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 N	ame h lican Ex Cannin	Candidate or Committee's Treasur	er C		
Political Party (for candida REpublica	tes)	Treasurer's Mailing Address (Street, Route or P.O. Box) 3/4-946-3/68			
Office Sought (for candida	tes) District/Division	Sarah Ann, WV	, Daytime Phone # <i>つい</i> チャ		
Primary - First Report Due March 29-April 4, 2014 General - First Report	Pre-Primary Report Due April 28-May 2, 2014 Pre-General Report Due October 20-24, 2014	Post-Primary Report	Check if Applicable: Amended Report You must also check box of appropriate reporting period		
Non-Election Cycle		port Due In Calendar Year aturday in March or within 6	Final Report 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)		2722,60			
Total Contributions (from Page 2)		+ —			
Subtotal (lines 1+2)	3.	=2722.60			
Total Expenditures (from Page 2)	4.	- 0			
Ending Balance (lines 3-4)		= 2722.60			
*Cannot have a negative ending balance					

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

362.50

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

106.00

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Data	= ""			Mo	re than \$250			
Date	Full Name	Amount	Date	Full Name:		Amount		
				Address:	ess:			
			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:	ime:			
					utor's job: (Individual) contributor works: (Individual) อา: (Political committee)			
				Full Name: Address:				
				Contributor's job: (Individu Where contributor works: Affiliation: (Political commi				
Chec	k if additional pages			Total Con	tributions:	0		
have	been atached.				ooldiiiis, ———			
	ITEMIZED EXPEND	ITURES (Itemiz	ze 3ro	d party expenditure	es/reimbursements	1		
Date	Full name, residence address (if	person); business ad	dress (i	f firm)	Purpose	Amount		
	ANY COPIES							
F THIS PAG	SE AS YOU NEED.				otal Expenditures:	6		
		OATH OR	AFFI	RMATION				
7	inice Stone							
orrect, to t	the best of my knowledge	of all financia	swe ر l tran:	ear or affirm that the	e attached statemen	t is true and		
atoment, e	as required by west virgin	na Code 83-8-58	a.	Table 10 000diffing V	vidini tile period Cov	rerea by this		
	5-14 , 20 14							
	5111	/	 -	——— Signature o	of Candidate, Agent,	or Treasurer		
ate 7-2	3-14 , 20 19	<i>*</i>		<u> </u>	W 40 FIVES			
	,			HMIS 70 ;	Office Use Only			
				PH 1:05	SOIT SED 58			
				Received				

Losan C. Republica, Ex Cem. Po Box 188 Sarah Ann, WU25644

CHARLESTON MAKES STATES

MV Secretary of State State Capitof Bld I Suite 157-K 1908 Kanawha Blud, East Charlesten, WV 25305