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.

Candidate or Committee's Treasurer

- 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 Na Johngrass Campaign	me	Candidate or Committee's Treasurer Judy A. Johngrass			
Political Party (for candidates) Republican		Treasurer's Mailing Address (Street, Route or P.O. Box) 152 Central Drive			
Office Sought (for candidate RNC Delegate	District/Division	City, State, Zip Code West Hamlin WV 25571	(304) 824-2878		
Election Cycle Primary - First Report Due March 31-April 6,2012 General - First Report Due Sept. 24-28, 2012	Reporting Period (che Pre-primary Report Due April 23-27, 2012 Pre-general Report Due 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 Final Report		
Non-Election Cycle Reporting Period:	Annual Repo Due last Sa days therea	Zero balance required. PAC must also file For			
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KEPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

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Beginning Balance (ending balance from previous report)	1.		0	
Total Contributions (from Page 2)		+	0	
Subtotal (lines 1+2)	3.	=	0	
Total Expenditures (from Page 2)		-	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)

TOTAL EXPENDITURES **ELECTION YEAR-TO-DATE** (Add line 4 from all reports)

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CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Amount				
	<u> </u>			Full Name: Address:				
			-	Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	Contributor's job: (Individual) Vhere contributor works: (Individual) Affiliation: (Political committee)			
				Full Name: Address:				
			1	Contributor's job: (Individual) Where contributor works: (Indivi Affiliation: (Political committee)	ributor's job: (Individual) re contributor works: (Individual)			
	-			Full Name: Address:				
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	Check if additional pages have			Total Contribu	utions:		0	
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•	ITEMIZED EXPENDITU	JRES (Iten	nize 3:	rd pary expenditures/ re	eimburse	ements)		
Date	Full name, residence address (if persor				Purpose		Amount	
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	nent, as required by West Virginia				•		•	
	01201						_	
	Judy a. Jonnarass			Signature of (Candidate	e, Agent, or	Treasurer	
Date July 19, 20 12.			Office Use (Only:				
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