## State of West Virginia Campaign Financial Statement (Long Form) in Relation to the 2016 Election Year

| Candidate or Committee Name Hampshire Co. Rep.            | Candidate or Committee's Treasurer                                 |   |  |   |  |
|---|--|---|--|---|--|
| Political Party (for candidates)                          | Treasurer's Mailing Address (Street, Route or P.O. Box)            |   |  |   |  |
| Tolkidar, Erry (lot delialitation)                        |  | POB~ 454 304-87439311                             |  |   |  |
| Office Sought (for candidates)                            | City, State, Zip Code  Capon Springs WV 26823                      |   |  |   |  |
|   |  | Capon Springs WV 26823                            |  |   |  |
|   | e Reporting Pe   | riod (check                                       | cone):   | Check if Applicable:                                  |  |
| Due last Saturday in March or Due 15                      | rimary Report<br>days preceding priman<br>n or within 4 days there | ry Due 1  | -primary Report<br>3 days following primary election<br>nin 20 business days thereafter. | Amended Report You must also check box of appropriate |  |
| Due 43 days preceding general Due 15                      | eneral Report<br>days preceding genera<br>n or within 4 days there |   |  | reporting period Final Report                         |  |
|   | Annual Report  | t Due In  | _Calendar Year   | Zero balance required.  PAC must also file            |  |
| Non-Election Cycle Reporting Period:                      | Due last Satu days thereafte                                       |   | or within 6  | Form F-6 Dissolution                                  |  |
|   |  | RT TOT  | ALS  |   |  |
|   | Fill in totals at th   |   | of the report.   |   |  |
| RECEIPTS OF FUNDS:  | Totals for this I  | Period  | CASH BALA  | NCE SUMMARY   |  |
| Contributions (Page 3)                                    | 0  |   | Beginning Balance  |   |  |
| Monetary Contributions from all                           | + 0  |   | (ending balance from previous report)  | 1539.89   |  |
| Fund-Raising Events (Page 4)  Receipt of a Transfer of    | <del></del>  |   |  |   |  |
| Excess Funds (Page 8)                                     | + Ø  |   | Total Monetary<br>Contributions  | + Ø   |  |
| Total Monetary Contributions:                             | =, Q   |   | Total Other Income   | + Ø   |  |
| In-Kind Contributions (Page 5) + Ø                        |  |   | Subtotal:  | a. = 1539.89  |  |
| Total Contributions:                                      | = \$   |   | oubtotu  | 70 - 1.01   |  |
| Other Income (Page 5)                                     | Ø  |   | Total Expenditures (P  | rage 7) Ø   |  |
| Outof mooning (1 sgs s)                                   |  |   | Total Disbursements of   | 1 /2  |  |
| Loans (Cocived 1 - 9 - 7)                                 |  |   | Excess Funds 1 (Page   | (50)  |  |
| Total Other Income:                                       | = Ø  |   | Repayment of Loans   | (Page 6) +  |  |
| <b>OUTSTANDING LOANS</b>                                  | & DEBTS:   |   | Subtotal:  | b. = Ø  |  |
| Unpaid Bills (Page 9)                                     | Ø  |   |  |   |  |
| Outstanding Loans (Page 6)                                | + Ø  |   | Ending Balance   | 9:  |  |
| Total Debts:  | = Ø  |   | (Subtotal a Subto<br>*Cannot be negative ba  | 1 1 4 - 1, - 1  |  |
| TOTAL CONTRI<br>ELECTION YEAR<br>(Add total contributions | '  | TOTAL EXPI<br>ELECTION YE<br>(Add total expenditu | EAR-TO-DATE  |   |  |
|   | <b>ජ</b>   |   | Ø  |   |  |
|   | Increase has the   | MAY State Elec                                    | tion Commission  | Revised 05/15   |  |

| P | age | 9.   |
|---|-----|------|
| • | ~~  | , J, |

## **UNPAID BILLS**

| ı | Checkif additional pages |
|---|--------------------------|
|   | have been attached       |

| 0            |                                       | nave been  | attached.       |
|--------------|---------------------------------------|--|-----------------|
| Owed to Whom | Affiliated with what Company or Group | Purpose  | Amoun           |
|              |                                       |  |                 |
|              |                                       |  |                 |
| -            |                                       |  |                 |
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|              |                                       |  | <del></del>     |
|              |                                       |  |                 |
|              | ·                                     |  | _               |
|              | Total Unp                             | aid Bills:   |                 |
|              |                                       | The state of the s | Purpose Purpose |

## OATH OR AFFIRMATION

| 1. AVID F. Winkle                                   |                                     |
|---|-------------------------------------|
| statement is true and correct to the best of my len | , swear or affirm that the attached |
| covered by this statement, as required by West \    | firginic Code So. a. The period     |
| / was by west v                                     | inginia Code 93-8-5a.               |

Down J. Winkl

Signature of Candidate, Financial
Agent or Treasurer

Date 28 March 20/2

Office Use Only 11/15

2017 APR -3 PM 1: 01

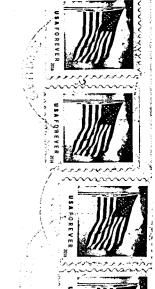
Received By:

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Love ♥Life
David Winkler
P.O. Box 454
Capon Springs, WV 26823





Bid | Suite 157 K West Virginia Secretary & State 1900 Kanawha Blud Fast Charleston 2 25305-0770

7.55. Kinder