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 N		Candidate or Committee's Treasurer MAX, NE G. OL SON Treasurer's Mailing Address (Street, Route or P.O. Box) 441 HICH STREE 7 City, State, Zip Code Daytime Phone # JANE LEW, WY 26378 304-884-8074			
	OF LEWIS COUNTY				
Political Party (for candidate of the Condidate of the Co					
Election Cycl Primary - First Report Due March 29-April 4, 2014 General - First Report Due September 22-26, 2014	Pre-General Report Due October 20-24, 2014		Check if Applicable: Amended Report You must also check box of appropriate reporting period		
Non-Election Cycle Reporting Period:	Annual Report Due last Satu days thereafte	rt Due In Calendar Year urday in March or within 6 er	Final Report 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.	296.65			
Total Contributions (from Page 2)		+			
Subtotal (lines 1+2)	3.	= 296.65			
Total Expenditures (from Page 2)	4.				
Ending Balance (lines 3-4)		= 296.65			
*Cannot have a negative ending balance					

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

\$ 6,66E #

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

9 160.92

CONTRIBUTORS OF:

\$250 or Less

More than \$250

	7200 0. 2000						
Date	Full Name	Amount	Date	Full Name:		Amount	
				Address:			
				Contributor's job: (Individu Where contributor works: Affiliation: (Political comm			
			<u> </u>	Full Name: Address:			
				Contributor's job: (Individu Where contributor works Affiliation: (Political comm			
				Full Name: Address:			
				Contributor's job: (Individe Where contributor works: Affiliation: (Political comm	Contributor's job: (Individual) Mhere contributor works: (Individual) Affiliation: (Political committee)		
				Full Name: Address:			
		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)					
C	heck if additional pages			Total Cor (add both	ntributions:		
há	ave been atached.						
	ITEMIZED EXPEN	DITURES (Item	ize 3	rd pary expenditur	es/reimbursements)	
Date	Full name, residence address (if person); business a	ddress	(if firm)	Purpose	Amount	
				:			
MAKEA	S MANY COPIES	· · · · · · · · · · · · · · · · · · ·					
	PAGE AS YOU NEED.				otal Expenditures:		
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nc	Mune Course	,					
correct	AXINE G. OLSON to the best of my knowled ent, as required by West Virg	ge, of all financ	ial tra	vear or affirm that the substitutions occurring	ne attached stateme within the period co	nt is true and vered by this	
	Maxime G. G 5/31 . 201			Signature	of Candidate, Agent	, or Treasurei	
Date	5/31 20 1	4.		AMONIV ISEW 70 JIAIZ			
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Ms. Maxine Olson PO Box 665 Jane Lew VVV 26378-0665

CHARLESTON WY ZEL -

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SECRETARY OF STATE
BLAG. 1, SWITE 157-K
19,000 KANAWINA BLUB., EAST
WARRIESTON, WI 25 305

ATTW: ELECTIONS DIVISION

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