## 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? No
- 3. Has your committee received any miscellaneous receipts, such as refunds or checking account interest?  $N_{v}$
- 4. Does your committee have any unpaid bills? No

Candidate or Committee N		Candidate or Committee's Treasurer  William L. Mc Manu  Treasurer's Mailing Address (Street, Route or P.O. Box)  1004 RNA Ave			
Political Party (for candidate	tes)				
Office Sought (for candidate	tes) District/Division	City, State, Zip Code Mar 1: Now W 24954	Daytime Phone # 304-799-7293		
Election Cycle Primary - First Report Due March 29-April 4, 2014  General - First Report Due September 22-26, 2013	Pre-General Report Due October 20-24, 2014	Post-Primary Report Due May 26-June 23, 2014  Post-General Report Due Nov. 17-Dec. 15, 2014	Check if Applicab  Amended Report  You must also che 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 req PAC must also fil Form F-6 Dissolu		

## REPORT TOTALS

(Fill in totals after you have completed page 2)

## **CASH BALANCE SUMMARY**

Beginning Balance (ending balance from previous report)	1.	1274.63			
Total Contributions (from Page 2)	2.	+ 30.00			
Subtotal (lines 1+2)	3.	=1299,60			
Total Expenditures (from Page 2)	4.	- 721.66			
Ending Balance (lines 3-4)		= 577.94			
*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)

721.66

## **CONTRIBUTORS OF:**

\$250 or Less

More than \$250

Date	Full Name	Amount	Date				Amount				
				FullName: Address:							
				Contributor's job: (Individual Where contributor works: (I Affiliation: (Political committe	ntributor's job: (Individual) ere contributor works: (Individual) iation: (Political committee)						
				Full Name: Address:							
				Contributor's job: (Individual Where contributor works: (I Affiliation: (Political committe	ntributor's job: (Individual) ere contributor works: (Individual) liation: (Political committee)						
				Full Name: Address:	I Name:						
				Contributor's job: (Individual Where contributor works: (I Affiliation: (Political committ	tributor's job: (Individual) ere contributor works: (Individual) ation: (Political committee)						
				Full Name: Address:	Name:						
				Contributor's job: (Individual Where contributor works: (I Affiliation: (Political committe	ntributor's job: (Individual) ere contributor works: (Individual) iation: (Political committee)						
Check if additional pages (add both columns)  Check if additional pages (add both columns)											
	ITEMIZED EXPENDITURES (Itemize 3rd pary expenditures/ reimbursements)										
Date	Full name, residence address (if p	erson); business ac	dress (	(if firm)	Purpose		Amount				
					-						
	MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.			То	Total Expenditures:		0				
		OATH OF	RAFF	FIRMATION							
correct,	to the best of my knowledge ent, as required by West Virgin	e, of all financi	al tra	vear or affirm that the nsactions occurring w	attached s	statement is eriod covere	true and ed by this				
<u> </u>	April 28, 20/4			——— Signature o	of Candidate	e, Agent, or <sup>-</sup> -10 -11415 	Γreasurer				
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Pocahintos Co. Democratic Ete Coma

1004 2nd Ave MARLINEN, WU 24954-1010

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