## 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?

Gary Eugene Holstein	Candidate or Committee's Treasurer Gary Eugene Holstein				
Political Party (for candidat Democrat	Treasurer's Mailing Address (Street, Route or P.O. Box) 4920 Elk River Road South, Elkview, W. V. 25071				
Office Sought (for candidat	City, State, Zip Code Da			aytime Phone #	
House of Delegates	35	Elkview	WV	25071	(304) 965-9941
Election Cycle 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-p Due Ma	rimary Report y 21-June 19, 20 eneral Report y 19-Dec 19, 201	12	Check if Applicable:  Amended Report You must also check box of appropriate reporting period  Final Report
Non-Election Cycle Reporting Period:	1 1	rt Due In urday in March o ter			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)		\$ 0.00			
Total Contributions (from Page 2)		\$ 0.00 +			
Subtotal (lines 1+2)	3.	= \$ 0.00			
Total Expenditures (from Page 2)		\$ 0.00 -			
Ending Balance (lines 3-4)		= \$ 0.00			
*Cannot have a negative ending balance					

ELECTION YEAR-TO-DATE
(Add line 2 from all reports)
\$ 0.00
TOTAL EXPENDITURES ELECTION YEAR-TO-DATE
(Add line 4 from all reports)
\$ 0.00

## CONTRIBUTORS OF:

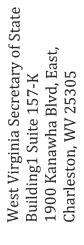
\$250 or Less

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)				
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		overeinterent de constant de c		Full Name: Address:				
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)				
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	ITEMIZED EXPENDITU	RES (Item	ize 3ı	rd pary expenditure	s/ reimburs	sements)	<del>ada escolario e primoria</del> della escolario del	
Date	Full name, residence address (if person)	Full name, residence address (if person); business address (if firm)		firm)	Purpose	Amount		
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	AS MANY COPIES IS PAGE AS YOU NEED.			· 1	Гotal Expen	ditures:	\$ 0.00	
		OATH O	R AF	FIRMATION				
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		9/1	1	and support the support of the suppo				
	anglagens.	Moley	ler	Signature	e of Candida	te, Agent,	, or Treasurer	
Date 25-May , 20 12								
Office Use Only								
				20:00	47 <b>6</b> 7 AVI	7.0		
				Receiv	ved By:			

Gary E Holstein 3803 SE Kanawha Ave Charleston, WV 25304

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