## 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?

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  rt Due In Calendar Year	You must also check box of appropriate reporting period  Final Report Zero balance required.	
Election Cycle Primary - First Report Due March 29-April 4, 2014	e Reporting Period (che Pre-Primary Report Due April 28-May 2, 2014	Post-Primary Report Due May 26-June 23, 2014	Check if Applicable:	
N / A  Office Sought (for candida		P.O.Box 301 City, State, Zip Code Ellenboro W2639	Daytime Phone #	
Ritchie Co Democration Political Party (for candidate of	c Executivelommittee	Candidate or Committee's Treasurer  Dale Seese Treasurer's Mailing Address (Street, Route or P.O. Box)		

## REPORT TOTALS

(Fill in totals after you have completed page 2)

## **CASH BALANCE SUMMARY**

Beginning Balance (ending balance from previous report)	1.	-0-	TOTAL CONTRIBUTIONS
Total Contributions (from Page 2)	2.	+ -0-	ELECTION YEAR-TO-DATE (Add line 2 from all reports)
, ,			-0-
Subtotal (lines 1+2)	3.	= -0	TOTAL EXPENDITURES
Total Expenditures (from Page 2)	4.		ELECTION YEAR-TO-DATE (Add line 4 from all reports)
Ending Balance		= -0	-0~
(lines 3-4)	ena	ntive ending balance	
Jannot nave a n			

## **CONTRIBUTORS OF:**

\$250 or Less

More than \$250

Date	Full Name	Amount	Date		Amount
				Full Name: Address:	
	1	,	: 4	Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
	1/0			FullName: Address:	
		,		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
	$\sim$			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)	
	eck if additional pages ve been atached.		٠,.		)
				d party expenditures/reimbursements)	
Date	Full name, residence address (if perso	n); business a	address	(if firm) Purpose	Amount
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	1				
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	S MANY COPIES PAGE AS YOU NEED.			Total Expenditures:	-0-
	-	OATH C	R AF	FIRMATION	
I,	Dale Seese		s	wear or affirm that the attached statement	is true and
correct, stateme	to the best of my knowledge, or ent, as required by West Virginia	of all finance Code §3-8	cial tra I-5a.	ansactions occurring within the period cov	ered by uns
	Nale Sees	<u>)</u>		Signature of Candidate, Agent,	or (Treasurer
Date	18 NOV 20 14		, !	STATE OF WEST VINGINIA	
				Coffice Use Only	
	•			2014 NOV 20 PM 4: 16	
				Received By:	

Dale L Seese PO Box 301 Ellenboro WV 26346-0301

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West Viviginia Socretary of States Office State Capital Building 1, Svite 157 x 1900 Kanawha Blvd. East

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Charleston, WV 25305

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