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 フィルエ ヒ ルルしへのの			
Political Party (for candidates) ベーアンコールで対て「もつ	Treasurer's Mailing Addi	ress (Street, Route or P.O. Box)			
	T-cp 167 City, State, Zip Code	Daytime Phone #			
Due March 31-April 6,2012 Due April 2	ary Report 23-27, 2012 Post-primary Re Due May 21-June 1 Post-general Re	9, 2012 Amended Report You must also check box of appropriate			
Non-Election Cycle Reporting Period:	Annual Report Due In Calendar Due last Saturday in March or within 6 days thereafter				
	DEDORT TOTALS				

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)			Ø		
Total Contributions (from Page 2)		+	\$		
Subtotal (lines 1+2)	3.	=			
Total Expenditures (from Page 2)	4.	_	Ø		
Ending Balance (lines 3-4)		=	Ø		
*Cannot have a negative ending balance					

TOTAL CONTRIBUTIONS **ELECTION YEAR-TO-DATE** (Add line 2 from all reports) 00 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			
				Full Name: Address:			
				Contributor's job: (Individ Where contributor works	lual)		
		_	<u> </u>	Affiliation: (Political comr	: (Individual) nittee)		
				Full Name: Address:			
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				Full Name: Address:			
				Contributor's Job: (Individ Where contributor works Affiliation: (Political com	dual) :: (Individual) mittee)		
				Full Name: Address:			
]	Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)			
	Check if additional pages have			Total Co	ntributions: th columns)	Ź	3
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	ITEMIZED EXPENDIT	JRES (Item	nize 3ı	rd parv expenditur	es/ reimburs	ements)	<u> </u>
Date	Full name, residence address (if person				Purpose		Amount
							
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	AS MANY COPIES S PAGE AS YOU NEED.				Total Expend	litures:	Ø
		OATH O	R AFI	FIRMATION			
	JUNES EZHOLLY B			_, swear or affirm	that the attach	ned stater	ment is true
	orrect, to the best of my knowledgenent, as required by West Virginia			ransactions occurri	ng within the p	eriod cov	ered by this
Statem	Territ, as required by vvest virginia		(\Im			
	/ Jen F 1	<u> </u>		Signatur	e of Candidate	e, Agent, d	or Treasurer
Data	JULY 26 20/2						
Dale_	JULY 26 ,20/2	•			Office Use	Only	
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Received By:_





