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 Co		ton Eyec Cyrm	Candidate or Committee's Treasurer Localia Clanu Treasurer's Mailing Address (Street, Route or P.O. Box)			
Office Sought (f		District/Division	740 (Amden, 100) City, State, Zip Code Weston W. Va 26452	Daytime Phone #		
Primary - First Due March 26 - A General - First Due September 2	Report pril 1, 2016	Pre-Primary Report Due April 25 - 29, 2016 Pre-General Report Due October 24 - 28, 2016		Check if Applicable: Amended Report You must also check box of appropriate reporting period Final Report		
			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.	1318,91				
Total Contributions (from Page 2)	2.	+ 0				
Subtotal (lines 1+2)	3.	= 1318.91				
Total Expenditures (from Page 2)	4.	- 100.0b				
Ending Balance = (lines 3-4)						
*Cannot have a negative ending balance						

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

1952.08

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

CONTRIBUTORS OF:

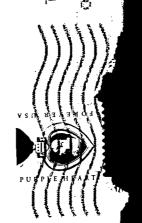
\$250 or Less				Мо	More than \$250		
Date	Full Name	Amount	Date			Amount	
				Full Name: Address:			
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	ITEMIZED EXPENI	DITURES (Item	nize 3ı	rd party expenditui	res/reimbursemer	nts)	
Date	Full name, residence address (i	`			Purpose	Amount	
9/1/1							
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	MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.				Total Expenditures:		
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correct	t, to the best of my knowled nent, as required by West Virg	ge, of all finan	, sv cial tra	wear or affirm that tansactions occurring	the attached stater within the period	nent is true and covered by this	
			-5a.				
Loc	lept 27 2014				e of Candidate, Age N先队ISTN 五) 土地		
Date 117 2016				Office Use Only			
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					الالمساء الاسلام المسارة الآخا المسادسة	1	
				Receiv	ved By:		



Ms. Louella Clem 740 Camden Ave. Weston, WV 26452-1720

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