

State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2016 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. Exec. Comm.		Candidate or Committee's Treasurer	
Political Party (for candidates)		Treasurer's Mailing Address (Street, Route or P.O. Box) P.O. Box 158 (304) 538-3575	
Office Sought (for candidates)	District/Division	City, State, Zip Code	Daytime Phone #
		Moorefield, WV 26836	

Election Cycle Reporting Period (check one):

- | | | |
|--|---|--|
| <input type="checkbox"/> Primary - First Report
Due March 26 - April 1, 2016 | <input type="checkbox"/> Pre-Primary Report
Due April 25 - 29, 2016 | <input type="checkbox"/> Post-Primary Report
Due May 23 - June 21, 2016 |
| <input checked="" type="checkbox"/> General - First Report
Due September 26 - 30, 2016 | <input type="checkbox"/> Pre-General Report
Due October 24 - 28, 2016 | <input type="checkbox"/> Post-General Report
Due Nov. 21 - Dec. 19, 2016 |

Check if Applicable:

- Amended Report**
You must also check box of appropriate reporting period
- Final Report**
Zero balance required.
PAC must also file Form F-6 Dissolution

Non-Election Cycle Reporting Period:

- Annual Report Due In** ____ **Calendar Year**
Due last Saturday in March or within 6 days thereafter

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report) 1.		739.67
Total Contributions (from Page 2) 2.		+ 1420.00
Subtotal (lines 1+2) 3.		= 2,159.67
Total Expenditures (from Page 2) 4.		- 1,321.77
Ending Balance (lines 3-4)		= 837.90
*Cannot have a negative ending balance		

**TOTAL CONTRIBUTIONS
ELECTION YEAR-TO-DATE
(Add line 2 from all reports)**

1775.00

**TOTAL EXPENDITURES
ELECTION YEAR-TO-DATE
(Add line 4 from all reports)**

1581.77

RECEIVED
Official Form F-7A

Issued by the WV State Election Commission

Revised 05/15

OCT 08 2016

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	Amount
9/16	Craig A. Hose	85.00			
9/16	Casey Hamilton	35.00			
9/16	Bradley Talker	30.00			
9/16	Carter Williams	55.00			
9/16	Maxine Bisuell	55.00			
9/16	David Sypolt	55.00			
9/16	Jeff Weatherholt	55.00			

Total Contributions:
(add both columns)

1

See page 4 of 2

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
8/10	South Branch Inn, Rt. 220 N. Moorfield, WV 26836	Room for Reagan Dinner	120.27
8/26	Stephen G. Smith P.O. Box 281 Old Fields, WV 26845	Reimbursement expenses Reagan Dinner	276.60
9/15	Grillin' Time Rig, WV 26836	Catering for Reagan Dinner	861.30
9/22	Stephen G. Smith P.O. Box 281 Old Fields, WV 26845	Reimbursement for Reagan Day Sign	63.60

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.

Total Expenditures:

1

OATH OR AFFIRMATION

See page 4 of 2

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only
Received By: _____

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	Amount
9/16	Gary Smith	30.00		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/16	Rachel A. See	55.00			
9/16	Richard Dispart	85.00		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/16	David Fansler	55.00			
9/16	Charles Cook, Jr.	55.00		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/16	Richard Markley	55.00			
9/16	Dottie Roy	30.00		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/16	Donnalie Hope	30.00			
Total Contributions: (add both columns)					

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
Total Expenditures:			

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

_____ Signature of Candidate, Agent, or Treasurer

Date _____, 20_____.

Office Use Only
Received By: _____

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	Amount
9/16	John Forloines	55.00			
9/16	Roger Saville	30.00			
9/16	Gary Howell	30.00			
9/16	Eli Ulanet	30.00			
9/16	Tanya Vance	30.00			
9/16	Kent Leonhardt	30.00			
9/16	Randy E. Smith	55.00			
9/16	John Weese	30.00			

Total Contributions:
(add both columns)

--

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.

Total Expenditures:

--

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

_____ Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

<p>Office Use Only</p> <p>Received By: _____</p>
--

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	Amount
8/24	Grillin' Time Catering	25.00			
9/6	Joseph Dodd	30.00			
9/6	Jane Robinson	55.00			
9/9	Jon Hof	55.00			
9/16	Stephen Smoot	30.00			
9/16	Barbara Lester	30.00			
9/16	Annabelle Vance	85.00			
9/16	Stephen G. Smith	55.00			

Total Contributions: (add both columns) 1420.00

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED. Total Expenditures: 1321.77

OATH OR AFFIRMATION

I, JOSEPH R. DODD, swear or affirm that the attached statement is true and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Joseph R. Dodd _____ Signature of Candidate, Agent or Treasurer

Date September 30th, 2016.

Office-Use Only

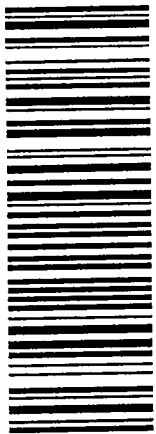
RECEIVED

2016 OCT -3 PM 4:35

Received By: _____

CERTIFIED MAIL™

Hardy Co. Rep. Exec. Comm
P.O. Box 158
Moorefield, WV 26836



7013 2630 0000 1576 5859

**RETURN RECEIPT
REQUESTED**

WV Secretary of State
Elections Division
Building, Suite 207-K
1900 Kanawha Blvd., East
Charleston, WV 25305

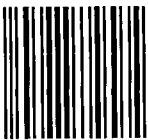
NO \$

RECEIVED

OCT 03 2016



1000



25305

U.S. POSTAGE
PAID
MOOREFIELD, WV
26836
SEP 30, 16
AMOUNT
\$6.68
R2305K140707-11

2530560770 0001

