State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2016 Election Year

IF YOUR ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES," YOU CANNOT USE THIS FORM. YOU MUST USE THE LONG FORM (FORM F-7) TO FILE YOUR CAMPAIGN FINANCE REPORT.

- 1. Has your committee received any loans?
- 2. Has your committee held any fundraisers?
- 3. Has your committee received any miscellaneous receipts, such as refunds or checking account interest?
- 4. Does your committee have any unpaid bills?
- 5. Have you or anyone else given an in-kind contribution to your campaign?
- 6. Has your committee given or received a transfer of excess campaign funds?

Non-Election Cycle Reporting Period:		rt Due In Calendar Ye urday in March or within 6 er	ar	Zero balance required. PAC must also file Form F-6 Dissolution
Due March 26 - April 1, 2016 General - First Report Due September 26 - 30, 2016	Due April 25 - 29, 2016 Pre-General Report Due October 24 - 28, 2016	Due May 23 - June 21 Post-General Rep Due Nov. 21 - Dec. 19	oort	Amended Report You must also check box of appropriate reporting period Final Report
Primary - First Report	Reporting Period (che	Post-Primary Repo	J	eck if Applicable:
WV Nouse of 1		City, State, Zip Code Rich WODd	Daytim: 0.364	Phone # 618 9096
Political Party (for candidates) WV Mountain Party		Treasurer's Mailing Address (Street, Route or P.O. Box)		
Candidate or Committee Name Rarbara Dahlels		Barbara Daviels		

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

		_
Beginning Balance (ending balance from previous report) 1.	00	TOTAL CONTRIBUTIONS
Total Contributions (from Page 2) 2.	+ 0B	ELECTION YEAR-TO-DATE (Add line 2 from all reports)
, , , , , , , , , , , , , , , , , , , ,		60
Subtotal (lines 1+2) 3.	= 00	TOTAL EXPENDITURES
Total Expenditures (from Page 2) 4.	00	ELECTION YEAR-TO-DATE (Add line 4 from all reports)
Ending Balance (lines 3-4)	= O-O	00
*Cannot have a neg	ative ending balance	

CONTRIBUTORS OF:

\$250 or Less

More than \$250

	7 =			+===	
Date	Full Name	Amount	Date		Amount
				Full Name: Address:	
	1/18			Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
	74/7			Full Name: Address:	
	/ 	Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)			
				Full Name: Address:	
			1	Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
	-			Full Name: Address:	
			1	Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
		•	<u> </u>	Total Contributions: (add both columns)	
	ITEMIZED EXPEN	DITURES (Item	nize 3ı	d party expenditures/reimbursements	i)
Date	Full name, residence address (i	f person); business a	address	(if firm) Purpose	Amount
	NÃ		_		
		_			
	AS MANY COPIES IS PAGE AS YOU NEED.			Total Expenditures:	
stater	nent, as required by West Virg	ginia Code §3-8	, s	FIRMATION wear or affirm that the attached stateme ansactions occurring within the period co	ent is true and overed by this
/	May 23 , 20 ps			Signature of Candidate, Agen	
Date_	May 23 20 p	<u>6</u> .		JAIS 40 MAISA)	<u> </u>
	l			Office Use Only	, 2002 , 2016 ,
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				Received By:	

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WV Secretary of State Elections Division 1900 Kanawha Blwd. East Building 1, Suite 157-K Charleston, WV 25305

Campaign Financial.

Statement