## 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?

5. Have you or anyone else given 6. Has your committee given or re Candidate or Committee Name	eceived a transfer of exc			
Political Party (for candidates)	DOM.	Treasurer's Mailing Address (Street, Route or P.O. Box)  4/3BARKW/45t		
Office Sought (for candidates)	District/Division	City, State, Zip Code  SMaup, WV 26120	Daytime (Q	94-3208
Primary - First Report Due March 26 - April 1, 2016  General - First Report	porting Period (che Pre-Primary Report Due April 25 - 29, 2016 Pre-General Report Due October 24 - 28, 2016	Post-General Report Due Nov. 21 - Dec. 19, 2016	Che	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	
		PORT TOTALS  fler you have completed page 2)		

## **CASH BALANCE SUMMARY**

			•
Beginning Balance (ending balance from previous report)	1.	1495,14	TOTAL CONTRIBUTIONS
Total Contributions (from Page 2)	2.	+	ELECTION YEAR-TO-DATE (Add line 2 from all reports)
Subtotal			1541.80
(lines 1+2)	3.	=	TOTAL EXPENDITURES
Total Expenditures (from Page 2)	4.	_	ELECTION YEAR-TO-DATE (Add line 4 from all reports)
Ending Balance (lines 3-4)		= 1495014	738,98
*Cannot have a negative ending balance			

## **CONTRIBUTORS OF:**

\$250 or Less

More than \$250

	<b>4</b> 200 01 2000			•			
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)			
	· · · · · · · · · · · · · · · · · · ·		1	Full Name: Address:			
			1	Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)			
<u> </u>			<u> </u>	Total Contributions: (add both columns)			
D.1.				d party expenditures/reimbursements	Amount		
Date	Full name, residence address (	(ir person); business	address	ir irm) Puipose	Amount		
	-						
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	AS MANY COPIES			Total Expenditures:			
OF THI	S PAGE AS YOU NEED.						
correc	t, to the best of my knowled	Ige, of all finan	sv	FIRMATION  wear or affirm that the attached statement of the statement of			
Signature of Candidate, Agent, or WNOdN ISBN 30 BIVES					, or Treasure		
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Miss Gayann J Haddox 413 Barkwill St Saint Marys, WV 26170

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