## 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?

		rt Due InCalendar Year urday in March or within 6 er		Zero balance required PAC must also file Form F-6 Dissolution
Primary - First Report Due March 26 - April 1, 2016  General - First Report Due September 26 - 30, 2016	Pre-Primary Report Due April 25 - 29, 2016  Pre-General Report Due October 24 - 28, 2016	Post-Primary Report Due May 23 - June 21, 2016  Post-General Report Due Nov. 21 - Dec. 19, 2016		Amended Report You must also check box of appropriate reporting period Final Report
	Reporting Period (che		Che	eck if Applicable:
Office Sought (for candidat	="	City, State, Zip Code WHEEL (Ni) WV 2600		
Political Party (for candidat RCPvGъし	· Ž	Treasurer's Mailing Address (Street, 3 mルレス PC	- A C	.6
RYAN J.	FERNS	RICHARD A. LU	CAJ	
Candidate or Committee Na	me	Candidate or Committee's Treasurer		

## REPORT TOTALS

(Fill in totals after you have completed page 2)

## **CASH BALANCE SUMMARY**

Beginning Balance (ending balance from previous report)	1.		Ō	TOTAL CONTRIBUTIONS
Total Contributions (from Page 2)	2.	+	$\Diamond$	ELECTION YEAR-TO-DATE (Add line 2 from all reports)
Subtotal (lines 1+2)	3.	=	0	TOTAL EXPENDITURES
Total Expenditures (from Page 2)	4.	_	0	ELECTION YEAR-TO-DATE (Add line 4 from all reports)
Ending Balance (lines 3-4)		=	0	0
*Cannot have a r	nega	tive e	nding balance	<del>'</del> ,

## **CONTRIBUTORS OF:**

\$250 or Less

More than \$250

	\$250 or Less			More than \$250	
Date	Fuil Name	Amount	Date		Amount
				Full Name: Address:	
			1	Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
				FullName: Address:	
			-	Contributor's Job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
				Full Name: Address:	
		_		Contributor's lob: (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)	<del></del>
				(add both columns)	
	ITEMIZED EXPEND	OITURES (Item	nize 3	rd party expenditures/reimbursements	)
Date	Full name, residence address (If	f person); business	address	(if firm) Purpose	Amount
1				·	
				1	
		<u> </u>			
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MAKE A	S MANY COPIES			Total Expenditures:	0
OF THIS	PAGE AS YOU NEED.				
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. 1-	RICHARD A L	してのよ		and a section that the attached statemen	ont is true an
1,	to the heat of my knowled	go of all finar		swear or affirm that the attached statemeransactions occurring within the period co	overed by thi
correct, ctatema	, to the best of my knowled ent, as required by West Virg	ge, or air iinan rinia Code 83-4	ıcıaı (( 8 <b>-</b> 5a.	ansactions cocurring within the period of	by 411
Stateme		Jilia 6000 30 (	<i>y</i>		
/	12/21 A		=	Signature of Candidate, Agen	t or Treasure
		,		<del>-</del>	, or 11000010
Date	JULY 26, 20/	<u>6</u> .		SPRE OF MERNANDAM	
				AMORIA ISTA 10 STATE	
				2016 JUL 26 PM 4:31	ı
				Received By:	