## 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?

Hardy Co. Rey	EX. Comm.	Staphan G. St. th			
Political Party (for candida	tes)	Treasurer's Mailing Address (Street, Route or P.O. Box)			
Office Sought (for candida	tes) District/Division	City, State, Zip Code	Daytime Phone # (304) 538 - 4379		
Election Cycl 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		
		rt Due In Calendar Year urday in March or within 6 eer	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.	+ 6,00			
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)

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## CONTRIBUTORS OF:

\$250 or Less

More than \$250

	\$250 OI LC35						
Date	Full Name	Amount	Date				Amount
				Full Name: Address:			
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)			
				Full Name: Address:			
				Contributor's job: (Individ Where contributor works Affiliation: (Political comm	ontributor's job: (Individual) here contributor works: (Individual) filiation: (Political committee)  Ill Name: Idress: ontributor's job: (Individual) here contributor works: (Individual) filiation: (Political committee)		
				Full Name: Address:			
				Full Name: Address:			
				Contributor's job: (Individent Where contributor works Affiliation: (Political communication)			
						5.00	
	nave been atached.						
	ITEMIZED EXPENDIT	URES (Item	ize 3ı	d party expenditur	res/reimburs	ements)	
Date	Full name, residence address (if per	son); business a	ddress	(if firm)	Purpose		Amount
		20				2) 2	,
	AS MANY COPIES IS PAGE AS YOU NEED.				Total Expend	ditures:	60.0
		OATH O	R AFI	FIRMATION			
I,S correct stater	et, to the best of my knowledge, nent, as required by West Virginia	of all finance Code §3-8-	, sv cial tra -5a.	wear or affirm that t insactions occurring	he attached so	statement eriod cove	is true and ered by this
	the 1. lth,	7	-	Signature	e of Candidate	e, Agent, o	r Treasurer
Date_	3/28/ 20/5				10718 10	SIVIE	
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				Receiv	ed By:	1-1-	