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 or6. Has your committee given or received a train		?	
Candidate or Committee Name Committee Name Committee Name Committee Name Committee Name Political Party (for candidates) Office Sought (for candidates) District/D Election Cycle Reporting Period Pre-primary R Due March 31-April 6 2012 Due April 23-27	City, State, Zip Code Chiod (check one):	Daytime Phone #	
Due March 31-April 6,2012 Due April 23-27, 2012 Due May 21-June 19, 2012 Amended Report You must also check box of appropriate reporting Period: Post-general Report Due Nov 19-Dec 19, 2012 Annual Report Due In Calendar Year Due last Saturday in March or within 6 days thereafter Amended Report You must also check box of appropriate reporting Period Final Report Zero balance required. PAC must also file Form			
CASH BALANCE SUN Beginning Balance (ending balance from previous report) 1.	REPORT TOTALS n totals after you have completed pa MMARY	TOTAL CONTRIBUTIONS	
Total Contributions (from Page 2) 2. +	# 20 -	ELECTION YEAR-TO-DATE (Add line 2 from all reports)	
Subtotal (lines 1+2) 3. =	# 10 -		

TOTAL EXPENDITURES

ELECTION YEAR-TO-DATE

(Add line 4 from all reports)

Total Expenditures

(from Page 2)

Ending Balance (lines 3-4)

4.

*Cannot have a negative ending balance

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Amount	
1/20	WINTER TOLL	120W		Full Name: Address:	
.,,,,,	TWO SO I SHE	//W1		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)	
		1		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)	
Check if additional pages have (add both columns) been atached.					
ITEMIZED EXPENDITURES (Itemize 3rd pary expenditures/ reimbursements)					
Date	Full name, residence address (if person);	business add	ress (if	f firm) Purpose Amount	
30	130 Tiling Foe W 505		Filing fee WISOS 400		
	0				
MAKE	AS MANY COPIES				
	S PAGE AS YOU NEED.			Total Expenditures:	
OATH OR AFFIRMATION					
I. Slove W. Shum - , swear or affirm that the attached statement is true					
and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this statement, as required by West Virgina Code §3-8-5a.					
Signature of Candidate, Agent, or Treasurer					
Data	nilla Tala		_	Signature of Calididate, Agent, of Treasur	
vale_	2010)		Office Use Only	
				51:31.7 5-73/797	
				Received By:	

Notalie E Tennant Wil Secretary of State 1900 Panawla Bulevard East Philding 1, Suite 157-K 088 88 0M Gild Johnson Geron Gridge W Derlit Jeetion Division # H.