## 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 Lewis Co. Dem. Executive	ommittee	Candidate or Committee's Treasurer		
Political Party (for candidates)	Treasurer's Mailing Address (Street, Route or P.O. Box)  10   Lynn Que			
Office Sought (for candidates)	District/Division	City, State, Zip Code Ulston, WV26452		Phone # - 269 5494
Due March 29-April 4, 2014 Due A  General - First Report Pre-G	ng Period (che Primary Report pril 28-May 2, 2014 General Report ectober 20-24, 2014	Post-Primary Report Due May 26-June 23, 2014  Post-General Report Due Nov. 17-Dec. 15, 2014	Che	Amended Report You must also check box of appropriate reporting period Final Report
Non-Election Cycle Election Period:		rt Due In Calendar Year urday in March or within 6 er		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.	2796, 26		
Total Contributions (from Page 2)	2.	+ —		
Subtotal (lines 1+2)	3.	= 2796. 26		
Total Expenditures (from Page 2)	4.	_		
Ending Balance (lines 3-4)		= 2796, 26		
*Cannot have a negative ending balance				

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

1850 00

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

		_
1958,	31	

## **CONTRIBUTORS OF:**

\$250 or Less

More than \$250

Date	Full Name	Amount	Date			Amount		
				Full Name: Address:				
			1	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)				
				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)				
	Check if additional pages nave been atached.			Total Co (add boti	ntributions: n columns)			
	ITEMIZED EXPENDITU	IRES (Item	nize 3	rd pary expenditur	es/reimbursements	)		
Date	Full name, residence address (if perso	on); business a	ddress	(if firm)	Purpose	Amount		
<u> </u>								
	AS MANY COPIES IS PAGE AS YOU NEED.			-	Total Expenditures:			
		OATH O	R AFI	FIRMATION				
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.								
Date	april 28, 20, 14.	y			e of Candidate, Agen	t, or Treasurer		
-			AMORN ISAN AN ATATA					
	65:51 Md 62 Add 4102							



Judith A. Staubly 701 Lynn Ave. Weston, WV 26452-2143

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