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 Hardy Co. Rep. EX. Comm. Political Party (for candidates)		Candidate or Committee's Treasurer Stephen G. S - ith Treasurer's Mailing Address (Street, Route or P.O. Box) P.O. Box 281		
Office Sought (for candida	tes) District/Division	City, State, Zip Code	Daytime Phone # 1/5 (304) 538 - 4379	
Election Cycle Primary - First Report Due March 29-April 4, 2014 General - First Report Due September 22-26, 2014	Pre-General Report Due October 20-24, 2014		Check if Applicable: Amended Report You must also check box of appropriate reporting period	
Non-Election Cycle Reporting Period:	Annual Repo Due last Sati days thereaft	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.		\$ 577.12			
Total Contributions (from Page 2)	2.	+ 0.00			
Subtotal (lines 1+2)	3.	= \$577.12			
Total Expenditures (from Page 2)	4.	_ 0.00			
Ending Balance (lines 3-4)		= \$577.12			
*Cannot have a negative ending balance					

TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)
*1,585.00
TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date		Amount
				Full Name: Address:	
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
	1.00			Full Name: Address:	
	Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)			Contributor's job: (Individual) Where contributor works: (Individual)	
				Full Name: Address:	
				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)	
	eck if additional pages			Total Contributions: 6 . C	00
hav	re been atached.				
	ITEMIZED EXPEN	IDITURES (Itemi	ize 3r	d party expenditures/reimbursements)	
Date	Full name, residence address	(if person); business ac	ddress	(if firm) Purpose	Amount
W.					
				,	
	MANY COPIES PAGE AS YOU NEED.			Total Expenditures:	0,00
		OATH O	R AFI	FIRMATION	
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correct	to the best of my knowled	dge of all financi		wear or affirm that the attached statemen insactions occurring within the period cov	
statemer	nt, as required by West Vir	ginia Code §3-8-	5a.	-	t and the control of
Ita	L1. Lt.	Trem	6	Signature of Candidate, Agent,	or Treasurer
	1201			STATE OF WEST VINGHAM	
Date_3	, 20_/	<u>0_</u> .		Office Use Only	
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				Received By:	