

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?

Candidate or Committee Name SEIU District 1199 PAC		Candidate or Committee's Treasurer Kathy McCormick	
Political Party (for candidates)		Treasurer's Mailing Address (Street, Route or P.O. Box) 1217 Adams Ave	
Office Sought (for candidates)	District/Division	City, State, Zip Code Huntington WV 25704	Daytime Phone # (304) 522-2871

Election Cycle Reporting Period (check one):

- | | | |
|--|--|--|
| <input type="checkbox"/> Primary - First Report
Due March 26 - April 1, 2016 | <input checked="" type="checkbox"/> Pre-Primary Report
Due April 25 - 29, 2016 | <input type="checkbox"/> Post-Primary Report
Due May 23 - June 21, 2016 |
| <input type="checkbox"/> General - First Report
Due September 26 - 30, 2016 | <input type="checkbox"/> Pre-General Report
Due October 24 - 28, 2016 | <input type="checkbox"/> Post-General Report
Due Nov. 21 - Dec. 19, 2016 |

Check if Applicable:

- Amended Report**
You must also check box of appropriate reporting period
- Final Report**
Zero balance required.
PAC must also file Form F-6 Dissolution

Non-Election Cycle Reporting Period: Annual Report Due In ____ Calendar Year
Due last Saturday in March or within 6 days thereafter

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report) 1.		1,654.35
Total Contributions (from Page 2) 2.	+	9,000.00
Subtotal (lines 1+2) 3.	=	10,654.35
Total Expenditures (from Page 2) 4.	-	9,536.00
Ending Balance (lines 3-4)	=	1,118.35
*Cannot have a negative ending balance		

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

9,000.00

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

9,536.00

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: (add both columns)

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
9.11.2015	Fifth Third Bank 21 E State Street Columbus OH 43215	bank fee	3.00
10.12.2015	"	"	3.00
11.12.2015	"	"	3.00
12.10.2015	"	"	3.00
1.13.2016	"	"	3.00

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.

Total Expenditures: 15.00 (245)

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.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: (add both columns)

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
2-10-2016	Fifth Third Bank 21 E State St Columbus OH 43215	bank fee	3.00
3-16-2016	Natalie Tennant 2016 Committee 849 Maple Rd Charleston, WV 25302	Contribution	1,000.00
3-16-2016	Doug Reynolds for Attorney General PO Box 4040 Huntington WV 25729	Contribution	1,000.00
3-16-2016	Hornbuckle for House 418 11th St, Suite 202 Huntington WV 25701	Contribution	1,000.00
3-16-2016	Glenn Jeffersons for State Senate 190 Labrador Ln, Red House WV, 25168	Contribution	1,000.00

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.

Total Expenditures: 4,003.00 (3 of 5)

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.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
				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)	

Total Contributions:
(add both columns)

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ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
3.16. 2016	Skinner for WV P.O. Box 366, Shepherdstown, WV 25443	Contribution	1,000.00
3.16. 2016	Committee to Elect McOm as for House 774 Rocklick Branch Rd Prichard, WV 25555	Contribution	1,000.00
3.16. 2016	Mike Pukin for House Campaign 411-B Randolph St Charleston WV 25302	Contribution	1,000.00
3.16. 2016	Michael Caputo Campaign Committee PO Box 595 Riversville, WV 26589	Contribution	1,000.00
3.16. 2016	Reelect Jack Vest for State Senate 1413 Pleasant Ave, Wellsburg WV 26070	Contribution	1,000.00

MAKE AS MANY COPIES
OF THIS PAGE AS YOU NEED.

Total Expenditures: 5,000.00

(4 of 5)

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.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only
Received By: _____

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions:
(add both columns)

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ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
3.10. 2016	Fifth Third 21 E State St Columbus OH 43215	bank fee	3.00
3.1. 2016	Mulligan Topy 196 W Johnstown Rd Gahanna OH 43230	audit fee	500.00

MAKE AS MANY COPIES
OF THIS PAGE AS YOU NEED.

Total Expenditures:

503.00

(5 of 5)

OATH OR AFFIRMATION

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.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only
Received By: _____

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
3.21. 2016	28000 5810 1188 member @ w #.32 per member	9,000.00		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)	
				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)	

Total Contributions: (add both columns) 9,000.00

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
4.10. 2015	Fifth Third 21 E state st Columbus OH 43215	bank fee	3.00
5.12. 2015	"	bank fee	3.00
6.10. 2015	"	bank fee	3.00
7.10 2015	"	bank fee	3.00
8.12 2015	"	bank fee	3.00

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.

Total Expenditures: 15.00 (1 of 5)

I, Kathy McCamick, 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.

Kathy McCamick / 44

Signature of Candidate, Agent, or Treasurer

Date April 26, 2016.

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2016 APR 28 PM 12:25

RECEIVED

Received By: _____