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-k6. Has your committee given or received						
Candidate or Committee Name	Candidate or Committee's Treasurer					
DUANE H. Zobrist I		NIN				
Political Party (for candidates)		Treasurer's Mailing Address (Street, Route or P.O. Box)				
Office Sought (for candidates) Dist	•			Daytime Phone #		
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 Pre-general Report Due Nov 19-Dec 19, 2012 Amended Report Due Nov 19-Dec 19, 2012 Check if Applicable Due May 21-June 19, 2012 Amended Report Doug Nov 19-Dec 19, 2012 Final Report Zero balance required. PAC must also file						
CASH BALANCE	Fill in totals afte	PORT TOTAL r you have complet Y				
Beginning Balance (ending balance from previous report) 1.		0		TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)		
Total Contributions (from Page 2) 2.	+	\bigcirc				
* Subtotal*				TOTAL EXPENDITURES		
(lines 1+2) 3.	=	0				
Total Expenditures (from Page 2) 4.	_	0		ELECTION YEAR-TO-DATI (Add line 4 from all reports)		

Ending Balance (lines 3-4)

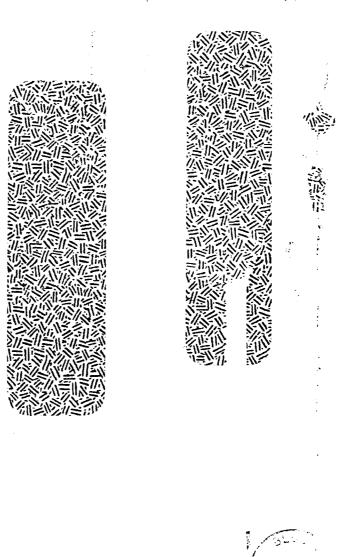
*Cannot have a negative ending balance

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Amount						
	t di ttario	- Arrount		Full Name: Address:						
	, Name and a second sec			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 Total Contributions: (add both columns)						7				
b	een atached.			·						
ITEMIZED EXPENDITURES (Itemize 3rd pary expenditures/ reimbursements)										
Date	Full name, residence address (if person); business add	iress (if	firm)	Purpose	Amount				
		·								
	AS MANY COPIES S PAGE AS YOU NEED.			•	Total Expenditures:	A				
		OATH O	R AF	FIRMATION						
70/00/4f										
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.										
(
				Signature	e of Candidate, Agent,	or Treasurer				
Date 11/4 2				7.13.4S						
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				Pacai	ved Rv					



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