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?

REPORT TOTALS (Fill in totals after you have completed page 2) CASH BALANCE SUMMARY								
Non-Election Cycle Re- porting Period:	Due last Satudays thereaft		Final Report Zero balance required. PAC must also file Form					
General - First Report Pr	orting Period (che e-primary Report e April 23-27, 2012 e-general Report e 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					
Political Party (for candidates) Office Sought (for candidates)	District/Division	DAILDS, W. 26036	Route or P.O. Box)					

Beginning Balance (ending balance from previous report)	1.		TOTAL CONTRIBUTIONS	
Total Contributions (from Page 2)	2.	+	ELECTION YEAR-TO-DATE (Add line 2 from all reports)	
Subtotal (lines 1+2)	3.	=		
Total Expenditures (from Page 2)	4.	-	TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)	
Ending Balance (lines 3-4)		=		
*Cannot have a neg	ativ	e ending balance		

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: (Individual) Affiliation: (Political committee)					
	Check if additional pages have been atached.			Total Contributions: (add both columns)					
	ITEMIZED EXPENDITUR	RES (Itemi	ze 3r	rd pary expenditures/ reimbursements)					
Date	Full name, residence address (#person);	business addr	ess (if f	firm) Purpose Amount					
			$\overline{}$						
MAKE	AC MANY CORUE								
	AS MANY COPIES S PAGE AS YOU NEED.			Total Expenditures:					
	OATH OR AFFIRMATION								
	DI 6.14								
and co	prect, to the best of my knowledge.	of all finance	cial tra	_, swear or affirm that the attached statement is true ransactions occurring within the period covered by this					
statem	ent, as required by West Virginia C	ode §3-8-5	a.	and a covered by this					
	Ω								
>-4-	011-22			Signature of Candidate, Agent, or Treasurer					
Date	<u>09 0 1 , 20 10 . </u>			Office Use Only					
				SS 101 8-17.17					
				5 6-4					

Received By:_

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