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	Candidate or Committee's Treasurer			
Drane Shater	Diane Shafer			
Political Party (for candidates)	Treasurer's Mailing Address (Street, Route or P.O. Box)			
Office Sought (for candidates) District/Division よう	City, State, Zip Code Daytime Phone # Williamson WV 35661 4000			
Election Cycle Reporting Period (che 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	Ck one): 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			
	rt Due In Calendar Year urday in March or within 6 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)	1.	100	TOTAL CONTRIBUTIONS		
Total Contributions (from Page 2)	2.	+ 6	ELECTION YEAR-TO-DATE (Add line 2 from all reports)		
Subtotal (lines 1+2)	3.	= 6	TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)		
Total Expenditures (from Page 2)	4.	- 100			
Ending Rolongs			100		
Ending Balance (lines 3-4)					
*Cannot have a negative ending balance					

CONTRIBUTORS OF:

\$250 or Less

More than \$250

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Date	Full Name	Amount	Date	Amount				
		410000000000000000000000000000000000000		Full Name: Address:				
	·		_	Contributor's job: (Individ Where contributor works:	ual) /Individual\			
				Affiliation: (Political committee)				
				Full Name: Address:				
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)				
	N. C.			Full Name: Address:				
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)				
				Full Name: Address:				
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	ITEMIZED EXPENDIT	TURES (Iter	nize 3	rd pary expenditur	es/ reimbursements)			
Date	Full name, residence address (if pers	on); business ac	dress (if	firm)	Purpose	Amount		
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		OATH C	OR AF	FIRMATION				
l,	Diane Shafer			_, swear or affirm t	hat the attached state	ment is true		
and co	prect, to the best of my knowled	ge, of all fina	ancial t	ransactions occurring	ng within the period co	vered by this		
statem	nent, as required by West Virgini	a Code §3-8	3-5a.					
	on oshle					<u> </u>		
Date_ 6-15 ,20_12.			Signatur	Signature of Candidate, Agent, or Treasurer				
Date6, 20			AND					
					Office Use Only	0000		
				Office Use Only				
			CON No.					

Received By:_



Ms. Diane Shafer 114 W 2nd Ave Williamson, WV 25661

TO THE STORY BY I.E.



Secretary of State
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