## 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?

munitee Josie Johns	
Treasurer's Mailing Address (Street, Rd 419 W. Main St	
Oity, Otato, E.P. over	aytime Phone # 364-265-5664
Post-General Report	Check if Applicable:  Amended Report You must also check box of appropriate
Due Nov. 17-Dec. 15, 2014	reporting period Final Report
oort Due In Calendar Year aturday in March or within 6 after	Zero balance required. PAC must also file Form F-6 Dissolution
	Candidate or Committee's Treasurer  MMHE JOSIC JOHNS  Treasurer's Mailing Address (Street, Ro LIP W. Main Street, Ro City, State, Zip Code Da  City, State, Zip Code Da  Post-Primary Report Due May 26-June 23, 2014  Post-General Report Due Nov. 17-Dec. 15, 2014  Port Due In Calendar Year aturday in March or within 6

REPORT TOTALS
(Fill in totals after you have completed page 2)

## **CASH BALANCE SUMMARY**

Beginning Balance (ending balance from previous report)	1.	3960.86	TOTAL ELECTION
Total Contributions (from Page 2)	2.	+	(Add line
Subtotal (lines 1+2)	3.	=3960.86	TOTAL
Total Expenditures (from Page 2)	4.	- 💍	ELECTI (Add lin
Ending Balance (lines 3-4)	,	= 3960-86	5
*Cannot have a n	ega	ative ending balance	

**CONTRIBUTIONS** ON YEAR-TO-DATE e 2 from all reports)

EXPENDITURES ON YEAR-TO-DATE e 4 from all reports)

## CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date Full Name Amount Date Amount Amount Date Full Name: Address: Contributor's job: (Individual) Affiliation: (Folicial committee) Amount Affiliation: (Folicial committee) Address: Contributor's job: (Individual) Affiliation: (Folicial committee) Address: (Individual) Affiliation: (Folic
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) Where contributor works: (Individual) Affiliation: (Political committee)   Full Name: Address:   Contributor's job: (Individual) Where contributor works: (Individual) Where contributor wor
Affiliation: (Political committee)  Full Name: Contributor's job: (Individual) Where confributor works: (Individual) Affiliation: (Political committee)  Full Name: Contributor's job: (Individual) Where contributor works: (Individual) Where contributors is individual) Where contributors is individual) Where contributors is individual) Where contributors is individual) Where contributors is individual W
Address: Contributor's job: (Individual) Where contributor works: (Ind
Affiliation: (Political committee)  Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)  Contributor's job: (Individual) Where contributor works: (In
Address: Contributor's job: (Individual) Where contributor works: (Ind
Contributor's job: (Individual) Where contributor works: (Individual) Where contributor works: (Individual) Address: Contributor's job: (Individual) Where contributor works: (Individua
Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)  Total Contributions: (add both columns)  ITEMIZED EXPENDITURES (Itemize 3rd pary expenditures/reimbursements)  Date Full name, residence address (if person); business address (if firm)  Purpose Am  MAKE AS MANY COPIES  Total Expenditures:
Check if additional pages have been atached.  ITEMIZED EXPENDITURES (Itemize 3rd pary expenditures/reimbursements)  Date Full name, residence address (if person); business address (if firm)  Purpose Am  MAKE AS MANY COPIES  Total Expenditures:
Check if additional pages have been atached.  ITEMIZED EXPENDITURES (Itemize 3rd pary expenditures/reimbursements)  Date Full name, residence address (if person); business address (if firm)  Purpose Am  MAKE AS MANY COPIES  Total Expenditures:
have been atached.  ITEMIZED EXPENDITURES (Itemize 3rd pary expenditures/reimbursements)  Date Full name, residence address (if person); business address (if firm)  Purpose Am  Am  MAKE AS MANY COPIES  Total Expenditures:
Date Full name, residence address (if person); business address (if firm)  Purpose Am  Am  MAKE AS MANY COPIES  Total Expenditures:
Date Full name, residence address (if person); business address (if firm)  Purpose Am  MAKE AS MANY COPIES  Total Expenditures:
MAKE AS MANY COPIES  Total Expenditures:
OF THIS PAGE AS TOO REED.
OATH OR AFFIRMATION
1, 05(e ) drugon, swear or affirm that the attached statement is tru
correct, to the best of my knowledge, of all financial transactions occurring within the period covered by statement, as required by West Virginia Code §3-8-5a.
Statement, as required by restricting
Signature of Candidate, Agents or Treating of of Candidate, Agents of C
Date Oct, 22 2014.
Office Use Only
SOLY OCT 23 AH II: 36
and Alexander

419 W. Maix St Graffon Wo

CHEERLESTON WW. 250 CT 2014 PM 1.1.

- Telephone Company

West Virginia Secretary of States Office 1900 Kanawha Blid, East State Capito C. Building 1, Suite 157-K Charleston, W.U