## 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?

6. Has your committee give in	0110001101		7			
Candidate or Committee Name Ritchie Co. Democra	ne 1: Frechtive Consittee	Candidate or Committee's Treasurer				
Political Party (for candidate	s).	Treasurer's Mailing Address (Street, Route or P.O. Box) P. O. Box 301				
Office Sought (for candidate	s) District/Division	City, State, Zip Code Ellen boro, WV 26346	Daytime Phone # 304-869-3594			
Election Cycle Reporting Period (che 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		Post-General Report Due Nov. 17-Dec. 15, 2014	Che	Amended Report You must also check box of appropriate reporting period		
Non-Election Cycle Annu Due		nnual Report Due In Calendar Year ue last Saturday in March or within 6 ays thereafter		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.		\$ 0.00				
Total Contributions (from Page 2)	2.	+\$0.00				
Subtotal (lines 1+2)	3.	= \$ 0.00				
Total Expenditures (from Page 2)	4.	-\$0,00				
Ending Balance (lines 3-4)		= \$ 6.00				
*Cannot have a negative ending balance						
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TOTAL CONTRIBUTIONS **ELECTION YEAR-TO-DATE** (Add line 2 from all reports)

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

## CONTRIBUTORS OF:

\$250 or Less

More than \$250

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	ITEMIZED EXPENDIT					ements)	
Date	Full name, residence address (if per	rson); business a	ddress	(if firm)	Purpose		Amount
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correc	t, to the best of my knowledge,	of all financ	cial tra	ansactions occurrin	g within the p	eriod cover	ed by this
staten	nent, as required by West Virginia	a Code §3-8	-5a.				
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Dale Seese PO Box 301 Ellenboro, WV 26346

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West Virginia Secretary of States Office State Capital State Capital Building 1, Suite 157-K 1900 Kanawa Blvd, East Charleston, WV 25 305

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