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 Jean K. Jacobs Political Party (for candidates) Republican		Candidate or Committee's Treasurer N/A Treasurer's Mailing Address (Street, Route or P.O. Box)			
	Reporting Period (che Pre-primary Report Due April 23-27, 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 Re- porting Period:		ort Due In Calendar Year turday in March or within 6 fter	Zero balance required. PAC must also file Form		

(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.	\$ 0.00 +
Subtotal (lines 1+2)	3. ·	= \$ 0.00
Total Expenditures (from Page 2)	4.	\$ 0.00
Proling Balange (line 3-1)		= \$ 0.00
*Cannot have a neg	ativ	e ending balance

TOTAL CONTRIBUTIONS
ELECTION YEAR-TO-DATE
(Add line 2 from all reports)
200

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

\$ 0.00	
1	

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)	ual)			
				Full Name: Address:				
				Contributor's job: (Individual) Where contributor works: (Individ Affiliation: (Political committee)	vorks: (Individual)			
				Full Name: Address:				
				Contributor's job: (Individual) Where contributor works: (Individ Affiliation: (Political committee)	vidual) ks: (Individual) mmittee)			
				Full Name: Address:				
				Contributor's job: (Individual) Where contributor works: (Individ Affiliation: (Political committee)	iual)			
	Check if additional pages have been atached.			Total Contribu (add both colu	tions: umns)			
	ITEMIZED EXPENDITE	JRES (Item	nize 3	rd pary expenditures/ re	imburse	ements)		
Date	Full name, residence address (if perso	n); business ad	dress (if	firm)	Purpose		Amount	
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			=					
								
MAKE	AS MANY COPIES			<u> </u>				
	IS PAGE AS YOU NEED.			lotal	Expend	itures:		
		OATH C	RAF	FIRMATION				
Ioo	n V Jacoba							
'; <u></u>	n K. Jacobs orrect, to the best of my knowledg	e of all fina	ncial	, swear or affirm that the				
	ment, as required by West Virginia			transactions occurring with	11111 ti 10 p	701104 00101	, ou by time	
	$\nu \cap \nu$							
-/*	27-Apr 20 12			Signature of C	andidate	e, Agent, or	Treasurer	
Date_	27-Apr 20 12				S76	0.1.		
				0	Office Use	Only		
				Se Spanish Z-	ININ	7		



Jean K. Jacobs 1141 Steamboat Run Rd. Shepherdstown, WV 25443-4132

W Sheutay of State
Building / Shite 157-K
1980 Kanamha Bud East
Charleston, W 35305
2530550