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?

Candidate or Committee Name CLEN R. STOTHER	Candidate or Committee's Treasurer Treasurer's Mailing Address (Street, Route or P.O. Box)		
Political Party (for candidates)			
Office Sought (for candidates) District/Division FAMILY LOURT TUDGE 23	City, State, Zip Code	Daytime Phone #	
porting Period: Due last Satudays thereaft	Post-primary Report Due May 21-June 19, 2012 Post-general Report Due Nov 19-Dec 19, 2012 rt Due In Calendar Year urday in March or within 6 ter	Check if Applicable: Amended Report You must also check box of appropriate reporting period Final Report Zero balance required. PAC must also file Fore	
	PORT TOTALS or you have completed page 2)		

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

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

945.00

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

945.00

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Amount				
				Full Name: Address:				
			1	Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)				
				Fuil Name: Address:				
			1	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)		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)				
	Check if additional pages have			Total Contributions: (add both columns)	- U			
	een atached.				<u> </u>			
	ITEMIZED EXPEND	ITURES (Iten	nize 3ı	d pary expenditures/ reimburs	ements)			
Date	Full name, residence address (if po	erson); business ad	dress (if	firm) Purpose		Amount		
-	-	.						
		<u> </u>						
MAKE	AS MANY COPIES				414	_		
	S PAGE AS YOU NEED.			Total Expend	litures:	0-		
		OATH C	R AF	FIRMATION				
	CI-VO CAN	~1						
1,	CLEN R. STOTA		ncial f	_, swear or affirm that the attac ransactions occurring within the	hed stateme period cover	int is true ed by this		
	nent, as required by West Virgi			anodono oodining walli tilo j	period dover	od by ano		
	MA	25						
	18. 3			Signature of Candidat	e, Agent, or	Treasurer		
Date <u>SEPTEMBER 28</u> , 20 <u>18</u> .		MEST WAGNA	STATE OF					
				BIA18 37 W.	EBB93S			
	Z012 OCT -2 PM 10: 07							
				Received By:	NF(

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PM PM NO SELECTION OF SELECTION

Liberty FOREVER CM

WEST OIRGENST SECRETARY OF STATE
BUILDING I SUITE 15P-K
1900 KANANHA SLUO, EAST
CHARLESTEN) WI
25305