## 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?

Candidate or Committee N	lame	excess campaign funds?						
I Teresa Wa	Uls	Candidate or Committee's Treasurer						
Political Party (for candida Regulation of Cardida Office Sought (for candida	tes) District/Division	Treasurer's Mailing Address (Street, Route or P.O. Box)  203 Valley Ave  City, State, Zip Code Daytime Phone #						
Delegate to RNC	- At-Large	1St Albans WV a5177	3045522282					
Election Cycl Primary - First Report Due March 31-April 6,2012  General - First Report Due Sept. 24-28, 2012	Pre-general Report Due Oct. 22-26, 2012	Post-primary Report Due May 21-June 19, 2012  Post-general Report Due Nov 19-Dec 19, 2012	Check if Applicable:  Amended Report You must also check box of appropriate reporting period  Final Report					
Non-Election Cycle Reporting Period:	Zero balance required. PAC must also file Form							
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)		+ \$20.00		
Subtotal (lines 1+2)	3.	=\$20.00		
Total Expenditures (from Page 2)	4.	- 20.ºb		
Ending Balance (lines 3-4)		$= \bigcup_{i} \circ \circ \circ$		
*Cannot have a negative ending balance				

TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)
\$ 20.00
TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)
\$ 20.00

## **CONTRIBUTORS OF:**

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Amount					
1/28	Teresa Ann Walls	\$20.00		Full Name: Address:					
	TO COULT IN WALLS	wao.		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: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)					
				Full Name: Address:					
				Contributor's job: (Individu Where contributor works: Affiliation: (Political comm	Contributor's job: (Individual) Vhere contributor works: (Individual) rfiliation: (Political committee)				
	Check if additional pages have  Total Contributions: 20 00 (add both columns)				20 W				
	peen atached.			(add bott	i columns, i				
	ITEMIZED EXPENDITUI	RES (Item	ize 3r	d parv expenditure	es/ reimburs	ements)			
Date	Full name, residence address (if person)			<u> </u>	Purpose		Amount		
1/28	8 Teresa Ann Walls, 203 Valley Ave St Albans WV 2517				Filing fee		20 D		
	<u> </u>	7/10		ACCUTE WAY COLOR	<del>' ' ' '</del>				
	AS MANY COPIES			!	otal Expend	litures: (2)	N (1)		
OF THI	S PAGE AS YOU NEED.			<u></u>			0.90		
		OATH O	R AFF	FIRMATION					
ı	Teresa Walls			swear or affirm th	ant the ottant	and statem	ant is true		
I,, 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 Virginia Code §3-8-5a.									
1									
-(	Thresa Malls			Signature	of Candidate	e, Agent, or	Treasurer		
Date_	-				1 2 5				
	Office Use Only								
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	73 :01 MI 192 ME 193 ME								
				Danie	ved By:				

Teresa walls absualley Ave St Albans WV 25177

Nest Virginia Secretary of State Building 1, Suite 157-K 1900 Karawha Blvd. East Charleston, NV 25305