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.

. 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 Amnittee to Elect Arthur E. Kirkendoll Treas Political Party (for candidates) Office Sought (for candidates) District/Division City,	urer's Mailing Address (Street, Route or P.O. Box) Box 1839 State, Zip Code Daytime Phone #								
Primary - First Report Due March 31-April 6.2012 General - First Report Due Sept. 24-28. 2012 Pre-primary Report Due April 23-27, 2012 Pre-general Report Due Oct. 22-26, 2012 Annual Report Due	Post-primary Report Due May 21-June 19, 2012 Post-general Report Due Nov 19-Dec 19, 2012 In Calendar Year in March or within 6 Amended Report You must also check box of appropriate reporting period Final Report Zero balance required. PAC must also file Form								
REPORT TOTALS (Fill in totals after you have completed page 2) CASH BALANCE SUMMARY Beginning Balance TOTAL CONTRIBUTIONS									
(ending balance from previous report) Total Contributions (from Page 2) This is a second of the contributions of	ELECTION YEAR-TO-DATE (Add line 2 from all reports) (05, 12500 TOTAL EXPENDITURES								
	ELECTION YEAR-TO-DATE (Add line 4 from all reports) 50,012,92								
*Cannot have a negative ending balanc									

CONTRIBUTORS OF:

	\$250 or Less		MOLE	tnan \$250					
Date	Full Name	Amount	Date	Amount					
17/3/ /13	Mike Allie	\$250		Full Name: U) Hospitality & Travel Assoc. Address: 70 Box 1347 Contributor's 700. (Individual) Where contributor works: (Individual) Affiliation: (Political committee)			\$500		
			1	Full 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)					
				Full Name: Address:					
			7	Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)					
	Check if additional pages have (add both columns)								
	ITEMIZED EXPENDIT	URES (Iter	mize ?	3rd pary expenditure	es/ reimburs	sements)			
Date	e Full name, residence address (if perso	on); business ar	daress (i	if firm)	Purpose		Amount		
3/21/13	3 CHRS (Special Dlympics)			Spical Dlympir	s S	8250		
3 3	3 WUDLC,	WYDLC	hip by	500					
3/6/1	3 11)XCC)	Ads.	. 5	1425					
3/4/	13 WXCL)				Ads	9	325		
3/6/1	13 1 1 X(C)				Ad5	\$	100		
MAK	E AS MANY COPIES THIS PAGE AS YOU NEED.				Total Exper	nditures: 💋	7600		
<u> </u>	NIS FAGE AS 100 HELL	OATH	ORA	FFIRMATION					
and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a. Date 04(02/1, 20/3. Office Use Only									
				Rec	eived By:				

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Received By:

	wore than \$250									
Date	Full Name	Amount	Date	Amount						
				Full Name: Address:						
			1	Contributor's job: (Individ Where contributor works Affiliation: (Political comr						
	· · · · · · · · · · · · · · · · · · ·	 	 -	Full Name:						
				Address:						
				Contributor's job: (Indivic Where contributor works Affiliation: (Political com						
				Full Name: Address:						
				Contributor's job: (Individual Where contributor works Affiliation: (Political communication)						
				Full Name: Address:						
				Contributor's job: (Individual Where contributor works Affiliation: (Political communication)						
	Check if additional pages have				ntributions:					
	een atached.			(add bot	th columns)					
	ITEMIZED EXPENDITURES (Itemize 3rd pary expenditures/ reimbursements)									
Date	Full name, residence address (if person				Purpose					
12/21	and the second s), Desirios de			Fulpose	Amount				
173	WXCC				Ads	\$110				
	WXCC				nds	\$504				
	Ron Stollings				Food & Extertainment	8900				
					ANTEIGNIEN	1				
	AS MANY COPIES S PAGE AS YOU NEED.				Total Expenditures:	\$1514				
OATH OR AFFIRMATION										
l,				_, swear or affirm	that the attached sta	tement is true				
and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.										
SIMIL TO THE STATE OF THE STATE										
Date										
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	Office Use Only 8-84VEID									
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BLDG 1, SUITE 157-K CHARLESTON, WV 25305 SECRETARY OF STATE 1900 KANAWHA BLVD E. NATALIE E. TENNANT

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