## 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?
- mittee given or received a transfer of excess campaign funds?

Candidate or Committee Name    Decorate   De	Candidate or Committee's Treasure  Shavman With  Treasurer's Mailing Address (Street  RILBOLISO  City, State, Zip Code  Red House, WV 25169	t, Route or P.O. Box)  Daytime Phone #	
Election Cycle Reporting Period (ch Primary - First Report Due March 31-April 6,2012 Pre-primary Report Due April 23-27, 2012 General - First Report Due Sept. 24-28, 2012 Pre-general Report Due Oct. 22-26, 2012	<del></del>	Check if Applicable:  Amended Report You must also check box of appropriate reporting period  Final Report	
Ion-Election Cycle Re- Due last Solution Period:  Annual Reporting Period:  Annual Reporting Period:	port Due In Calendar Year aturday in March or within 6 after	Zero balance required. PAC must also file Form	

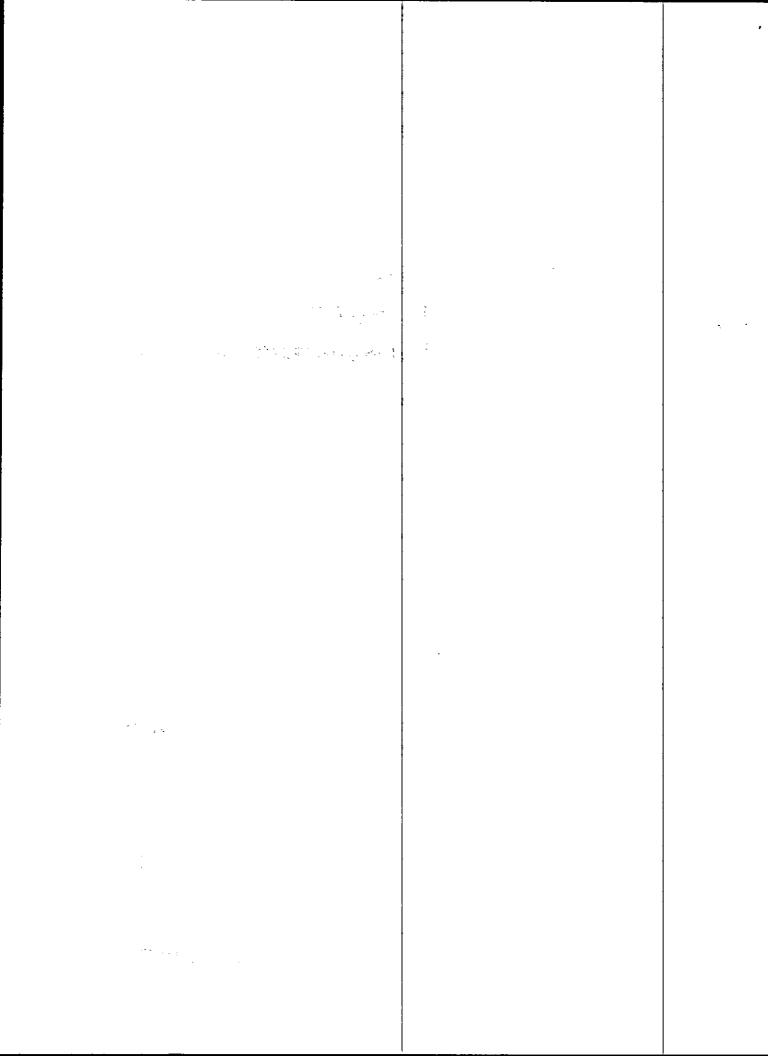
(Fill in totals after you have completed page 2)

## CASH BALANCE SUMMARY

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

ELECTION YEAR-TO-DATE (Add line 2 from all reports)
1000
TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)
16.00

TOTAL CONTRIBUTIONS



## CONTRIBUTORS OF:

\$250 or Less

More than \$250

	\$230 to Ecos						i i
Date	Full Name	Amount	Date	Amount			
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	ITEMIZED EXPENDI	TURES (Ite:	mize :	3rd pary expenditur	es/ reimburs	ements)	
Date	Full name, residence address (if per	rson); business a	ddress	(if firm)	Purpose		Amount
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statem	nent, as required by West Virgi	inia Code 93	,-0-5a ,*	•			
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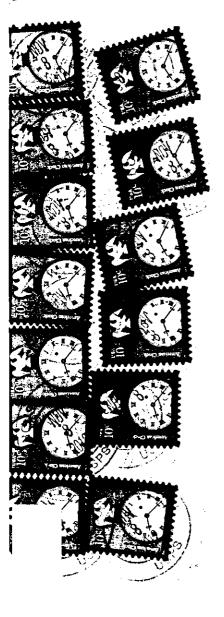
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Sherman Witt & Associates Accounting & Tax Preparation

Rt. 1 Box 150 • Red House, WV 25168



West Virginia Secretary of State's Office State Capitol Building 1, Suite 157-K 1900 Kanawha Blvd., East Charleston, WV 25305

