2015

## State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2010 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	Candidate or Committee's Treasu	rer		
Havene Co Dem Exection	ann Chiese a Box	<del>Can</del>		
Political Party (for candidates)	Treasurer's Mailing Address (Stre	Treasurer's Mailing Address (Street, Poute or P.O. Box)		
· · · · · ·	1205 20 Cum	O .		
Office Sought (for candidates) District/Divisi	ion City, State, Zip Code	Daytime Phone #		
	Then Carles LXH	2647 304543114		
Election Cycle Reporting Period Primary - First Report Due March 27-April 2,2010 Due April 26-30, 201 General - First Report Due Sept. 20-24, 2010  Election Cycle Reporting Period Due April 26-30, 201 Due Oct. 18-22, 2010	Post-primary Report Due May 24-June 23, 2010  Post-general Report	Check if Applicable:  Amended Report You must also check box of appropriate reporting period		
Reporting Period: Due las	Annual Report Due In Mirc Lealendar Year Due last Saturday in March or within 6 days thereafter			

(Fill in totals after you have completed page 2)

## CASH BALANCE SUMMARY

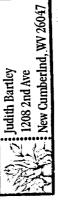
Beginning Balance (ending balance from previous repo	rt) <b>1.</b>	2313.43	TOTAL CONTRIBUTIONS
Total Contributions (from Page 2)	2.	+	ELECTION YEAR-TO-DATE (Add line 2 from all reports)
Subtotal (lines 1+2)	3.	=	TOTALEXPENDITURES
Total Expenditures (from Page 2)	4.	_	ELECTION YEAR-TO-DATE (Add line 4 from all reports)
Ending Balance (lines 3-4)		-2,313.48	
*Cannot have a negative ending balance			

## CONTRIBUTORS OF:

\$250 or Less

More than \$250

	\$250 Of Less			wore than \$250				
Date	Full Name	Amount	Date		Amount			
		مه جائم ا		Full Name: Address: Description of the Address Description				
}: }				Contributor's job. (individual) Where contributor works: (Individual) Affiliation: (Political committee)	125.00			
	Ŀ			Full Name: Address:				
	00			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:				
	Ö	,		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)				
	Theck if additional pages			Total Contributions:	<b>3</b>			
	ave been atached.			(add bottl colditins)				
	ITEMIZED EXPENDITUR	ES (Itomi	70 31	d pary expenditures/ reimbursements)				
Date	Full name, residence address (if person				Amount			
	1.00							
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			)					
	AS MANY COPIES S PAGE AS YOU NEED.			Total Expenditures:				
		OATH O	RAFI	FIRMATION				
		<b>5</b> ,						
I, believe from that the attached statement is true and								
			ial tra	nsactions occurring within the period cover				
staten /	nent/as required by West Virginia C	,ode 93-8-	oa.					
Signature of Candidate, Agent, or Treasurer								
		0	7	Oignature of Candidate, Agent, o	ricasuici			
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