## 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 Political Party (for candidates)	Lobor Council	Treasurer's Mailing Address (Street, Route or P.O. Box)			
Office Sought (for candidates)	District/Division	PATKLIShurs W	Daytime Phone # 304 9179277		
	eporting Period (che Pre-Primary Report Due April 28-May 2, 2014 Pre-General Report Due October 20-24, 2014	Ck one):  Post-Primary Report  Due May 26-June 23, 2014  Post-General Report  Due Nov. 17-Dec. 15, 2014	Check if Applicable:  Amended Report  You must also check box of appropriate reporting period  Final Report		
Non-Election Cycle Reporting Period:		rt Due In Calendar Year urday in March or within 6 er	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.	2761.10					
Total Contributions (from Page 2) 2.	+ 100 00					
Subtotal (lines 1+2) 3.	= 2861.10					
Total Expenditures (from Page 2) 4.	_ O					
Ending Balance (lines 3-4)	= 2861.10					
*Cannot have a negative ending balance						

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

200.00

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

400.W

## CONTRIBUTORS OF:

\$250 or Less

More than \$250

		year						
Date	Full Name	Amount	Date	E. Whiener			Amount	
5/30	Porkersburg Brealphr	100.00		Full Name: Address:	N			
, , ,	Council			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)				
			Total Contributions:   100.					
	Check if additional pages			(add both	columns)	•		
/	have been atached.							
	ITEMIZED EXPENDITU					ements)		
Date	Full name, residence address (if perso	n); business a	ddress	(if firm)	Purpose		Amount	
	AS MANY COPIES				Total Expen	ditures:	0	
OF TH	IIS PAGE AS YOU NEED.							
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1,	ct, to the best of my knowledge, o	of all finance	s rial tr	wear or affirm that	the attached within the r	statement period cove	ered by this	
state	ment, as required by West Virginia	Code §3-8	-5a.		, · · · · ·		·	
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	Sylvano Chy	2ev	<u> </u>	Signatur	e of Candida	te, Agent, o	or Treasure	
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Date	office Use Only							
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