State of West Virginia Campaign Financial Statement (Short Form) in Relation to the 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 miscel 4. Does your committee have any unpaid bi 5. Have you or anyone else given an in-kind 6. Has your committee given or received a t 	laneous rece lls? contribution	to your campaign?	checking accou	int interest?		
Candidate or Committee Name	Candidate or Committee's Treasurer					
Political Party (for candidates)		Treasurer's Mailing Address (Street, Route or P.O. Box)				
Office Sought (for candidates) Distri	City, State, Zip Code Daytime Phone #					
Election Cycle Reporting F Primary - First Report Due March 27-April 2,2010 Pre-prima Due April 20 General - First Report Due Sept. 20-24, 2010 Pre-gener Due Oct. 18	Ck one): Post-primary I Due May 24-Jun					
Reporting Period:	Annual Report Due In Calendar Year Due last Saturday in March or within 6 days thereafter			Final Report Zero balance required. PAC must also file Form F-6 Dissolution		
CASH BALANCE S	ill in totals afte	PORT TOTALS er you have completed pa	age 2)			
Beginning Balance (ending balance from previous report) 1.		141.70	TOTAL CONTRIBUTIONS			
Total Contributions (from Page 2) 2.	+	0	ELECTION YEAR-TO-DATE (Add line 2 from all reports)			
Subtotal (lines 1+2) 3.	_	141.70	TOT	AI EVDENINITUDES		
Total Expenditures (from Page 2) 4		0	TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)			
Ending Balance (lines 3-4)	=	141.70		300.00		
*Cannot have a negativ	e ending ba	lance	(9			

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Data				INIOLE	uian \$250			
Date	Full Name	Amount	Date		2.79	Amount		
				Full Name: Address:				
		+	-	Contributor's job: (Individual) Where contributor works: (In		†		
				Affiliation: (Political committee	e)			
				Full Name: Address:	% & &			
		+	-			*1		
			<u> </u>	Contributor's job: (Individual) Where contributor works: (In Affiliation: (Political committe	ndividual) e)			
				Full Name: Address:				
				Contributor's job: (Individual) Where contributor works: (In Affiliation: (Political committee	ndividual) ee)			
				Full Name: Address:				
			1	Contributor's job: (Individual)				
			Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)					
Ch	eck if additional pages			Total Contr	ibutions:			
ha	ve been atached.			(add both c	columns) L			
D. I.	ITEMIZED EXPENDIT	JRES (Item	nize 3r	d pary expenditures	/ reimbursement	is)		
Date	Full name, residence address (if pen	son); business a	address	(if firm)	Purpose	Amount		
						+		
MAKE AS	S MANY COPIES							
OF THIS	PAGE AS YOU NEED.			Tot	al Expenditures	:		
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correct	to the best of my knowledge	of all finance	, SV	vear or affirm that the	attached stateme	ent is true ar		
stateme	to the best of my knowledge, ent, as required by West Virginia	Code 83-8	Jai Ira -5a	nsactions occurring w	ithin the period co	overed by th		
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Kas	10/12 Summers	-		0:				
	5/35 11			Signature of	f Candidate, Agen	t, or Treasur		
Date	20/10.				38	2016		
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