## 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 tra	ansfer of excess campaign funds?							
	Treasurer's Mailing Ad  LOOG - AT  t/Division City, State, Zip Code	Candidate or Committee's Treasurer  Color Committee's Treasurer  Treasurer's Mailing Address (Street, Route or P.O. Box)  City, State, Zip Code  Daytime Phone #						
Election Cycle Reporting Period (check one):  Primary - First Report Due March 26 - April 1, 2016  General - First Report Due September 26 - 30, 2016  Pre-General Report Due October 24 - 28, 2016  Non-Election Cycle Reporting Period:  Annual Report Due In Calendar Year Due last Saturday in March or within 6 days thereafter  Check if Applicable:  Amended Report You must also check box of appropriate reporting period Final Report Zero balance require PAC must also file Form F-6 Dissolution								
CASH BALANCE SUMMARY								
Beginning Balance (ending balance from previous report) 1.	0	TOTAL CONTRIBUTIONS						
Total Contributions (from Page 2) 2.	+	ELECTION YEAR-TO-DATE (Add line 2 from all reports)						

Beginning Balance (ending balance from previous report)	1.		0		
Total Contributions (from Page 2)	2.	+	0		
Subtotal (lines 1+2)	3.	=	0		
Total Expenditures (from Page 2)	4.	_	0		
Ending Balance (lines 3-4)		=	Ø	·	
*Cannot have a negative ending balance					

	TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)
	0
	TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)
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## CONTRIBUTORS OF:

\$250 or Less

## More than \$250

Date	Full Name	Amount	Date			Amount					
				Full Name: Address:							
				Contributor's job: (Individu Where contributor works: Affiliation: (Political commi							
				Full Name: Address:							
				Contributor's job: (Individu Where contributor works: Affiliation: (Political comm							
				Full Name: Address:							
				Contributor's job: (Individu Where contributor works: Affiliation: (Political comm							
				Full Name: Address:							
				Contributor's job: (Individu Where contributor works: Affiliation: (Political comm	ual) : (Individual) :ttoo)						
	Total Contributions: (add both columns)  ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)										
Date	Full name, residence address (if person				Purpose	Amount					
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	I AS MANY COPIES IS PAGE AS YOU NEED.			7	Total Expenditures:	B					
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