

# 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<br><b>INTERNATIONAL INDUSTRIES PAC</b> |                   | Candidate or Committee's Treasurer<br><b>James D. Thornburg Treasurer</b>        |  |
| Political Party (for candidates)                                   |                   | Treasurer's Mailing Address (Street, Route or P.O. Box)<br><b>P.O. Box 18370</b> |  |
| Office Sought (for candidates)                                     | District/Division | City, State, Zip Code<br><b>South Charleston WV 25303</b>                        | Daytime Phone #<br><b>304-553-0413</b> |

**Election Cycle Reporting Period (check one):**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Primary - First Report<br>Due March 29-April 4, 2014 | <input checked="" type="checkbox"/> Pre-Primary Report<br>Due April 28-May 2, 2014 | <input type="checkbox"/> Post-Primary Report<br>Due May 26-June 23, 2014  |
| <input type="checkbox"/> General - First Report<br>Due September 22-26, 2014  | <input type="checkbox"/> Pre-General Report<br>Due October 20-24, 2014             | <input type="checkbox"/> Post-General Report<br>Due Nov. 17-Dec. 15, 2014 |

**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

|  |   |  |              |              |
|--|---|--|--------------|--------------|
| <b>Beginning Balance</b><br>(ending balance from previous report) 1. |   |  |              | <b>- 0 -</b> |
| <b>Total Contributions</b><br>(from Page 2) 2.                       | + |  | <b>- 0 -</b> |              |
| <b>Subtotal</b><br>(lines 1+2) 3.                                    | = |  | <b>- 0 -</b> |              |
| <b>Total Expenditures</b><br>(from Page 2) 4.                        | - |  | <b>- 0 -</b> |              |
| <b>Ending Balance</b><br>(lines 3-4)                                 | = |  | <b>- 0 -</b> |              |
| <b>*Cannot have a negative ending balance</b>                        |   |  |              |              |

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

**- 0 -**

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

**- 0 -**

CONTRIBUTORS OF:

\$250 or Less

More than \$250

| Date | Full Name | Amount | Date | Full Name:<br>Address:<br>Contributor's job: (Individual)<br>Where contributor works: (Individual)<br>Affiliation: (Political committee) | Amount |
|------|-----------|--------|------|--|--------|
|      |           |        |      |  |        |
|      |           |        |      |  |        |
|      |           |        |      |  |        |
|      |           |        |      |  |        |
|      |           |        |      |  |        |
|      |           |        |      |  |        |
|      |           |        |      |  |        |
|      |           |        |      |  |        |

Total Contributions: (add both columns) None

Check if additional pages have been attached.

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: None

OATH OR AFFIRMATION

I, James D. Thornburg, 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.

James D. Thornburg Signature of Candidate, Agent, or Treasurer

Date 5/02 2014

Office Use Only

RECEIVED

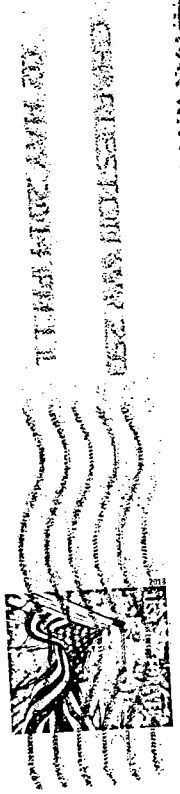
2014 MAY -5 PM 2:17

SECRETARY OF STATE

STATE OF WEST VIRGINIA

Received By: \_\_\_\_\_

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PO Box 18370  
South Charleston, WV 25303



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STATE CAPITOL  
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