## 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?

<ul><li>5. Have you or anyone else given an in-k</li><li>6. Has your committee given or received</li></ul>	ind contribution	n to your campaign? xcess campaign funds?	,			
Candidate or Committee Name Stephen L. Onnoll	Candidate or Committee's Treasurer  Staphu R. (Mno)					
Political Party (for candidates)	Treasurer's Mailing Address (Street, Route or P.O. Box)					
Republican	1546 Thistlewood cincle					
Office Sought (for candidates) Dist	City, State, Zip Code Daytime Phone #					
Delegate to Nat' Conventin	2	Hurricane WV 25524 304.757-1941				
		Post-primary F  Due May 21-June  Post-general F	Check if Applicable:  Amended Report You must also check box of appropriate			
Due Sept. 24-28, 2012	Due Nov 19-Dec	19, 2012	reporting period Final Report			
Non-Election Cycle Reporting Period:	rt Due In Calenda urday in March or withir ter		Zero balance required. PAC must also file Form			
CASH BALANCE  Beginning Balance	SUMMAR	X -				
(ending balance from previous report) 1.		$\varphi$	TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)			
Total Contributions (from Page 2) 2.	+	$\emptyset$				
Subtotal (lines 1+2) 3.	=	$\varnothing$	ТОТ	TAL EXPENDITURES		
Total Expenditures (from Page 2) 4.	_	0	ELECTION YEAR-TO-DATH (Add line 4 from all reports)			
Ending Balance (lines 3-4)	=			\$100		
*Cannot have a negat						

## **CONTRIBUTORS OF:**

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Amount					
				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: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)					
				Full Name: Address:					
				Contributor's job: (Individual) Where contributor works: (In Affiliation: (Political committe	contributor's job: (Individual) Vhere contributor works: (Individual) Affiliation: (Political committee)				
Check if additional pages have (add both columns)									
<i>\'</i>		OITURES (Item	ize 3ı	rd narv expenditures	/ reimburs	mente)			
Date	ITEMIZED EXPENDITURES (Itemize 3rd pary expendence and part expend			Purpose	inents)	Amount			
				-			-		
			-		<u> </u>				
MAKE	AS MANY COPIES		-		4-1 5	•4			
OF THI	S PAGE AS YOU NEED.			10	tal Expend	itures:			
OATH OR AFFIRMATION  I,									
<del></del>	Signature of Candidate, Agent, or Treas								
Date_	Hpn 1 25, 20/6		Office Use Only						
	Office use offing								
	2018 APR 26 AM 10: 20								
	Received By:								

CHARLESTON WY 250

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WV Secretary of State
Blob 1, Suite 157-K
1900 Kanawha Blud E
Charleston, WV 25305-0770

Stephen J. Connolly 1546. Thistlewood Circle Hurricane, WV 25526