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?

IAOII-LIECUOII OACIE		rt Due InCalendar Year urday in March or within 6 er		Final Report Zero balance required. PAC must also file Form F-6 Dissolution		
Election Cycle Primary - First Report Due March 26 - April 1, 2016 General - First Report Due September 26 - 30, 2016	Pre-Prim Due April 2 Pre-Gene	ary Report 25 - 29, 2016	Post-General Rep Due Nov. 21 - Dec. 19	1,2016	Amended Report You must also check box of appropriate reporting period	
Office Sought (for candidat	es) Distr	rict/Division	City, State, Zip Code Humbleton, 111	•	7 7 9 7 7 5 3 9 7 7 5 3 9 7 7 5 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	
Candidate or Committee Na INCHE (CUITY) Political Party (for candidate)	Edy Ass.	PAC	Candidate or Committee's Treasurer Cosh			

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report) 1.	Unknown	TOTAL CONTRIBUTIONS	
Total Contributions (from Page 2) 2.	+	ELECTION YEAR-TO-DATE (Add line 2 from all reports)	
Subtotal (lines 1+2) 3.	=	TOTAL EXPENDITURES	
Total Expenditures (from Page 2) 4.	_	TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)	
Ending Balance (lines 3-4)	= 696.76		
*Cannot have a neg			

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date			Amount			
				Full Name: Address:					
			1	Contributor's job: (Individent Where contributor works: Affiliation: (Political comm					
				Full Name: Address:					
				Contributor's job: (Individ Where contributor works Affiliation: (Political comm					
				Full Name: Address:					
				Contributor's job: (Individ Where contributor works Affiliation: (Political comm					
				Full Name: Address:					
				Contributor's job: (Individ Where contributor works Affiliation: (Political comm					
Total Contributions: (add both columns)									
ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)									
Date	Full name, residence address (if per	son); business a	address	(if firm)	Purpose	Amount			
	AS MANY COPIES IS PAGE AS YOU NEED.				Total Expenditures:				
		OATH C	R AF	FIRMATION	, , , , , , , , , , , , , , , , , , , ,				
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.									
_/	CSL (WI)			Signatur	e of Candidate, Agent,	or Treasurer			
Date_	10-73-16, 20				Office Use Only HYDON STATE OF	Sale			
				D	word Ho	, ′			

Josh Evans 379 Long St. Hambleton, wy 26269

CHARLESTON WAY 150

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FOREVER/USA

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