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) 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?

Political Party (for candidates)	NISTCODE I	Candidate on Committee's Treasure Treasurer's Mailing Address (Street,	due
Office Sought (for candidates)	District/Division	City State, Zip Code	Daytime Phone # 2007
Election Cycle Re Primary - First Report Due March 26 - April 1, 2016 General - First Report Due September 26 - 30, 2016	porting Period (chec Pre-Primary Report Due April 25 - 29, 2016 Pre-General Report Due October 24 - 28, 2016	Post-Primary Report Due May 23 - June 21, 2016 Post-General Report Due Nov. 21 - Dec. 19, 2016	Check if Applicable: Amended Report You must also check box of appropriate reporting period Final Report
Non-Election Cycle Reporting Period:		Due In Calendar Year day in March or within 6 r	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		900.00	TOTAL CONTRIBUTIONS
Total Contributions (from Page 2)	2. +	0	ELECTION YEAR-TO-DATE (Add line 2 from all reports)
Subtotal (lines 1+2) 3	3. =	900.00	TOTAL EXPENDITURES
Total Expenditures (from Page 2)	4	0	ELECTION YEAR-TO-DATE (Add line 4 from all reports)
Ending Balance (lines 3-4)	=	900.00	
*Cannot have a negative ending balance			

CONTRIBUTORS OF:

\$250 or Less

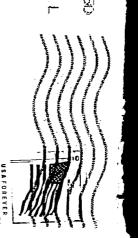
More than \$250

Date	Full Name	Amount	Date		Amount	
				Full Name: Address:		
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)		
	William 1			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)		
			•	Total Contributions: (add both columns)		
	ITEMIZED EXPEN	DITURES (Item	ize 3ı	d party expenditures/reimbursements)		
Date	Full name, residence address (if person); business a	ddress	(if firm) Purpose	Amount	
MAKE	AC MANY CODICS					
	AS MANY COPIES IS PAGE AS YOU NEED.			Total Expenditures:		
	et, to the best of my knowled ment as required by West Virg	ge, of all finance	, s\ sial tra	FIRMATION wear or affirm that the attached statement insactions occurring within the period covers.		
6	1 71 12			Signature of Candidate, Agent, o	or Treasurer	
Date (5) 31 2016.			Office Use Only	Office Use Only		
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