## 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 candidate of Committee No. 1974)  Political Party (for candidate of Committee No. 1974)	L. Denocrat Club ares)	Candidate or Committee's Treasure  Kagle  Treasurer's Mailing Address (Street,  4042 Suma.+ U  City, State, Zip Code  Hurricane WV	Route or P.O. Box)
Primary - First Report Due March 26 - April 1, 2016 General - First Report Due September 26 - 30, 2016	le Reporting Period (che Pre-Primary Report Due April 25 - 29, 2016 Pre-General Report Due October 24 - 28, 2016		Check if Applicable:  Amended Report You must also check box of appropriate reporting period  Final Report
Non-Election Cycle Reporting Period:		ort Due InCalendar Year urday in March or within 6 ter	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 adding balance from previous report) 1.		906 99		,	TOTAL CONTRIBUTIONS		
Total Contributions (from Page 2)	2.	+	0		ELECTION YEAR-TO-DATE (Add line 2 from all reports)		
Subtotal (lines 1+2)	3.	=	906 99		TOTAL EXPENDITURES		
Total Expenditures (from Page 2)			0		ELECTION YEAR-TO-DATE (Add line 4 from all reports)		
Ending Balance (lines 3-4)		=	906 99				
*Cannot have a r	iega	tive e	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)							
				Full Name: Address:	ull Name:						
				Contributor's job: (Individu Where contributor works	Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)						
				Full Name: Address:							
	<u>-</u>			Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)							
				Full Name: Address:							
				Contributor's job: (Individe Where contributor works Affiliation: (Political comm	butor's job: (Individual) e contributor works: (Individual) ion: (Political committee)						
				Total Cor (add bot	ntributions: n columns)	C	>				
	ITEMIZED EXPENDITU				es/reimburs	ements)					
Date	Full name, residence address (if person	Full name, residence address (if person); business address (if firm)					Amount				
			_								
	10 14411/ 000150		-								
MAKE AS MANY COPIES  OF THIS PAGE AS YOU NEED.  Total Expenditures:											
<del></del>		OATH O	RAF	FIRMATION							
I,, 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.											
	Senst by Ry 5-27 2016		ture of Candidate/Agent, or Treasurer BECHELVER OF STATE								
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					ECEINE	A					
				Receiv	ved By:						