## State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2012 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?

Candidate or Committee Name	Candidate o <del>r Committee's Treasurer.</del>				
Karl Paul	Karllaul				
Political Party (for candidates)	Treasurer's Mailing Address (Street, Route or P.O. Box)				
Democrat	1,0,00× 452				
Office Sought (for candidates) District/Division	3/1/99				
House of Delegates 6	Middle bourne NV (304)758-0458				
Election Cycle Reporting Period (chemotric Primary - First Report Due April 23-27, 2012  General - First Report Due Sept. 24-28, 2012  Pre-general Report Due Oct. 22-26, 2012					
	port Due In Calendar Year Zero balance re- caturday in March or within 6 quired.				
REPORT TOTALS					

(Fill in totals after you have completed page 2)

## **CASH BALANCE SUMMARY**

Beginning Balance (ending balance from previous report)	1.	\$0.00		
Total Contributions (from Page 2)	2.	+ \$487.56		
Subtotal (lines 1+2)	3.	= 9487,56		
Total Expenditures (from Page 2)	4.	- \$ 487,56		
Ending Balance (lines 3-4)		= \$ 0.00		
*Cannot have a negative ending balance				

**TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE** (Add line 2 from all reports)

TOTAL EXPENDITURES **ELECTION YEAR-TO-DATE** (Add line 4 from all reports)

## **CONTRIBUTORS OF:**

\$250 or Less

5	,======================================			More than \$250
Date	Full Name	Amount	Date	Amount
				Full Name: Karlheinz H. Paul Address: P.O. BOX 155 WV 2014 Contributor fob (Individual) WV 2014 Where contributor works: (Individual) WV 2014R T Affiliation: (Political committee) Democrat
				Full Name: Address:
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)
				Full Name: Address:
-				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)
				Full Name: Address:
				Contributor's job: (Individue!) Where contributor works: (Individual) Affiliation: (Political committee)
Check	if additional pages have tached.		<u></u> -	Total Contributions: \$487.56
occn u				
Date	Full name, residence address (if p	DITURES (Item	ze 3rd	d party expenditures/ reimbursements)
	manie, residence address (ii p	berson); business add	ress (if f	firm) Purpose Amou
	-			
AKE AS MA	NY COPIES			
THIS PAG	E AS YOU NEED.			Total Expenditures:
		OATH OF	AFF	IRMATION
	hcihz H. Pau to the best of my knowle s required by West Virgi			, swear or affirm that the attached statement is tansactions occurring within the period covered by
Jan.	ldein 91. Pa	ul		———— Signature of Candidate, Agent, or Treasu
ite_ <i>A</i> _p	2)/2,20_1	<u>_</u>		
·				Office Use Only
				Received By:

K. H. PAUL P.O. BOX452 Middlebourne, WV 26149

CLANKSENERS WY JAS

THE MAINTENANCE OF THE PARTY OF

West Virginia Seeretaryof State Building 1, Suite 157 K 1900 Kanawha phd., East Charleston, WV 25305