## State of West Virginia Campaign Financial Statement (Short Form) in Relation to the 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?

Ma Ne Goalhon	Che post-primary Report Due 13 days following primary election or within 20 business days thereafter.  Post-general Report Due 13 days following general election	Phone # 314-320 0379  eck if Applicable: Amended Report You must also check box of appropriate reporting period  Final Report
Non-Election Cycle Reporting Period:  Annual Reporting Due last Saturdays thereaft	t Due In Calendar Year urday in March or within 6 er	Zero balance required. PAC must also file Form F-6 Dissolution

## REPORT TOTALS

(Fill in totals after you have completed page 2)

## CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	1.		(	0.00			TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DAT
Total Contributions (from Page 2)	2.	+					(Add line 2 from all reports)
Subtotal (lines 1+2)	3.	=					TOTAL EXPENDITURES
Total Expenditures (from Page 2)	4.	_					ELECTION YEAR-TO-DAT (Add line 4 from all reports)
Ending Balance (lines 3-4)		=	(	<b>)</b> .	00		
*Cannot have a ne	egati	ve endir	ng ba	lance			

ELECTION YEAR-TO-DATE (Add line 2 from all reports)
0
TOTAL EXPENDITURES
ELECTION YEAR-TO-DATE
(Add line 4 from all reports)
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## CONTRIBUTORS OF:

More than \$250

	\$250 or Less						
Date	Full Name	Amount	Date	Amount		_	
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		<del>                                     </del>	†	Full Name: Address:			
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<u> </u>					tributions:		
	Check if additional pages have			(add both	columns) L		
b	een atached.						
	ITEMIZED EXPENDIT				es/ reimbursements	) 	
Date	Full name, residence address (if perso	in); business ac	ddress (	if firm)	Purpose	Amount	
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MAKE	AS MANY COPIES				Total Expenditures:		
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I,	correct, to the best of my knowled	ge, of all fir	nancia	I transactions occurri	ng within the period c	overed by thi	
state	ment, as required by West Virgini	ia Code §3	-8-5a.				
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				Signatu	re of Candidate, Agen	it, or Treasure	
	7/23 20/12	<b>)</b> .					
Date		<b>_</b> `·			Office Use Only		
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