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?

*Cannot have a negative ending balance

	Ca	Candidate or Committee's Treasurer				
Mingo County Political Action Fu	nd Vi	Virginia Farley				
Political Party (for candidates)	Tre	Treasurer's Mailing Address (Street, Route or P.O. Box)				
	41	412 Persinger Drive				
Office Sought (for candidates) Dist		y, State, Zip Code	Daytime Phone #			
	W	'Iliamson, WV 25	661 304-235-5212			
General - First Report Due Sept. 22-26, 2014 On-Election Cycle Reorting Period:	eral Report 20-24, 2014 Annual Report Du Due last Saturda days thereafter REPOR	Post-primary Report Due May 26-June 23, 22 Post-general Report Due Nov. 17-Dec. 15, 22 Post-general Report Due Nov. 17-Dec. 15, 22 Post-general Report Post-general Re	Amended Report You must also check box of appropriate reporting period Final Report Zero balance required. PAC must also file For			
Beginning Balance (ending balance from previous report) 1.	\$ 6672.90	,	TOTAL CONTRIBUTIONS			
9	# 6672.96		TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATI (Add line 2 from all reports)			
(ending balance from previous report) 1. Total Contributions			ELECTION YEAR-TO-DATI (Add line 2 from all reports)			
(ending balance from previous report) Total Contributions (from Page 2) 2. Subtotal	+		ELECTION YEAR-TO-DATI			

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name		Am	ount	Date	Amount				
						Full Name: Address:				
						Contributor's job: (Individu Where contributor works: Affiliation: (Political comm	ıal) (Individual) ittee)			
						Full Name: Address:				
	<u> </u>					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)				
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	een atachea.			! !	·					
						d pary expenditure	es/ reimburs	ements)		
Date	Full name, resid	lence address (if pe	rson); bu	siness addi	ress (if	firm)	Purpose		Amount	
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						•				
1. <u>V/1</u>	rginia Farle	4	, swear or affirm that the attached statement is true							
I. <u>Virginia Farley</u> , 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.										
<u> </u>	uzinia F June 2	arley				Signature	e of Candida	te, Agent,	or Treasurer	
Date_	June 2	.20 14		OIMIE OF WEST WINDING						
	0				HATS HO HARTHROAD Office Are Out AIVIDAIV TO HATS					
						N 12: 12	1 E-NNC 1	501		
				Received By:						

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Virginia Farley 412 Persinger Dr Williamson, WV 25661-9752

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