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?

CASH BALANCE SUMMAR							
REPORT TOTALS (Fill in totals after you have completed page 2)							
	t Due In Calendar Year irday in March or within 6 er	Final Report Zero balance required. PAC must also file Form					
General - First Report Due Sept. 24-28, 2012 Due April 23-27, 2012 Due April 23-27, 2012 Pre-general Report Due Oct. 22-26, 2012	Post-general Report Due Nov 19-Dec 19, 2012	You must also check box of appropriate reporting period					
Election Cycle Reporting Period (chec	Post-primary Report	Check if Applicable:					
NATIONAL CONVENTION DELEGATE		612-4520					
Political Party (for candidates) REPUBLICIN Office Sought (for candidates) District/Division V	Treasurer's Mailing Address (Street, F OUTWOK City, State, Zip Code	Paytime Phone #					
Candidate or Committee Name ANDRW SABAK	Candidate or Committee's Treasurer						

Beginning Balance (ending balance from previous report)	1.		6		
Total Contributions (from Page 2)	2.	+	0		
Súbtotal (lines 1+2)	3.	=	-6-		
Total Expenditures (from Page 2)	4.	-	A		
Ending Balance (lines 3-4)		=	0		
*Cannot have a negative ending balance					

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

CONTRIBUTORS OF:

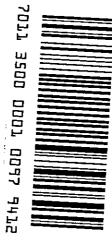
\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Amount		
				Full Name: Address:		
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)		
			<u> </u>	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)		
<i>(</i>	Check if additional pages have			Total Contributions: (add both_columns)		0
	een atached.			(add soll coldinis)		
	ITEMIZED EXPENDIT	URES (Ite	mize 3	d pary expenditures/ reimbur	sements)	-
Date	Full name, residence address (if perso	•				Amount
				<u> </u>		
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			-			
MAKE	AS MANY COPIES					
	S PAGE AS YOU NEED.			Total Exper	iditures:	0
		OATH	OR AF	FIRMATION		
	ANDREW SABAK					
l,	orrect, to the best of my knowledg	e of all fin	ancial	_, swear or affirm that the atta	ched statem period cove	nent is true ered by this
staten	nent, as required by West Virginia	Code §3-	8-5a.	anoustic socuring man and	poou ou	,, ou 2, uno
	Andrew Inded					_
	Andred Salah July 19, 20/2		•	Signature of Candida	ite, Agent, o	r Treasurer
Date_	July 19, 20 12	.		Office Us	e Only	
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