

State of West Virginia
INDEPENDENT EXPENDITURE FORM
In Relation to 2020 Election Year

*Required in addition to regular campaign finance reports under W. Va. Code §3-8-2(b)(1)

Person Making Expenditure: Republican State Leadership Committee-Judicial Fairness Initiative

Person(s) Sharing or Exercising Direction or Control:

Name: Mr. Austin Chambers **Email:** ac@rslc.gop **Phone:** (202) 448-5160
Name: _____ **Email:** _____ **Phone:** _____
Name: _____ **Email:** _____ **Phone:** _____

Custodian of the Books: Mr. Cabell Hobbs

Principal Place of Business and Address: (only required if not an individual)

Washington, DC, 1201 F Street, NW, Suite 675, Washington, DC, 20004

Type of Filing:

- \$5,000 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
- \$5,000 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

Refers to: (candidate name) <u>Mr. Richard Forlani Neely</u>		Election Year: <u>2020</u>	
<input type="checkbox"/> In Support of Candidate		<input checked="" type="checkbox"/> In Opposition of Candidate	
Paid to: <u>REVOLUTION MEDIA GROUP, 500 MONTGOMERY STREET, #260, ALEXANDRIA, VA, 22314-1657</u>			
Amount of Expenditure: <u>\$172124.00</u>		Date of Expenditure: <u>05/26/2020</u>	
Election Cycle: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special			
Refers to: (candidate name) _____		Election Year: _____	
<input type="checkbox"/> In Support of Candidate		<input type="checkbox"/> In Opposition of Candidate	
Paid to: _____			
Amount of Expenditure: _____		Date of Expenditure: _____	
Election Cycle: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special			
Refers to: (candidate name) _____		Election Year: _____	
<input type="checkbox"/> In Support of Candidate		<input type="checkbox"/> In Opposition of Candidate	
Paid to: _____			
Amount of Expenditure: _____		Date of Expenditure: _____	
Election Cycle: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special			

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

Name of Contributor: <u>REPUBLICAN STATE LEADERSHIP COMMITTEE</u>	Date Contributor Exceeded \$250: <u>05/26/2020</u>
Address: <u>REPUBLICAN STATE LEADERSHIP COMMITTEE, 1201 F STREET, NW, STE. 675, WASHINGTON, DC, 20004</u>	
Occupation and Employer of Contributor: (if applicable) _____	
PAC Name and Address: (if applicable) _____	
Value of Contribution: <u>\$172,124.00</u>	Description of Contribution: (if other than money) _____
Name of Contributor: _____	
Date Contributor Exceeded \$250: <u> / /</u>	
Address: _____	
Occupation and Employer of Contributor: (if applicable) _____	
PAC Name and Address: (if applicable) _____	
Value of Contribution: _____	Description of Contribution: (if other than money) _____
Name of Contributor: _____	
Date Contributor Exceeded \$250: <u> / /</u>	
Address: _____	
Occupation and Employer of Contributor: (if applicable) _____	
PAC Name and Address: (if applicable) _____	
Value of Contribution: _____	Description of Contribution: (if other than money) _____

OATH OR AFFIRMATION

I, Mr. Cabell Hobbs, 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 not made in cooperation, consultation, or concert, with, or at the request or suggestion of, any candidate or any authorized committee or agent of such candidate.

Date: 5/27/2020 2:45 PM