## 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 N	BUBAS,-	Candidate or Committee's Treasuror			
Relitical Party (for candidate The Greenbriev	Hotel CPAC	Treasurer's Mailing Address (Street	, Route or P.O. Box)		
Office Sought (for candidat	es) District/Division	City, State, Zip Code Daytime Phone #			
		White Sul Spas., WV	304-536-2290		
Election Cycle Primary - First Report Due March 29-April 4, 2014	Pre-Primary Report Due April 28-May 2, 2014	ck one): Post-Primary Report Due May 26-June 23, 2014	Check if Applicable:  Amended Report		
General - First Report Due September 22-26, 2014	Pre-General Report Due October 20-24, 2014	Post-General Report Due Nov. 17-Dec. 15, 2014	You must also check box of appropriate reporting period		
Non-Election Cycle Reporting Period:	·	rt Due In Calendar Year urday in March or within 6 er	Final Report Zero balance required PAC must also file Form F-6 Dissolution		

## REPORT TOTALS

(Fill in totals after you have completed page 2)

## **CASH BALANCE SUMMARY**

Beginning Balance (ending balance from previous report)	1.	83 4			
Total Contributions (from Page 2)	2.	+ - 0 -			
Subtotal (lines 1+2)	3.	= 83 1/4			
Total Expenditures (from Page 2)	4.	-0-			
Ending Balance (lines 3-4)		= 83 1/4			
*Cannot have a negative ending balance					

	TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)
L	-0-
	TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)
	0 -
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## CONTRIBUTORS OF:

\$250 or Less

	\$230 01 Less				lore than \$250	
Date	Full Name	Amount	Date			Amount
				Full Name: Address:		
				Contributor's job: (Indivi Where contributor work Affiliation: (Political com	idual) ks: (Individual) imittee)	
				Full Name: Address:		
				Contributor's job: (Indiv Where contributor work Affiliation: (Political com	idual) ks: (Individual) imittee)	
				Full Name: Address:		
				Contributor's job: (Indivi Where contributor work Affiliation: (Political con	idual) ks: (Individual) nmittee)	
4				Full Name: Address:	, , , , , , , , , , , , , , , , , , ,	
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)		
	k if additional pages been atached.			Total Co (add bo	ontributions: th columns)	
					res/reimbursements)	
Date	Full name, residence address (if p	erson); business ad	ddress (	if firm)	Purpose	Amount
						····
AKE AS MA F THIS PAG	NY COPIES SE AS YOU NEED.				Total Expenditures:	<del>07.11.11.11.11.11.11.11.11.11.11.11.11.11</del>
	11/	OATH OF	AFF	IRMATION		
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ate	une 2 20 14	Dugas	<u>/</u>	——— Signatur	e of Candidate, Agentyl9 VINIOUN ISAN 39 31119 211415 40 11447 F4038 Office Use Only	r Treasurer
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-					SECENED	]
				Receiv	red By:	

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