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.								
 Has your committee received any loans? Has your committee held any fundraisers? 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 MARSIAN COUNTY FOR MISICAM CAOCULUS (COMMITTEE Political Party (for candidates)	Candidate or Committee's Treasurer CADNE J. WOO) Treasurer's Mailing Address (Street, Route or P.O. Box)							
Office Sought (for candidates) District/Division	City, State, Zip Code Daytime Phone #							
MOUNDCHIE WY HATEL BOARD								
Election Cycle Reporting Period (che Primary - First Report Due March 29-April 4, 2014 Pre-Primary Report Due April 28-May 2, 2014	Check if Applicable: Amended Report You must also check							
General - First Report Due September 22-26, 2014 Due October 20-24, 2014	box of appropriate reporting period Final Report							
Non-Election Cycle Reporting Period: Annual Reporting Due last Saturdays thereafted	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								
THE PART OF THE PA								
Beginning Balance (ending balance from previous report) 1.	7.69	TOTAL CONTRIBUTIONS						
Total Contributions (from Page 2) 2. + カシック		(Add line 2 from all reports)						
Subtotal (lines 1+2) 3. = / Section 2.	2.69	入30,00 TOTAL EXPENDITURES						
Total Expenditures (from Page 2) 4. –	1	ELECTION YEAR-TO-DATE Add line 4 from all reports)						
Ending Balance (lines 3-4)	DIG	<i>←</i>						
*Cannot have a negative ending	n balance							

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name •	Amount	Date			Amount		
6/al	he BALLALIDICAN	130,00		Full Name: Address:				
9/13/1	4 Buen Long	100:00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)				
	0	100		Full Name: Stront Cong Address: 302 1245 St Confe wil				
				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 Total Contributions: ついて (add both columns)								
have been atached.								
ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)								
Date	Full name, residence address (if perso	on); business a	ddress	(if firm) Purpose A				
ļ								
MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED. Total Expenditures:								
		OATH O	R AF	FIRMATION				
l,, 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.								
Signature of Candidate, Agent, or Treasurer								
Date_				Shi	- 0- 1150 - 21	HATS		
	Date 20 Office Use Only 30 3141S 3147S TO THE STATE OF T							
	LS:6 HV 72 100 1102							
		-		Received By:	EMED	34		

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106 Arlington Ave Moundsville, WV 26041-1204

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