## 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 Jordan C. Hill	Candidate or Committee's Treasurer Toni L. Groves
Political Party (for candidates) Republican	Treasurer's Mailing Address (Street, Route or P.O. Box) 1494 Old Mount Nebo Road
Office Sought (for candidates)  House of Delegates  District/Div	vision City, State, Zip Code Daytime Phone # Mount Nebo WV 26679 (304) 872-5857
Primary - First Report  Due March 31-April 6,2012  Election Cycle Reporting Period  Pre-primary Report  Due April 23-27,	eport 2012 Due May 21-June 19, 2012  Amended Report You must also check
General - First Report  Due Sept. 24-28, 2012  Pre-general Report  Due Oct. 22-26, 2	
Non-Election Cycle Re-	ual Report Due In 2013 Calendar Year last Saturday in March or within 6 s thereafter  Zero balance required. PAC must also file Form

## REPORT TOTALS

(Fill in totals after you have completed page 2)

## **CASH BALANCE SUMMARY**

Beginning Balance (ending balance from previous report)	1.	\$ 118.31
Total Contributions (from Page 2)	2.	\$ 0.00
Subtotal (lines 1+2)	3.	= \$ 118.31
Total Expenditures (from Page 2)	4.	\$ 0.00
Ending Balance (lines 3-4)		= \$ 118.31
*Cannot have a ne	egati	ve ending balance

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

\$ 9.981.80

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

\$ 9,863.49

## **CONTRIBUTORS OF:**

\$250 or Less

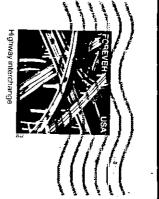
More than \$250

Date	Full Name	Amount	Date	Amount						
				Full Name: Address:						
				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)						
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				Full Name: Address:						
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	Check if additional pages have	•	•	Total Col	ntributions: h columns)	\$ 0.00				
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ITEMIZED EXPENDITURES (Itemize 3rd pary expenditures/ reimbursements)										
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I, To	ni L. Groves			, swear or affirm	that the attac	hed state	ement is true			
and o	correct, to the best of my knowled ment, as required by West Virgin	ige, of all fina ia Code 83-8	ancial 3-5a	transactions occum	ng within the	репоа со	ivered by this			
State	ment, as required by vicit virgin	14 Codo 30 V	J Ou.							
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Jani Grover 1494 Old Mont Nebo Rd Mont Nebo W V 26679

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Natalie Tennant, Secretary of State Building 1, Suite 157-K 1900 Kanawha Bowlevard East Charleston WV 25305

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