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?

Election Cycle Reporting Period (check one): Primary - First Report Pre-primary Report Pre-primary Report Check	
NATIONAL CONTENTION DELEGATE FAIMON, WV 26 SEY 6 Election Cycle Reporting Period (check one): Primary - First Report Pre-primary Report Check Chec	
Primary - First Report Pre-primary Report Post-primary Report Check	
General - First Report Due Sept. 24-28, 2012 Pre-general Report Due Nov 19-Dec 19, 2012 Post-general Report Due Nov 19-Dec 19, 2012 Final Report Due In Calendar Year Due last Saturday in March or within 6	if Applicable: mended Report ou must also check ox of appropriate porting period nal Report iro balance re- iired. AC 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.	·	-6-		
Total Contributions (from Page 2)	2.	+	6		
Subtotal (lines 1+2)	3.	=	8		
Total Expenditures (from Page 2)	4.	1	6		
Ending Balance (lines 3-4)		=	-0-		
*Cannot have a negative ending balance					

TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)
4
TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)
-0

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)				
				Full Name: Address:		-		
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) Full Name: Address:				
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(Check if additional pages have			Total Cor (add bot	ntributions: h columns)		0	
	been atached.			·				
	ITEMIZED EXPENDIT	URES (Iter	nize 3	rd pary expenditur	es/ reimburs	ements)		
Date				firm)	Purpose		Amount	
Ì								
								
	AS MANY COPIES				Total Expend	titures:	be	
OF TH	IS PAGE AS YOU NEED.				TOTAL EXPERI	Littures.		
		OATH (OR AF	FIRMATION				
,	ANDRAL SABAK			_, swear or affirm t	that the attac	had stator	mont in true	
	orrect, to the best of my knowledg nent, as required by West Virginia	e, of all fina	ancial t	ransactions occurri	ng within the p	period cov	ered by this	
	A 1. 1 S. 1							
	Ardred Satal July 19 20/2			Signatur	e of Candidat	e, Agent, o	or Treasure r	
Date_	July 19 20/2					·		
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	19:10:00							
Received By:								

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