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 Devin C. McIlvain Political Party (for candidates) Republican		Candidate or Committee's Treasurer Devin C. McIlvain Treasurer's Mailing Address (Street, Route or P.O. Box) 106 Parkway Drive				
Delegate to National Convention	3	Huntington	WV	25705	(304) 690-5636	
General - First Report Pre-gen	Period (che nary Report 23-27, 2012 eral Report 22-26, 2012	Post-gei	mary Report 21-June 19, 20 neral Report 19-Dec 19, 201		Check if Applicable: Amended Report You must also check box of appropriate reporting period Final Report	
Non-Election Cycle Reporting Period:	ort Due In <u>2012</u> Calendar Year turday in March or within 6 fter			Zero balance required. PAC must also file Form		
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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 (from Page 2)	2.	\$ 0.00 +		
Subtotal (lines 1+2)	3.	= \$ 0.00		
Total Expenditures (from Page 2)	4.	\$ 0.00 -		
Ending Balance (lines 3-4)		= \$ 0.00		
*Cannot have a negative ending balance				

TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)	
\$ 0.00	
TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)	
\$ 0.00	
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Pre-Primery Report CONTRIBUTORS OF:

Page 2

\$250 or Less

More than \$250

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Date	Full Name	Amount	Date	Amount				
	NONE			Full Name: NONE Address:				
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)				
			1	Full Name; Address:				
	Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)							
				Full Name: Address:				
	-			Contributor's job: (Individual Where contributor works: (Affiliation: (Political commit				
		Full Name: Address:						
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	Check if additional pages have seen atached.			(add both	columns) i			
	ITEMIZED EXPENDIT	TURES (Iter	nize 3	rd pary expenditure	s/ reimburs	ements))	
Date					Purpose		Amount	
	N	NONE					\$ 0.00	
]				
					 			
								
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	vin C. McIlvain			_, swear or affirm th	at the attac	hed stat	ement is true	
	orrect, to the best of my knowled gent, as required by West Virgin			transactions occurring	g within the p	period co	overed by this	
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	il M	~ .		Signature	of Candidat	e, Agent	, or Treasurer	
Date.	31-Jul , 20 12							
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Received By:___

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office of the Secretary of State 1900 Kanawha Blud, East Churcheston, un 25305

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