

**State of West Virginia Independent Expenditure Reporting Form**  
**In Relation to \_\_\_\_\_ Election Year**  
*(required in addition to regular campaign finance reports)*

Name of person making expenditure \_\_\_\_\_

**Person(s) sharing or exercising direction or control**

*"Persons sharing or exercising direction or control" means officers, directors, executive directors or their equivalent, partners, and in the case of unincorporated organizations, owners, of the entity or person making the disbursement for the electioneering communication.*

Name \_\_\_\_\_ Email \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_ Telephone \_\_\_\_\_

Name of the custodian of the books \_\_\_\_\_

Principal place of business and address (Only if the person making the expenditure is not an individual)

\_\_\_\_\_

**Type of Filing** (please choose one):

- \$1,000 single time/aggregate expenditure made within a calendar year
- \$500 or more expenditure for any county office or single-county judicial candidate within 15 days and before 12 hours of an election
- \$1,000 or more expenditure for any statewide, legislative or multi-county judicial candidate within 15 days and before 12 hours of an election
- \$10,000 or more anytime expenditure

**Independent Expenditures**

<p>Refers to:(candidate name) _____ <input type="checkbox"/> For <input type="checkbox"/> Against (please check one)</p> <p>Paid to: _____</p> <p>Amount of Expenditure: _____</p> <p>Date Expenditure was Made: _____</p> <p>Election Cycle:      <input type="checkbox"/> Primary      <input type="checkbox"/> General      <input type="checkbox"/> Special</p>
<p>Refers to: (candidate name) _____ <input type="checkbox"/> For <input type="checkbox"/> Against (please check one)</p> <p>Paid to: _____</p> <p>Amount of Expenditure: _____</p> <p>Date Expenditure was Made: _____</p> <p>Election Cycle:      <input type="checkbox"/> Primary      <input type="checkbox"/> General      <input type="checkbox"/> Special</p>
<p>Refers to: (candidate name) _____ <input type="checkbox"/> For <input type="checkbox"/> Against (please check one)</p> <p>Paid to: _____</p> <p>Amount of Expenditure: _____</p> <p>Date Expenditure was Made: _____</p> <p>Election Cycle:      <input type="checkbox"/> Primary      <input type="checkbox"/> General      <input type="checkbox"/> Special</p>

Add additional pages as necessary

**Contributors totaling more than \$250 from the previous calendar year to date  
whose contributions were made for the purpose of furthering the expenditure**

(as required by West Virginia Code §3-8-2(b) (1)(E))

Name of Contributor _____	Date the Contributor Exceeded \$250.00 ___ / ___ / ___
Address _____	
Occupation of Contributor (if applicable) _____	Employer _____
Employer Address _____	
Value of Contribution _____ Description of Contribution (if other than money) _____	
Is Contributor a PAC registered in West Virginia? _____	
Name of Contributor _____	
Date the Contributor Exceeded \$250.00 ___ / ___ / ___	
Address _____	
Occupation of Contributor (if applicable) _____	Employer _____
Employer Address _____	
Value of Contribution _____ Description of Contribution (if other than money) _____	
Is contributor a PAC registered in West Virginia? _____	
Name of Contributor _____	
Date the Contributor Exceeded \$250.00 ___ / ___ / ___	
Address _____	
Occupation of Contributor (if applicable) _____	Employer _____
Employer Address _____	
Value of Contribution _____ Description of Contribution (if other than money) _____	
Is contributor a PAC registered in West Virginia? _____	

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**OATH OR AFFIRMATION**

Add additional pages as necessary

I, \_\_\_\_\_, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement. I also swear or affirm that all expenditures listed were made using my own money, and that no money was received by any other individual, candidate, or committee.

<b>Office Use Only</b>
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Signature \_\_\_\_\_

Date \_\_\_\_\_, 20\_\_\_\_

This form must be received in the Secretary of State's Office prior to the close of business to be accepted on that date.