## 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?

	epublican Club	Candidate or Committee's Treasurer			
Political Party (for candidate	s)	Treasurer's Mailing Address (Street, Route or P.O. Box)			
Office Sought (for candidate	s) District/Division	City, State, Zip Code		e Phone # ≥04 6 6 0 - 2771	
Election Cycle Primary - First Report Due March 29-April 4, 2014 General - First Report Due September 22-26, 2014	Reporting Period (che Pre-Primary Report Due April 28-May 2, 2014  Pre-General Report Due October 20-24, 2014	Post-General Rep  Due Nov. 17-Dec. 15,	2014	eck if Applicable: Amended Report You must also check box of appropriate reporting period Final Report	
Non-Election Cycle Reporting Period:		t Due In Calendar Ye ırday in March or within 6 er	ear	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.		:	2924.85		
Total Contributions (from Page 2)		+	15.00		
Subtotal (lines 1+2)	3.	=	2939.85		
Total Expenditures (from Page 2) 4		_			
Ending Balance (lines 3-4)		=	2939.85		
*Cannot have a negative ending balance					

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

2325 00

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

877,98

## **CONTRIBUTORS OF:**

\$250 or Less

More than \$250

				<b>,</b>				
Date	Full Name	Amount	Date		Amount			
5/2	Cheryl Rust	15		Full Name: Address:				
7.5	Contributor's job: (Individual) Where contributor works: (In Affiliation: (Political committee			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)				
	Check if additional pages nave been atached.			Total Contributions: (add both columns)				
	ITEMIZED EXPEND	ITURES (Item	ize 3ı	rd pary expenditures/reimbursements)				
Date	Full name, residence address (if	person); business ac	ddress (	if firm) Purpose	Amount			
	***************************************		,					
<u> </u>								
	MAKE AS MANY COPIES  OF THIS PAGE AS YOU NEED.  Total Expenditures:							
		OATH OF	RAFF	IRMATION				
I.	James A.	Yoss	SW	vear or affirm that the attached statement i	s true and			
correc		e, of all financi nia Code §3-8-	al tra	nsactions occurring within the period cover				
				Signature of Candidate, Agent, or	Treasurer			
Date 6/20, 20 14.				SIVIE OLANGOMV				
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				2014 JUN 23 PM 3:22				
	Received By:							

Hoss Apollo La 272 Apollo La Mur WV 25526

CHARLESTON MAKEN

PART PRINCIPAL PRINCIP

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