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) T 1. Has your committee received any loans? 2. Has your committee held any fundraisers? 3. Has your committee received any miscellaneous received. Does your committee have any unpaid bills? 5. Have you or anyone else given an in-kind contribution to the committee given or received a transfer of exceived.	ipts, such as refunds or checking accorto your campaign?	REPORT.
Candidate or Committee Name MONDAGALIA CO. EDUC. ASSN. PAC Political Party (for candidates) Office Sought (for candidates) District/Division	Candidate or Committee's Treasurer DAVID MCQUAIN Treasurer's Mailing Address (Street, Ro 321 SOUTH HIGH City, State, Zip Code MORGANTOWN, WU	ST. aytime Phone #
Election Cycle Reporting Period (checomology Primary - First Report Due March 26 - April 1, 2016 General - First Report Due September 26 - 30, 2016 Pre-General Report Due October 24 - 28, 2016	<u> </u>	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	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

daysthereafter

Beginning Balance (ending balance from previous report)	1.	\$ 14 68			
Total Contributions (from Page 2)	2.	+ 0 00			
Subtotal (lines 1+2)	3.	= \$ 14 68			
Total Expenditures (from Page 2)	4.	- 0 <u>oo</u>			
Ending Balance (lines 3-4)		= \$14 68			
*Cannot have a negative ending balance					

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

Form F-6 Dissolution

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

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Received By:

Date	Full Name	Amount	Date				Amount				
	NONE			Full Name: Name: N	ONE		.1				
	NOINE			Contributor's job: (Individu Where contributor works: Affiliation: (Political comm	ıal) (Individual)		NONE				
				Full Name: Address:							
				Contributor's job: (Individent Where contributor works Affiliation: (Political comm							
				Full Name: Address:							
				Contributor's job: (Individ Where contributor works Affiliation: (Political comm							
				Full Name: Address:							
		NONE		Contributor's job: (Individent Where contributor works Affiliation: (Political comm							
				Total Co	ntributions:	200	<u>0</u>				
	Total Contributions:										
	ITEMIZED EXPENDIT	URES (Item	ize 3ı	rd party expenditur	es/reimburs	ements)					
Date	Full name, residence address (if per	rson); business a	ddress	(if firm)	Purpose		Amount				
NONE						NONE					
	AS MANY COPIES IS PAGE AS YOU NEED.			•	Total Expen	ditures:	1000				
		OATH O	R AF	FIRMATION							
-	A A A A	· ·									
	oxid R. McQuest, to the best of my knowledge,	of all finance	ial tra	wear or affirm that tansactions occurring							
staten	nent, as required by West Virginia		·ɔa.								
	Daniel R. McC	Quain	Ö	Signature	e of Candidat	e, Agent, or	Treasurer				
Date_	Dec. 8, 20 16	_		****		<u>EQMP</u>					
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Mr. David McQuain 321 S High St. Morgantown, WV 26501

PITTSBURGH PA 150

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