

State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2014 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 GREENBRIER Co. Dem Exec Comm | | Candidate or Committee's Treasurer NANCY SANTA | |
| Political Party (for candidates) | | Treasurer's Mailing Address (Street, Route or P.O. Box) PO BOX 1255 | |
| Office Sought (for candidates) | District/Division | City, State, Zip Code LEWISBURG WV 24901 | Daytime Phone # 304-646-1443 |

Election Cycle Reporting Period (check one):

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Primary - First Report Due March 29-April 4, 2014 3/30/13 - 3/28/14 | <input type="checkbox"/> Pre-Primary Report Due April 28-May 2, 2014 | <input type="checkbox"/> Post-Primary Report Due May 26-June 23, 2014 |
| <input type="checkbox"/> General - First Report Due September 22-26, 2014 | <input type="checkbox"/> Pre-General Report Due October 20-24, 2014 | <input type="checkbox"/> Post-General Report Due Nov. 17-Dec. 15, 2014 |

- Check if Applicable:**
- Amended Report**
You must also check box of appropriate reporting period
- Final Report**
Zero balance required. PAC must also file Form F-6 Dissolution

- Non-Election Cycle Reporting Period:**
- Annual Report Due In _____ Calendar Year**
Due last Saturday in March or within 6 days thereafter

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

| | | | |
|--|---|--|----------------|
| Beginning Balance (ending balance from previous report) 1. | | | 2368.06 |
| Total Contributions (from Page 2) 2. | + | | 2557.50 |
| Subtotal (lines 1+2) 3. | = | | 4925.56 |
| Total Expenditures (from Page 2) 4. | - | | 2571.17 |
| Ending Balance (lines 3-4) | = | | 2354.39 |
| *Cannot have a negative ending balance | | | |

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

2557.50

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

2571.17

CONTRIBUTORS OF:

\$250 or Less

More than \$250

| Date | Full Name | Amount | Date | Full Name: Address: | Amount |
|------|------------------------|-------------------|------|--|--------|
| 4/17 | Paul Satch, LEWISBURG. | 100 ⁰⁰ | | Full Name: Address: | |
| 4/17 | Cash 50/50 @ DINNER | 107 ⁰⁰ | | Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) | |
| 4/17 | Paul JACOBY | 30 ⁰⁰ | | Full Name: Address: | |
| 4/17 | Paul JACOBY | 50- | | Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) | |
| 4/17 | Londa Boone | 30- | | Full Name: Address: | |
| 4/17 | Paul Moya | 75- | | Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) | |
| 4/17 | Louvonne Arbuckle | 30- | | Full Name: Address: | |
| 4/17 | Bell Laird | 45- | | Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) | |

Total Contributions:
(add both columns)

527

Check if additional pages
have been attached.

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

| Date | Full name, residence address (if person); business address (if firm) | Purpose | Amount |
|---------|--|-------------------------------|--------------------|
| 4/6/13 | Reupert Women's Club - Reupert, WV. | ANNUAL Dinner | 800. ⁰⁰ |
| 4/6/13 | NANCY SARTOR, LEWISBURG, WV | Reimburse Clocks gifts | 80.61 |
| 4/6/13 | NANCY SARTOR, LEWISBURG, WV | Reimburse Flowers, reading | 84.80 |
| 4/12/13 | State Fair of WV - Fairlea, WV | Booth | 212.50 |
| 4/13/13 | State Fair of WV - Fairlea, WV | Booth Area | 85.00 |

MAKE AS MANY COPIES
OF THIS PAGE AS YOU NEED.

Total Expenditures:

1262.91

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement 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.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or Less

More than \$250

| Date | Full Name | Amount | Date | Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) | Amount |
|------|----------------|------------------|------|--|--------|
| 4/17 | Steve Rutledge | 30 ⁰⁰ | | | |
| 4/17 | Nancy Sarta | 30 ⁰⁰ | | | |
| 4/17 | Bark Sanders | 60 ⁰⁰ | | | |
| 4/17 | Kathy Martin | 30 ⁻ | | | |
| 4/17 | Menda Campbell | 30 ⁻ | | | |
| 4/17 | Lowell Johnson | 30 ⁻ | | | |
| 4/17 | Woody Hanna | 30 ⁻ | | | |
| 4/17 | Karen Lobban | 30 ⁻ | | | |

Total Contributions:
(add both columns)

270

Check if additional pages have been attached.

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

| Date | Full name, residence address (if person); business address (if firm) | Purpose | Amount |
|------|--|---------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.

Total Expenditures:

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement 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.

_____ Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

| |
|--------------------|
| Office Use Only |
| Received By: _____ |

CONTRIBUTORS OF:

\$250 or Less

More than \$250

| Date | Full Name | Amount | Date | Full Name: Address: | Amount |
|---------|------------------------|--------------------|------|--|--------|
| 4/17 | SE Central Labor Union | 75- | | Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) | |
| 4/17 | Cash - various tickets | 435- | | | |
| 9/16 | Paul Jacoby | 60 | | Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) | |
| 9/16 | Nick Joe Rahall | 250 | | | |
| 9/16 | Ryan Keese | 15 | | Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) | |
| 9/16 | ANNUAL PICNIC 50/50 | 39.50 | | | |
| 2/13/14 | Transfer from Savings | 886. ⁰⁰ | | Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) | |

Total Contributions: (add both columns) 1760.50

Check if additional pages have been attached.

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

| Date | Full name, residence address (if person); business address (if firm) | Purpose | Amount |
|----------------------------|--|--------------------|--|
| 4/22 | NSF charges - Jacoby | NSF | 104. ⁰⁰ |
| 5/15 | State Fair booth | booth | 212. ⁵⁰ |
| 6/18 | USPS | Mail box fee | 54. ⁰⁰ |
| 7/10 | Vicki Dooe - Reimbursement | State Fair Tickets | 415. ²⁶ |
| 8/7 | Dem Youth Leadership | Adm T y greet | 150. ⁰⁰ |
| Total Expenditures: | | | 935.76 |

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement 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.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or Less

More than \$250

| Date | Full Name | Amount | Date | Full Name: Address: | Amount |
|------|-----------|--------|------|--|--------|
| | | | | Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) | |
| | | | | Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) | |
| | | | | Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) | |
| | | | | Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) | |

Check if additional pages have been attached.

Total Contributions: (add both columns)

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

| Date | Full name, residence address (if person); business address (if firm) | Purpose | Amount |
|---------|--|---------------|--------|
| 11/13 | Paul Moya - REIMBURSE | Sign | 25.00 |
| 3/17/14 | State Fair | Tickets + INS | 347.50 |
| | | | |
| | | | |
| | | | |

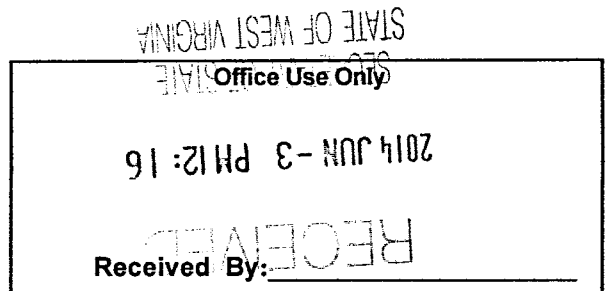
MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.

Total Expenditures: 372.50

OATH OR AFFIRMATION

I, Nancy Sartor, swear or affirm that the attached statement 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.

Nancy Sartor Signature of Candidate, Agent, or Treasurer
 Date 5/30, 2014.





Ms. Nancy Sartor
P.O. Box 1255
Lewisburg, WV 24901-4255

MV Sec of State
Building, Suite 157K
1900 Kanawha Blvd, East
Charleston, WV 25305

