

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
**WEST VIRGINIA REPUBLICAN PARTY, INC.**

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** C00417063 3. IS THIS REPORT NEW (N) OR AMENDED (A)  AMENDED (A)

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)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period **10** / **01** / **2021** through **10** / **31** / **2021**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
ANDERSON, BEN, , MR.,  
Type or Print Name of Treasurer

Signature of Treasurer ANDERSON, BEN, , MR., [Electronically Filed] Date **01** / **24** / **2022**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**WEST VIRGINIA REPUBLICAN PARTY, INC.**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2021"/>	<input type="text" value="39773.62"/>	<input type="text" value="39773.62"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="66656.62"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="40766.54"/>	<input type="text" value="198775.31"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="107423.16"/>	<input type="text" value="238548.93"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="23551.57"/>	<input type="text" value="154677.34"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="83871.59"/>	<input type="text" value="83871.59"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="54526.81"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**WEST VIRGINIA REPUBLICAN PARTY, INC.**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	19600.00	72133.32
(ii) Unitemized .....	11577.20	40220.55
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	31177.20	112353.87
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	33677.20	117353.87
12. Transfers From Affiliated/Other Party Committees.....	7089.34	81171.44
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	250.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	40766.54	198775.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	40766.54	198775.31

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	23551.57	151878.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	23551.57	151878.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	2774.31
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	25.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	25.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	23551.57	154677.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23551.57	154677.34

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	33677.20	117353.87
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	25.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	33677.20	117328.87
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	23551.57	151878.03
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	250.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	23551.57	151628.03

: 97 `A -G7 9 @ @ B9 CI G`H9 LH`F9 @ H98 `HC `5 `F9 DCFH`G7 <98 I @ `CF `H9 A -N5 H-CB

Form/Schedule: F3XA  
Transaction ID :

PLEASE NOTE: THE COMMITTEE HAS DEMONSTRATED THE NECESSARY STEPS TO ESTABLISH BEST EFFORTS TO OBTAIN AND DISCLOSE THE FULL IDENTIFICATION OF ALL INDIVIDUALS WHO CONTRIBUTE IN EXCESS OF \$200 IN AN ELECTION CYCLE. THESE EFFORTS INCLUDE A CLEAR REQUEST WITH THE ORIGINAL SOLICITATION, FOLLOWED BY A REQUEST FOR MISSING INFORMATION LETTER WITHIN 30 DAYS, WHICH CLEARLY ASKS FOR THE MISSING INFORMATION WITHOUT SOLICITING A CONTRIBUTION. IN ADDITION, THE LETTER READS: FEDERAL LAW REQUIRES US TO MAKE OUR BEST EFFORTS TO COLLECT AND REPORT THE NAME, MAILING ADDRESS, OCCUPATION AND NAME OF EMPLOYER OF ALL INDIVIDUALS WHO CONTRIBUTE IN EXCESS OF \$200 IN AN ELECTION CYCLE. WE THEN ENCLOSE A SELF ADDRESSED ENVELOPE AND INCLUDE A TELEPHONE NUMBER TO REACH THE COMMITTEE WITH ANY QUESTIONS. A SECOND REQUEST FOR MISSING INFORMATION LETTER IS SENT IF WE DO NOT RECEIVE THE INFORMATION IN A TIMELY MANNER. IN THE EVENT THAT WE RECEIVE ADDITIONAL INFORMATION FROM CONTRIBUTORS WHOSE INFORMATION WAS NOT ORIGINALLY DISCLOSED, WE WILL A END THE APPROPRIATE REPORT TO REFLECT THE ADDITIONAL DISCLOSURES PROPERLY.

Form/Schedule:  
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**WEST VIRGINIA REPUBLICAN PARTY, INC.**

**A. BRANT, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45545 DEER CROSSING LANE  
 City CALIFORNIA State MD Zip Code 20619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) REQUESTED Occupation (for Individual) REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 19 / 2021  
**Transaction ID : A-188499**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. BRAUN, CARLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 62 W FIFTH ST  
 City WESTOVER State WV Zip Code 26501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 13 / 2021  
**Transaction ID : A-188469**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. BROWN, SYDNEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 102 WALNUT ST  
 City LOGAN State WV Zip Code 25601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THORNHILL SUPERSTORE INC. Occupation (for Individual) AUTOMOTIVE SALES  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 04 / 2021  
**Transaction ID : A-123270**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WEST VIRGINIA REPUBLICAN PARTY, INC.**

**A. CARPER, MARSHALL, J., DR., M.D.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 4626

City CHARLESTON	State WV	Zip Code 25364-4626
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2021

**Transaction ID : A-123215**

Amount of Each Receipt this Period  
 300.00

Memo Item

**B. COOPER, ARTHUR, R., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 250 ARABIAN DR

City PARKERSBURG	State WV	Zip Code 26104
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) COMMUNITY ANTENNA SERVICE INC.	Occupation (for Individual) PRESIDENT
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 04 / 2021

**Transaction ID : A-123269**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C. DANDELET, ANNE, B, MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 425 WEST WHITAKER BOULEVARD

City HUNTINGTON	State WV	Zip Code 25701
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
585.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2021

**Transaction ID : A-188466**

Amount of Each Receipt this Period  
 500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1800.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WEST VIRGINIA REPUBLICAN PARTY, INC.**

**A. DEVAULT, MICHAEL, E., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 750 FAIRMONT AVE

City FAIRMONT	State WV	Zip Code 26554
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AMERICAN FENCE CO LLC	Occupation (for Individual) OWNER
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2021  
**Transaction ID : A-188464**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. EDWARDS, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 801 SOUTH GARNER STREET

City STATE COLLEGE	State PA	Zip Code 16801
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED	Occupation (for Individual) INFORMATION REQUESTED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2021  
**Transaction ID : A-188599**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. ENGELKE, ALVIN, L., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 424 RICHARDSONVILLE ROAD

City CRESTON	State WV	Zip Code 26141
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
228.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2021  
**Transaction ID : A-123213**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 45
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WEST VIRGINIA REPUBLICAN PARTY, INC.**

**A. HAMILTON, CHRIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 ASSOCIATION DRIVE  
 City CHARLESTON State WV Zip Code 25311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 26 / 2021  
**Transaction ID : A-188606**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**B. HINMAN, PAUL, V., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1833 DEVONDALE CIR  
 City CHARLESTON State WV Zip Code 25314-2205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 27 / 2021  
**Transaction ID : A-188610**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. HOWELL, TRESA, , MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 217 MIDNIGHT DRIVE  
 City WINIFREDE State WV Zip Code 25214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CAMC Occupation (for Individual) RN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 322.80

Date of Receipt 10 / 12 / 2021  
**Transaction ID : A-72828**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2900.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WEST VIRGINIA REPUBLICAN PARTY, INC.**

**A. JACKSON, DARREN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O BOX 26

City MARLINTON	State WV	Zip Code 24954
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) INFORMATION REQUESTED		Occupation (for Individual) INFORMATION REQUESTED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
10 / 15 / 2021  
**Transaction ID : A-188471**  
 Amount of Each Receipt this Period  
500.00  
 Memo Item

**B. JACOBS, JEAN, KINGSBURY, MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1141 STEAMBOAT RUN ROAD

City SHEPHERDSTOWN	State WV	Zip Code 25443
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 271.30

Date of Receipt  
10 / 25 / 2021  
**Transaction ID : A-123184**  
 Amount of Each Receipt this Period  
100.00  
 Memo Item

**C. KEEFE, SEAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1403 55TH STREET

City VIENNA	State WV	Zip Code 26105
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) REQUESTED		Occupation (for Individual) REQUESTED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
10 / 05 / 2021  
**Transaction ID : A-188462**  
 Amount of Each Receipt this Period  
100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 45
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WEST VIRGINIA REPUBLICAN PARTY, INC.**

**A. KING, VIRGINIA, L., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 748 MYRTLE ROAD

City CHARLESTON	State WV	Zip Code 25314-1152
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) KSC MANAGEMENT, LLC	Occupation (for Individual) BUSINESS OWNER
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2021

**Transaction ID : A-123196**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. LESLIE, LARRY, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 166 SUMMERSET DR.

City COWEN	State WV	Zip Code 26206
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LESLIE EQUIPMENT CO.	Occupation (for Individual) SERVICE WRITER
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
355.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2021

**Transaction ID : A-188598**

Amount of Each Receipt this Period  
200.00

Memo Item

**C. LILLY, GARY, C., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 54 FAITH WAY

City FAYETTEVILLE	State WV	Zip Code 25840-5414
----------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2021

**Transaction ID : A-123197**

Amount of Each Receipt this Period  
200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WEST VIRGINIA REPUBLICAN PARTY, INC.**

**A. LIVELY, ARNOLD, DALE, MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 257 MOUNT BREEZE DRIVE  
 City COOL RIDGE State WV Zip Code 25825  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 10 / 22 / 2021  
**Transaction ID : A-123152**  
 Amount of Each Receipt this Period 1300.00  
 Memo Item

**B. MICHAEL, JANINA, , MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1123 10TH ST  
 City HUNTINGTON State WV Zip Code 25701-3433  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 20 / 2021  
**Transaction ID : A-123178**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. MILLER, THOMAS, CARL, MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 FIELD CREST CT  
 City SHEPHERDSTOWN State WV Zip Code 25443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 28 / 2021  
**Transaction ID : A-123217**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WEST VIRGINIA REPUBLICAN PARTY, INC.**

**A. MOORE, RILEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 398 STAFFORD LANE  
 City HARPERS FERRY State WV Zip Code 25425  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 19 / 2021  
**Transaction ID : A-188509**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. OVERINGTON, JOHN, , THE HONORA,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 491 HOFFMAN RD  
 City MARTINSBURG State WV Zip Code 25404-7208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 22 / 2021  
**Transaction ID : A-123153**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. PATTERSON, GEORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1410 WOODMERE DRIVE  
 City CHARLESTON State WV Zip Code 25314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 27 / 2021  
**Transaction ID : A-188609**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 45
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WEST VIRGINIA REPUBLICAN PARTY, INC.**

**A. PIGOTT, DOROTHY, ANN, MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 560 CRYSTAL LAKE RD

City WEST UNION	State WV	Zip Code 26456-8932
--------------------	-------------	------------------------

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

Name of Employer (for Individual) DODD CO. BOARD OF EDUC.	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2021

**Transaction ID : A-123180**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. PIGOTT, DOROTHY, ANN, MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 560 CRYSTAL LAKE RD

City WEST UNION	State WV	Zip Code 26456-8932
--------------------	-------------	------------------------

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

Name of Employer (for Individual) DODD CO. BOARD OF EDUC.	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2021

**Transaction ID : A-123188**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. RAINER, STEPHEN, W, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 OCEAN BLVD

City ISLE OF PALMS	State SC	Zip Code 29451
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED	Occupation (for Individual) INFORMATION REQUESTED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2021

**Transaction ID : A-188478**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 45
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WEST VIRGINIA REPUBLICAN PARTY, INC.**

**A. RAPP, BENJEAN, S., MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 213 MAYFAIR LANE

City SUMMERSVILLE	State WV	Zip Code 26651
----------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
378.40

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2021

**Transaction ID : A-178441**

Amount of Each Receipt this Period  
25.00

Memo Item

EARMARKED THROUGH WINRED ON 2021-10-26

**B. WINRED**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
-------------------	-------------	-------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7726.87

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2021

**Transaction ID : A-178441CM**

Amount of Each Receipt this Period  
465.00

Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED (DIRECTED, DEPOSITED)

**C. REDDEN, STEPHEN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 791 EAGLESVIEW DR

City LERONA	State WV	Zip Code 25971
----------------	-------------	-------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED	Occupation (for Individual) INFORMATION REQUESTED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2021

**Transaction ID : A-188459**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	525.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WEST VIRGINIA REPUBLICAN PARTY, INC.**

**A. ROGERS, JUSTINE, , MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12435 S CALHOUN HWY

City ARNOLDSBURG	State WV	Zip Code 25234-8014
---------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2021

**Transaction ID : A-123231**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. STEMPLE, LLOYD, BUDDY, MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19 JORDAN WAY

City OSWEGO	State NY	Zip Code 13126
----------------	-------------	-------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED	Occupation (for Individual) INFORMATION REQUESTED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2021

**Transaction ID : A-123177**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. URQUHART, GLEN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1006 RHODES VILLA AVENUE  
1006 RHODES VILLA AVE

City DELRAY BEACH	State FL	Zip Code 33483
----------------------	-------------	-------------------

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

Name of Employer (for Individual) REQUESTED	Occupation (for Individual) REQUESTED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2021

**Transaction ID : A-188475**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WEST VIRGINIA REPUBLICAN PARTY, INC.**

**A. VISSER, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 PERRY CIRCLE  
 City CHAPPAQUA State NY Zip Code 10514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 20 / 2021  
**Transaction ID : A-188515**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**B. VISSER, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 PERRY CIRCLE  
 City CHAPPAQUA State NY Zip Code 10514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 24 / 2021  
**Transaction ID : A-188585**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**C. WALKER, EDWARD, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3504 WOLF CREEK RD  
 City HUNTINGTON State WV Zip Code 25705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) REQUESTED Occupation (for Individual) REQUESTED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 01 / 2021  
**Transaction ID : A-188460**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5025.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WEST VIRGINIA REPUBLICAN PARTY, INC.**

**A. WASHBURN, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 344

City WAVERLY	State WV	Zip Code 26184
-----------------	-------------	-------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED	Occupation (for Individual) INFORMATION REQUESTED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 04 / 2021  
**Transaction ID : A-188461**

Amount of Each Receipt this Period  
 1250.00

Memo Item

**B. WHITT, ALLEN, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 566

City CHARLESTON	State WV	Zip Code 25322-0566
--------------------	-------------	------------------------

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

Name of Employer (for Individual) FAMILY POLICY COUNCIL OF WV	Occupation (for Individual) PRESIDENT
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
242.80

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2021  
**Transaction ID : A-188473**

Amount of Each Receipt this Period  
 200.00

Memo Item

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1450.00
<b>TOTAL</b> This Period (last page this line number only).....	19600.00

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

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

FOR LINE NUMBER: PAGE 20 OF 45  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WEST VIRGINIA REPUBLICAN PARTY, INC.**

**A. DBM PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 824 SOUTH MILLEDGE AVENUE STE 101

City ATHENS	State GA	Zip Code 30605
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FEC ID number of contributing federal political committee. **C** C00540393

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2021

**Transaction ID : A-123211**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

**C.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 45
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WEST VIRGINIA REPUBLICAN PARTY, INC.**

**A. GERSON, ELOISE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 10696  
 City CHICAGO State IL Zip Code 60610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) REAL-ESTATE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2000.00**

Date of Receipt **09 / 17 / 2021**  
**Transaction ID : A-188623**  
 Amount of Each Receipt this Period **2000.00**  
 Memo Item  
 MEMO TRANSFER FROM AUTHORIZED COMMITTEE-TEAM MORRISEY

**B. MCKEON, MIKE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7824 WEST BLVD DR  
 City ALEXANDRIA State VA Zip Code 22308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FISH & RICHARDSON PC Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2000.00**

Date of Receipt **07 / 16 / 2021**  
**Transaction ID : A-188622**  
 Amount of Each Receipt this Period **2000.00**  
 Memo Item  
 MEMO TRANSFER FROM AUTHORIZED COMMITTEE-TEAM MORRISEY

**C. RONAN, PATRICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 766 PROSPECT AVENUE  
 City WINNETKA State IL Zip Code 60093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) VALIDANT Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **08 / 31 / 2021**  
**Transaction ID : A-188621**  
 Amount of Each Receipt this Period **5000.00**  
 Memo Item  
 MEMO TRANSFER FROM AUTHORIZED COMMITTEE-TEAM MORRISEY

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 45
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)  
**WEST VIRGINIA REPUBLICAN PARTY, INC.**

**A. TEAM MORRISEY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 138 CONANT STREET 2ND FLOOR

City BEVERLY	State MA	Zip Code 01915
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00711929

Name of Employer (for Individual)	Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7089.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2021

**Transaction ID : A-123182**

Amount of Each Receipt this Period  
7089.34

Memo Item

**TRANSFER FROM JOINT FUNDRAISER**

**B. VERHEIJ, RICHARD, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5000 N OCEAN DR

City RIVERA BEACH	State FL	Zip Code 33404
----------------------	-------------	-------------------

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

Name of Employer (for Individual) VERITAS CONSULTANT LLC	Occupation (for Individual) ATTORNEY
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2021

**Transaction ID : A-188624**

Amount of Each Receipt this Period  
800.00

Memo Item

**MEMO TRANSFER FROM AUTHORIZED COMMITTEE-TEAM MORRISEY**

**C.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code

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

Name of Employer (for Individual)	Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7089.34
<b>TOTAL</b> This Period (last page this line number only).....	7089.34

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WEST VIRGINIA REPUBLICAN PARTY, INC.**

Full Name (Last, First, Middle Initial) <b>A. ANEDOT, INC.</b>		Date of Disbursement MM / DD / YYYY 10 / 02 / 2021
Mailing Address 1920 MCKINNEY AVENUE 7TH FLOOR		FEC Identification Number C [REDACTED] <b>Transaction ID : B-188620</b> Amount of Each Disbursement this Period 18.98
City DALLAS	State TX	Zip Code 75201-1702
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/Type 001
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. ANEDOT, INC.</b>		Date of Disbursement MM / DD / YYYY 10 / 06 / 2021
Mailing Address 1920 MCKINNEY AVENUE 7TH FLOOR		FEC Identification Number C [REDACTED] <b>Transaction ID : B-188626</b> Amount of Each Disbursement this Period 51.65
City DALLAS	State TX	Zip Code 75201-1702
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/Type 001
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. ANEDOT, INC.</b>		Date of Disbursement MM / DD / YYYY 10 / 08 / 2021
Mailing Address 1920 MCKINNEY AVENUE 7TH FLOOR		FEC Identification Number C [REDACTED] <b>Transaction ID : B-188627</b> Amount of Each Disbursement this Period 17.80
City DALLAS	State TX	Zip Code 75201-1702
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/Type 001
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:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	88.43
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WEST VIRGINIA REPUBLICAN PARTY, INC.**

Full Name (Last, First, Middle Initial)

**A. ANEDOT, INC.**

Mailing Address 1920 MCKINNEY AVENUE  
7TH FLOOR

City  
DALLAS

State  
TX

Zip Code  
75201-1702

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	0			2	0	2	1		

FEC Identification Number

C [REDACTED]

Transaction ID : B-188628

Amount of Each Disbursement this Period

[REDACTED] 3.80

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT, INC.**

Mailing Address 1920 MCKINNEY AVENUE  
7TH FLOOR

City  
DALLAS

State  
TX

Zip Code  
75201-1702

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	2			2	0	2	1		

FEC Identification Number

C [REDACTED]

Transaction ID : B-188629

Amount of Each Disbursement this Period

[REDACTED] 25.10

Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT, INC.**

Mailing Address 1920 MCKINNEY AVENUE  
7TH FLOOR

City  
DALLAS

State  
TX

Zip Code  
75201-1702

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	4			2	0	2	1		

FEC Identification Number

C [REDACTED]

Transaction ID : B-188630

Amount of Each Disbursement this Period

[REDACTED] 16.65

Memo Item

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

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

[REDACTED] 45.55

[REDACTED]



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WEST VIRGINIA REPUBLICAN PARTY, INC.**

Full Name (Last, First, Middle Initial) <b>A. ANEDOT, INC.</b>		Date of Disbursement MM / DD / YYYY 10 / 16 / 2021
Mailing Address 1920 MCKINNEY AVENUE 7TH FLOOR		FEC Identification Number C [REDACTED] <b>Transaction ID : B-188631</b> Amount of Each Disbursement this Period 21.60
City DALLAS	State TX	Zip Code 75201-1702
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 001
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. ANEDOT, INC.</b>		Date of Disbursement MM / DD / YYYY 10 / 18 / 2021
Mailing Address 1920 MCKINNEY AVENUE 7TH FLOOR		FEC Identification Number C [REDACTED] <b>Transaction ID : B-188632</b> Amount of Each Disbursement this Period 7.30
City DALLAS	State TX	Zip Code 75201-1702
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 001
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. ANEDOT, INC.</b>		Date of Disbursement MM / DD / YYYY 10 / 20 / 2021
Mailing Address 1920 MCKINNEY AVENUE 7TH FLOOR		FEC Identification Number C [REDACTED] <b>Transaction ID : B-188633</b> Amount of Each Disbursement this Period 1537.59
City DALLAS	State TX	Zip Code 75201-1702
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 001
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:	<input type="checkbox"/> Memo Item	

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

1566.49

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WEST VIRGINIA REPUBLICAN PARTY, INC.**

Full Name (Last, First, Middle Initial) <b>A. ANEDOT, INC.</b>		Date of Disbursement MM / DD / YYYY 10 / 22 / 2021
Mailing Address 1920 MCKINNEY AVENUE 7TH FLOOR		FEC Identification Number C [REDACTED] <b>Transaction ID : B-188634</b> Amount of Each Disbursement this Period 1801.50
City DALLAS	State TX	Zip Code 75201-1702
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 001
Candidate Name		Memo Item <input type="checkbox"/>
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:		

Full Name (Last, First, Middle Initial) <b>B. ANEDOT, INC.</b>		Date of Disbursement MM / DD / YYYY 10 / 24 / 2021
Mailing Address 1920 MCKINNEY AVENUE 7TH FLOOR		FEC Identification Number C [REDACTED] <b>Transaction ID : B-188635</b> Amount of Each Disbursement this Period 992.48
City DALLAS	State TX	Zip Code 75201-1702
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 001
Candidate Name		Memo Item <input type="checkbox"/>
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:		

Full Name (Last, First, Middle Initial) <b>C. ANEDOT, INC.</b>		Date of Disbursement MM / DD / YYYY 10 / 26 / 2021
Mailing Address 1920 MCKINNEY AVENUE 7TH FLOOR		FEC Identification Number C [REDACTED] <b>Transaction ID : B-188636</b> Amount of Each Disbursement this Period 1656.90
City DALLAS	State TX	Zip Code 75201-1702
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

4450.88

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WEST VIRGINIA REPUBLICAN PARTY, INC.**

Full Name (Last, First, Middle Initial) <b>A. ANEDOT, INC.</b>		Date of Disbursement MM / DD / YYYY 10 / 28 / 2021
Mailing Address 1920 MCKINNEY AVENUE 7TH FLOOR		FEC Identification Number C [REDACTED] <b>Transaction ID : B-188637</b> Amount of Each Disbursement this Period 608.60
City DALLAS	State TX	Zip Code 75201-1702
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
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:		

Full Name (Last, First, Middle Initial) <b>B. ANEDOT, INC.</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2021
Mailing Address 1920 MCKINNEY AVENUE 7TH FLOOR		FEC Identification Number C [REDACTED] <b>Transaction ID : B-188638</b> Amount of Each Disbursement this Period 3.80
City DALLAS	State TX	Zip Code 75201-1702
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
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:		

Full Name (Last, First, Middle Initial) <b>C. ASSOCIATED SYSTEMS PROFESSIONALS</b>		Date of Disbursement MM / DD / YYYY 10 / 08 / 2021
Mailing Address 419 D ST		FEC Identification Number C [REDACTED] <b>Transaction ID : B-123281</b> Amount of Each Disbursement this Period 50.00
City SOUTH CHARLESTON	State WV	Zip Code 25303-3107
Purpose of Disbursement WEBSITE		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
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>SUBTOTAL</b> of Disbursements This Page (optional).....▶	662.40
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WEST VIRGINIA REPUBLICAN PARTY, INC.**

Full Name (Last, First, Middle Initial) <b>A. ERWIN, HAYDEN, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 01 / 2021	
Mailing Address 8132 EVANS RD		FEC Identification Number C [REDACTED] <b>Transaction ID : B-123267</b> Amount of Each Disbursement this Period [REDACTED] 719.70	
City LEON	State WV	Zip Code 25123	Category/ Type 001
Purpose of Disbursement PAYROLL		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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. ERWIN, HAYDEN, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2021	
Mailing Address 8132 EVANS RD		FEC Identification Number C [REDACTED] <b>Transaction ID : B-123282</b> Amount of Each Disbursement this Period [REDACTED] 719.70	
City LEON	State WV	Zip Code 25123	Category/ Type 001
Purpose of Disbursement PAYROLL		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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. ERWIN, HAYDEN, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 21 / 2021	
Mailing Address 8132 EVANS RD		FEC Identification Number C [REDACTED] <b>Transaction ID : B-123287</b> Amount of Each Disbursement this Period [REDACTED] 56.58	
City LEON	State WV	Zip Code 25123	Category/ Type 001
Purpose of Disbursement REIMBURSE FOR STAMPS		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:	<input type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 1495.98
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WEST VIRGINIA REPUBLICAN PARTY, INC.**

Full Name (Last, First, Middle Initial) <b>A. FINDLAY, JOHN, , MR.,</b>		Date of Disbursement MM / DD / YYYY 10 / 07 / 2021	
Mailing Address 6004 ABINGTON PARK DRIVE			
City GLEN ALLEN	State VA	Zip Code 23059	
Purpose of Disbursement PAYROLL		<input type="checkbox"/> 001	FEC Identification Number C
Candidate Name		Category/Type	Transaction ID : B-123277
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) ▼		Amount of Each Disbursement this Period 2046.16
State: District:			<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. FINDLAY, JOHN, , MR.,</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2021	
Mailing Address 6004 ABINGTON PARK DRIVE			
City GLEN ALLEN	State VA	Zip Code 23059	
Purpose of Disbursement PAYROLL		<input type="checkbox"/> 001	FEC Identification Number C
Candidate Name		Category/Type	Transaction ID : B-123286
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) ▼		Amount of Each Disbursement this Period 2046.14
State: District:			<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. GRAY GRIFFITH &amp; MAYS</b>		Date of Disbursement MM / DD / YYYY 10 / 25 / 2021	
Mailing Address 707 VIRGINIA ST E STE 400			
City CHARLESTON	State WV	Zip Code 25301-2711	
Purpose of Disbursement ACCOUNTING		<input type="checkbox"/> 001	FEC Identification Number C
Candidate Name		Category/Type	Transaction ID : B-123292
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) ▼		Amount of Each Disbursement this Period 200.00
State: District:			<input type="checkbox"/> Memo Item

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

4292.30

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WEST VIRGINIA REPUBLICAN PARTY, INC.**

**A. HOLSTEIN, JOSH, , MR.,**

Full Name (Last, First, Middle Initial)

Mailing Address 664 LOWER WHITE OAK RD

City ASHFORD State WV Zip Code 25009

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 07 / 2021

FEC Identification Number: C

Transaction ID : B-123278

Amount of Each Disbursement this Period: 123.88

Memo Item

**B. HOLSTEIN, JOSH, , MR.,**

Full Name (Last, First, Middle Initial)

Mailing Address 664 LOWER WHITE OAK RD

City ASHFORD State WV Zip Code 25009

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 07 / 2021

FEC Identification Number: C

Transaction ID : B-123279

Amount of Each Disbursement this Period: 123.87

Memo Item

**C. HOLSTEIN, JOSH, , MR.,**

Full Name (Last, First, Middle Initial)

Mailing Address 664 LOWER WHITE OAK RD

City ASHFORD State WV Zip Code 25009

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 22 / 2021

FEC Identification Number: C

Transaction ID : B-123289

Amount of Each Disbursement this Period: 123.86

Memo Item

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

371.61

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WEST VIRGINIA REPUBLICAN PARTY, INC.**

Full Name (Last, First, Middle Initial) <b>A. HOLSTEIN, JOSH, , MR.,</b>		Date of Disbursement MM / DD / YYYY 10 / 28 / 2021	
Mailing Address 664 LOWER WHITE OAK RD			
City ASHFORD	State WV	Zip Code 25009	
Purpose of Disbursement PAYROLL		<input type="checkbox"/> 001	FEC Identification Number C
Candidate Name		Category/ Type	Transaction ID : B-123295
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) ▼		Amount of Each Disbursement this Period 123.87
State: District:			<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. INTEGRATED SOLUTIONS: POLITICAL</b>		Date of Disbursement MM / DD / YYYY 10 / 01 / 2021	
Mailing Address 4142 ADAMS AVENUE SUITE 103-550			
City SAN DIEGO	State CA	Zip Code 92116	
Purpose of Disbursement COMPLIANCE SYSTEM		<input type="checkbox"/> 001	FEC Identification Number C
Candidate Name		Category/ Type	Transaction ID : B-123268
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) ▼		Amount of Each Disbursement this Period 1000.00
State: District:			<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. INTEGRATED SOLUTIONS: POLITICAL</b>		Date of Disbursement MM / DD / YYYY 10 / 18 / 2021	
Mailing Address 4142 ADAMS AVENUE SUITE 103-550			
City SAN DIEGO	State CA	Zip Code 92116	
Purpose of Disbursement COMPLIANCE SYSTEM		<input type="checkbox"/> 001	FEC Identification Number C
Candidate Name		Category/ Type	Transaction ID : B-123285
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) ▼		Amount of Each Disbursement this Period 1000.00
State: District:			<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2123.87
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WEST VIRGINIA REPUBLICAN PARTY, INC.**

**A. RED FOX STRATEGIES**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 3674

City FAIRFAX State VA Zip Code 22038

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 26 / 2021

FEC Identification Number: C

Transaction ID : B-123266

Amount of Each Disbursement this Period: 650.02

Memo Item

**B. SUDDENLINK**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 742529

City CINCINNATI State OH Zip Code 45274-2529

Purpose of Disbursement UTILITIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 22 / 2021

FEC Identification Number: C

Transaction ID : B-123288

Amount of Each Disbursement this Period: 302.56

Memo Item

**C. UNITED BANK**

Full Name (Last, First, Middle Initial)

Mailing Address 500 VIRGINIA ST E

City CHARLESTON State WV Zip Code 25301-2164

Purpose of Disbursement RENT

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 22 / 2021

FEC Identification Number: C

Transaction ID : B-123290

Amount of Each Disbursement this Period: 1500.00

Memo Item

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

2452.58

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WEST VIRGINIA REPUBLICAN PARTY, INC.**

Full Name (Last, First, Middle Initial)

**A. UNITED BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2021

Mailing Address 500 VIRGINIA ST E

FEC Identification Number

C [REDACTED]

City CHARLESTON State WV Zip Code 25301-2164

**Transaction ID : B-123291**  
Amount of Each Disbursement this Period

Purpose of Disbursement  
SEPTEMBER RENT

001  
Category/  
Type

[REDACTED] 1500.00

Candidate Name

Memo Item

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Full Name (Last, First, Middle Initial)

**B. UNITED STATES TREASURY**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2021

Mailing Address INTERNAL REVENUE SERVICE

FEC Identification Number

C [REDACTED]

City OGDEN State UT Zip Code 84201-0001

**Transaction ID : B-123283**  
Amount of Each Disbursement this Period

Purpose of Disbursement  
FEDERAL PAYROLL TAXES

001  
Category/  
Type

[REDACTED] 2008.42

Candidate Name

Memo Item

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Full Name (Last, First, Middle Initial)

**C. WEST VIRGINIA STATE TAX DEPARTMENT**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		18		2021

Mailing Address INTERNAL AUDITING DIVISION  
P.O. BOX 1985

FEC Identification Number

C [REDACTED]

City CHARLESTON State WV Zip Code 25327

**Transaction ID : B-123284**  
Amount of Each Disbursement this Period

Purpose of Disbursement  
STATE TAXES

001  
Category/  
Type

[REDACTED] 230.00

Candidate Name

Memo Item

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

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

[REDACTED] 3738.42

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WEST VIRGINIA REPUBLICAN PARTY, INC.**

Full Name (Last, First, Middle Initial) <b>A. WINRED TECHNICAL SERVICES LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 04 / 2021
Mailing Address 1776 WILSON BOULEVARD SUITE 530		FEC Identification Number C [REDACTED] <b>Transaction ID : B-128304</b>
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 1.25
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. WINRED TECHNICAL SERVICES LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 05 / 2021
Mailing Address 1776 WILSON BOULEVARD SUITE 530		FEC Identification Number C [REDACTED] <b>Transaction ID : B-138314</b>
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 0.34
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. WINRED TECHNICAL SERVICES LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 13 / 2021
Mailing Address 1776 WILSON BOULEVARD SUITE 530		FEC Identification Number C [REDACTED] <b>Transaction ID : B-133309</b>
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 4.10
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:	<input type="checkbox"/> Memo Item	

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

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

5.69
[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WEST VIRGINIA REPUBLICAN PARTY, INC.**

Full Name (Last, First, Middle Initial) <b>A. WINRED TECHNICAL SERVICES LLC</b>			Date of Disbursement MM / DD / YYYY 10 / 17 / 2021	
Mailing Address 1776 WILSON BOULEVARD SUITE 530			FEC Identification Number C [REDACTED] <b>Transaction ID : B-143319</b>	
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period [REDACTED] 1.25	
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 001	Memo Item <input type="checkbox"/>	
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:				

Full Name (Last, First, Middle Initial) <b>B. WINRED TECHNICAL SERVICES LLC</b>			Date of Disbursement MM / DD / YYYY 10 / 20 / 2021	
Mailing Address 1776 WILSON BOULEVARD SUITE 530			FEC Identification Number C [REDACTED] <b>Transaction ID : B-153352</b>	
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period [REDACTED] 4.10	
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 001	Memo Item <input type="checkbox"/>	
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:				

Full Name (Last, First, Middle Initial) <b>C. WINRED TECHNICAL SERVICES LLC</b>			Date of Disbursement MM / DD / YYYY 10 / 21 / 2021	
Mailing Address 1776 WILSON BOULEVARD SUITE 530			FEC Identification Number C [REDACTED] <b>Transaction ID : B-163367</b>	
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period [REDACTED] 182.76	
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 001	Memo Item <input type="checkbox"/>	
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:				

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

188.11

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WEST VIRGINIA REPUBLICAN PARTY, INC.**

Full Name (Last, First, Middle Initial) <b>A. WINRED TECHNICAL SERVICES LLC</b>			Date of Disbursement MM / DD / YYYY 10 / 24 / 2021	
Mailing Address 1776 WILSON BOULEVARD SUITE 530			FEC Identification Number C [REDACTED] <b>Transaction ID : B-148324</b> Amount of Each Disbursement this Period 508.79	
City ARLINGTON	State VA	Zip Code 22219	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 001		
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:				

Full Name (Last, First, Middle Initial) <b>B. WINRED TECHNICAL SERVICES LLC</b>			Date of Disbursement MM / DD / YYYY 10 / 25 / 2021	
Mailing Address 1776 WILSON BOULEVARD SUITE 530			FEC Identification Number C [REDACTED] <b>Transaction ID : B-158357</b> Amount of Each Disbursement this Period 91.12	
City ARLINGTON	State VA	Zip Code 22219	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 001		
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:				

Full Name (Last, First, Middle Initial) <b>C. WINRED TECHNICAL SERVICES LLC</b>			Date of Disbursement MM / DD / YYYY 10 / 26 / 2021	
Mailing Address 1776 WILSON BOULEVARD SUITE 530			FEC Identification Number C [REDACTED] <b>Transaction ID : B-168389</b> Amount of Each Disbursement this Period 774.51	
City ARLINGTON	State VA	Zip Code 22219	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 001		
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>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1374.42
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WEST VIRGINIA REPUBLICAN PARTY, INC.**

**A. WINRED TECHNICAL SERVICES LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1776 WILSON BOULEVARD  
SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 26 / 2021

FEC Identification Number: C

Transaction ID : B-173436

Amount of Each Disbursement this Period: 279.87

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	279.87
<b>TOTAL</b> This Period (last page this line number only).....▶	23498.85

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 39 OF 45
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**WEST VIRGINIA REPUBLICAN PARTY, INC.**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>AC EXPRESS, INC.</b>			Nature of Debt (Purpose): TRAVEL EXPENSE FOR SPEAKER FOR CONVENTIO
Mailing Address 1150 AIRPORT RD			
City FAIRMONT	State WV	Zip Code 26554-9283	

Outstanding Balance Beginning This Period 4214.56	Transaction ID : D-41569	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4214.56

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ALTELL</b>			Nature of Debt (Purpose): VICTORY CELL BILL FROM 4/1/05
Mailing Address 4 2ND BLDG			
City LITTLE ROCK	State AR	Zip Code 72202	

Outstanding Balance Beginning This Period 8653.10	Transaction ID : D-40584	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 8653.10

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>BJW PRINTING &amp; OFFICE SUPPLIES</b>			Nature of Debt (Purpose): INTEREST
Mailing Address 3100 ROBERT C BYRD DR			
City BECKLEY	State WV	Zip Code 25801-3721	

Outstanding Balance Beginning This Period 291.15	Transaction ID : D-40587	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 291.15

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	13158.81
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 40 OF 45
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**WEST VIRGINIA REPUBLICAN PARTY, INC.**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>BJW PRINTING &amp; OFFICE SUPPLIES</b>			Nature of Debt (Purpose): PRINTING FROM 11/19/04
Mailing Address 3100 ROBERT C BYRD DR			
City BECKLEY	State WV	Zip Code 25801-3721	

Outstanding Balance Beginning This Period 337.62	Transaction ID : D-41561	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 337.62

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CELLULAR ONE/ A R SYSTEMS</b>			Nature of Debt (Purpose): CELL PHONE BILL FROM 4/1/05
Mailing Address PO BOX 80766			
City VALLEY FORGE	State PA	Zip Code 19484-0766	

Outstanding Balance Beginning This Period 1057.45	Transaction ID : D-41562	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1057.45

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CHRISTINE MCNALLEY</b>			Nature of Debt (Purpose): ELECTION CONTRACT CONSULTING- FROM 4/1/05
Mailing Address 44 REGENT CT			
City SWANSEA	State MA	Zip Code 02777-4332	

Outstanding Balance Beginning This Period 2400.00	Transaction ID : D-40585	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2400.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	3795.07
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 41 OF 45
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
**WEST VIRGINIA REPUBLICAN PARTY, INC.**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>DENNIE DATA COMM</b>			Nature of Debt (Purpose): PAST DUE BILL FROM 10/30/04
Mailing Address 1339 SMITH ST			
City CHARLESTON	State WV	Zip Code 25301	

Outstanding Balance Beginning This Period 428.32	Transaction ID : D-41570	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 428.32

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>FEATHER LARSON SYNHORST-DCI</b>			Nature of Debt (Purpose): FUNDRAISING CALLS FROM 10/31/2004
Mailing Address 7320 N DREAMY DRAW DR			
City PHOENIX	State AZ	Zip Code 85020-5314	

Outstanding Balance Beginning This Period 7119.20	Transaction ID : D-41571	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7119.20

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>FIBERNET-CHARLESTON</b>			Nature of Debt (Purpose): VICTORY FIELD OFFICE PHONE ACCT.26417
Mailing Address 211 LEON SULLIVAN WAY			
City CHARLESTON	State WV	Zip Code 25301-2408	

Outstanding Balance Beginning This Period 872.87	Transaction ID : D-40748	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 872.87

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	8420.39
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 42 OF 45
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**WEST VIRGINIA REPUBLICAN PARTY, INC.**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>FIBERNET-CHARLESTON</b>		Nature of Debt (Purpose): PHONES FOR 110 CAPITOL ST. OFFICE	
Mailing Address 211 LEON SULLIVAN WAY			
City CHARLESTON	State WV	Zip Code 25301-2408	

Outstanding Balance Beginning This Period	Transaction ID : D-41563	
<input type="text" value="1744.90"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1744.90"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>KOMAX BUSINESS SYSTEMS</b>		Nature of Debt (Purpose): INCORRECT DEBT PREVIOUSLY REPORTED7/05	
Mailing Address 500 D ST			
City SOUTH CHARLESTON	State WV	Zip Code 25303-3110	

Outstanding Balance Beginning This Period	Transaction ID : D-40751	
<input type="text" value="1.95"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1.95"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>KOMAX BUSINESS SYSTEMS</b>		Nature of Debt (Purpose): COPIER SERVICE AND PARTS PAST DUE 10/04	
Mailing Address 500 D ST			
City SOUTH CHARLESTON	State WV	Zip Code 25303-3110	

Outstanding Balance Beginning This Period	Transaction ID : D-41567	
<input type="text" value="1960.01"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1960.01"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="3706.86"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 43 OF 45
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**WEST VIRGINIA REPUBLICAN PARTY, INC.**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>REGIONAL DISTRIBUTING CENTER</b>		Nature of Debt (Purpose): TONER AND CARTRIDGE FROM 4/1/05	
Mailing Address 872 S MILWAUKEE AVE			
City LIBERTYVILLE	State IL	Zip Code 60048-3227	

Outstanding Balance Beginning This Period <input type="text" value="369.85"/>	<b>Transaction ID : D-41566</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="369.85"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>STRATEGIC FUNDRAISING</b>		Nature of Debt (Purpose): INTEREST FROM 7/31/05	
Mailing Address 7591 9TH ST N			
City OAKDALE	State MN	Zip Code 55128-6626	

Outstanding Balance Beginning This Period <input type="text" value="135.77"/>	<b>Transaction ID : D-40589</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="135.77"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>STRATEGIC FUNDRAISING</b>		Nature of Debt (Purpose): INTEREST PER STATEMENT SUMMARY TODAY1/08	
Mailing Address 7591 9TH ST N			
City OAKDALE	State MN	Zip Code 55128-6626	

Outstanding Balance Beginning This Period <input type="text" value="689.32"/>	<b>Transaction ID : D-40749</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="689.32"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="1194.94"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 44 OF 45
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**WEST VIRGINIA REPUBLICAN PARTY, INC.**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>STRATEGIC FUNDRAISING</b>			Nature of Debt (Purpose): FUNDRAISING SERVICES FROM 11/15/04
Mailing Address 7591 9TH ST N			
City OAKDALE	State MN	Zip Code 55128-6626	

Outstanding Balance Beginning This Period	Transaction ID : D-40750	
<input type="text" value="5411.86"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="5411.86"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>STRATEGIC TELECOMMUNICATIONS</b>			Nature of Debt (Purpose): INTEREST ON STRATEGIC FUNDRAISING
Mailing Address 7591 9TH ST N			
City OAKDALE	State MN	Zip Code 55128-6626	

Outstanding Balance Beginning This Period	Transaction ID : D-40588	
<input type="text" value="1639.49"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1639.49"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>TCS TECHNOLOGY SERVICE</b>			Nature of Debt (Purpose): COMPUTER RENTAL FROM 10/30/2004
Mailing Address 4430 KANAWHA TPKE STE B			
City SOUTH CHARLESTON	State WV	Zip Code 25309-2122	

Outstanding Balance Beginning This Period	Transaction ID : D-40586	
<input type="text" value="927.31"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="927.31"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="7978.66"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 45 OF 45
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**WEST VIRGINIA REPUBLICAN PARTY, INC.**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>TCS TECHNOLOGY SERVICE</b>			Nature of Debt (Purpose): COMPUTER RENTAL FROM 9/30/2004
Mailing Address 4430 KANAWHA TPKE STE B			
City SOUTH CHARLESTON	State WV	Zip Code 25309-2122	

Outstanding Balance Beginning This Period <input type="text" value="506.32"/>	Transaction ID : D-40747	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="506.32"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>THE HERITAGE COMPANY, INC.</b>			Nature of Debt (Purpose): POSTAGE & COLLECTED REVENUES DUE FROM 2010
Mailing Address PO BOX 16325			
City LITTLE ROCK	State AR	Zip Code 72231-6325	

Outstanding Balance Beginning This Period <input type="text" value="15630.76"/>	Transaction ID : D-40590	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="15630.76"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>TIME WARNER CABLE</b>			Nature of Debt (Purpose): VICTORY FIELD OFFICE CABLE BILL FROM 4/05
Mailing Address PO BOX 580485			
City CHARLOTTE	State NC	Zip Code 28258-0485	

Outstanding Balance Beginning This Period <input type="text" value="135.00"/>	Transaction ID : D-41564	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="135.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="16272.08"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="54526.81"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="54526.81"/>