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?

Candidate or Committee Name		Candidate or Committee's Treasurer						
Michelle Wish	ere	Michelle Wilshere						
Political Party (for candidates)		Treasurer's Mailing Address (Street, Route or P.O. Box)						
Kepublican		459 17th Street						
Office Sought (for candidates)	District/Division		aytime Phone #					
Delegate to RNC	H+-Large	Donbar, WV 25064	304-768-7343					
	Election Cycle Reporting Period (check one):							
General - First Report	Pre-primary Report Due April 23-27, 2012 Pre-general Report	Post-primary Report Due May 21-June 19, 2012 Post-general Report	Check if Applicable: Amended Report You must also check box of appropriate					
Non-Election Cycle Reporting Period:	Annual Repor Due last Satu days thereaft	t Due In Calendar Year urday in March or within 6 er	reporting period Final Report 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			
Total Contributions (from Page 2)	2.	.+	0			
Subtotal (lines 1+2)	3.	=	0			
Total Expenditures (from Page 2)	4.	-	0			
Ending Balance (lines 3-4)		=	0			
*Cannot have a negative ending balance						

TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)
20
TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)
20

CONTRIBUTORS OF:

\$250 or Less

More than \$250

				iviore than \$.	250			
Date	Full Name	Amount	Date	Amount				
				Full Name: Address:				
			1	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:	Name:			
				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)				
Che	ck if additional pages have			Total Contributio	ns:	,		
been	atached.							
	ITEMIZED EXPENDI	TURES (Item	ize 3r	d pary expenditures/ reim	bursement	:s)		
Date	Full name, residence address (if pen	son); business add	dress (if t	irm) Purr		Amount		
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	MANY COPIES							
OF THIS PA	AGE AS YOU NEED.	·		Total Exp	enditures:	,		
		OATH O	R AFF	IRMATION	•			
	Michalle Wilsh	_						
·	ct, to the best of my knowled	re of all finan	oial tr	, swear or affirm that the a	ttached sta	tement is true		
tatement	, as required by West Virgini	a Code §3-8-	5a.	ansactions occurring within t	ne period c	overed by this		
	Willell. Inch							
	Caure Colo	yen		Signature of Cand	idate, Agen	t, or Treasurer		
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Dunbar, WY 25064

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