# 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 Name CCA NORTH CENTRAL WY Building + Constrate	ACCT Candidate or Committee STEVE PE		
Political Party (for candidates)	Treasurer's Mailing Add 931 (0.0400)		or P.O. Box) 626-3982
Office Sought (for candidates) Distri	ict/Division City, State, Zip Code		e Phone #
/ General - First Report Pre-Gene	ary Report Post-Primary Re   8-May 2, 2014 Due May 26-June 23   eral Report Post-General Re	3, 2014	eck if Applicable: Amended Report You must also check box of appropriate
Non-Election Cycle	Annual Report Due In Calendar Y Due last Saturday in March or within 6 days thereafter	rear	reporting period Final Report Zero balance required PAC must also file Form F-6 Dissolution

## REPORT TOTALS

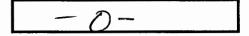
(Fill in totals after you have completed page 2)

## CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	1.	13600.00	
Total Contributions (from Page 2)	2.	+ 0.00	
Subtotal (lines 1+2)	3.	= 13600,00	
Total Expenditures (from Page 2)	4.	- D. DD	
Ending Balance (lines 3-4)		= 13600.00	
*Cannot have a negative ending balance			

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

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



#### Page 2

## CONTRIBUTORS OF:

\$250 or Less			More than \$250		
Date	Full Name	Amount	Date		Amount
				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)	
				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)	
Ched	ck if additional pages			Total Contributions:O	

Check if additional pages have been atached.

## ITEMIZED EXPENDITURES (Itemize 3rd pary expenditures/reimbursements)

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
	AS MANY COPIES S PAGE AS YOU NEED.	Total Expenditures:	-0-

## OATH OR AFFIRMATION

'UL , 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.

april 29 20 14 Date

Signature of Candidate, Agent, or Treasurer

Office Use Only SO:51HA SI YAHAIOS Received By: AISO SHA

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