009) | | Page 4 | | | | | |
|---|----------------------------------|--|--|--|--|--|--|--|
| | | | | | | | | |
| Full Name of Designated Agent | MALD R CONLEY | : <u> </u> | | | | | | |
| Mailing Address | P. O. BOX 1150 | | | | | | | |
| | <u> </u> | <u> </u> | 1111:111 | | | | | |
| | EALL MONT. | STATE | 26555-1150 ZIP CODE | | | | | |
| Title or Position | ₹ : ! ! ! ! ! ; Telephone | number 32 | 4-1349-12270 | | | | | |
| Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc. | | | | | | | | |
| سنسن | <u> </u> | : | | | | | | |
| Mailing Address | <u> </u> | <u> </u> | | | | | | |
| | · <u> </u> | <u>, , , , ; , , , , , , , , , , , , , , ,</u> | <u> </u> | | | | | |
| | <u> </u> | الناا | <u> </u> | | | | | |
| | CITY | STATE | ZIP CODE | | | | | |
| Name of Bank, Depository | , etc. | | | | | | | |
| CEA | ITRA BANKILLI | <u> </u> | | | | | | |
| Mailing Address | 990 ELMER PRINC | E DRI | VE. | | | | | |
| | <u> </u> | | 4.1.1.1.1.1.1 | | | | | |
| | morgantown | wa | 26505- | | | | | |
| | CITY | STATE | ZIP CODE | | | | | |

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** 1/22/10 Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): 2/3/10 DATE PREPARED