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 Justin Johnson	ł .	Candidate or Committee's Treasurer Justin Johnson		
Political Party (for candidates) Mountain		Treasurer's Mailing Address (Street, Route or P.O. Box) 110 Charleston Dr		
Office Sought (for candidates) District/Divisi	on City, State, Zip Co Riplcy	Daytime Phone # WV 25271 (304) 382-4492		
norting Period:	rt Post-prim Due May 21 Post-gene			
•	REPORT TOTAL Is after you have completed IARY			
Beginning Balance (ending balance from previous report) 1.	0.00	TOTAL CONTRIBUTIONS		
Total Contributions (from Page 2) 2.	0.00	ELECTION YEAR-TO-DATI (Add line 2 from all reports)		

Beginning Balance (ending balance from previous report)	1.	\$ 0.00
Total Contributions (from Page 2)	2.	\$ 0.00
Supple Su		\$ 0,00
Total Expenditures (from Page 2)	4.	\$ 0.00
		\$ 0.00
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TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)	
S 0.00	
TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)	
\$ 0.00	
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CONTRIBUTORS OF:

\$200 or Less

More than \$250

	#####		
Date Chiff(Lack)	Am un Date	Account	
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		Contributor's job; Individual) Where contributor works: (Individual) Activation, (Political committee)	
		Full Name: Address:	
		Contributor's job (Individual) Where continuous works: (Individual) Affiliation: (Political committee)	
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	and the second	Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
Check if additional pages have		Total Contributions: \$ 0.0 (add both columns)	0
been atached.			
ITEMIZED EXPENDITI	JRES (Itemize 3	rd pary expenditures/ reimbursemen	ts)
Date Full name resultance advises of pulso	n), businėss address (if	fim) Purpose	Amount
]	NA		\$ 0.00
			- }
MAKE AS MÄNY COPIES OF THIS PAGE AS YOU NEED.		Total Expenditures	s: \$ 0.00
	OATH OR AF	FIRMATION	<u> </u>
I. Justin Johnson		_, swear or affirm that the attached st	atement is true
and correct, to the best of my knowledgestatement, as required by West Virolnia	e, of all financial t	ransactions occurring within the period	covered by this
statement, as the ed by west virgina	000 g 370-0a.		
		Signature of Candidate, Age	nt. or Treasurer
Date 8-Feb	`)	<u> </u>	
Date		Office Light Birth S	F SIVIE OF WE
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		Received By:	

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Office of the Secretary of State
Build of 1, suite 157-K
1900 Kanawka Bluel, EastCharleston, WU 25305

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