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.

 Has your committee received any loans? 	1.	. Has yo	ur commi	ittee receiv	ed any	loans?
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- 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 PLOYNERS SHOWN IS Z	Candidate or Committee's Treasurer 3 COTT
Political Party (for candidates)	Treasurer's Mailing Address (Street, Route or P.O. Box)
Office Sought (for candidates) District/Division	City, State, Zip Code Daytime Phone # 167

omoo oougiit (ioi ouildidatoo)	isuicubivision	KINGWOOD, WV 265	37	301-2167
Election Cycle Reporting Primary - First Report Due March 26 - April 1, 2016 Election Cycle Reporting Pre-Population	ng Period (che rimary Report oril 25 - 29, 2016	ck one): Post-Primary Report Due May 23 - June 21, 2016	Ch	eck if Applicable: Amended Report You must also check
	eneral Report ctober 24 - 28, 2016	Post-General Report Due Nov. 21 - Dec. 19, 2016		box of appropriate reporting period
on-Election Cycle Eeporting Period:		t Due In Calendar Year orday in March or within 6		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

		war.
Beginning Balance (ending balance from previous report)	1.	おの DEC: 18,2015) までありフリーマン
Total Contributions (from Page 2)	2.	+ \$ 6,175.27
Subtotal (lines 1+2)	3.	= \$34,916.50
Total Expenditures (from Page 2)	4.	_ # 23, 391.25
Ending Balance (lines 3-4)		= #11,525.25
*Cannot have a n	ega	tive ending balance

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

\$ (0,175,27

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

23,391.25

\$250 or Less

More than \$250

	\$250 Of Less			IVIO		
Date	Full Name	Amount	Date			Amount
			1/15	Full Name: WV- Pot Pt Address: 100 R10	CHARD AVE PACTURD ANTOWN, WY 2650	
\vdash			- 1'	Contributor's job: (Individently Where contributor works	69 NTOWN, WV 2656	1 660.80
			2016	Where contributor works Affiliation (Political comm	:-(Individual) littee)	
			2/	Full Name: 54ME Address:	AS ABOVE	
\vdash		+	2/19	Contributor's job: (Individ	ual) : (Individual)	569,43
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2016	Affiliation: (Political comm	nittee)	
			3/9	Address: 5+MF	AS ABOVE	482.49
			2016	Contributor's job: (Individ Where contributor works Affiliation: (Political comm	ual) :- (lodividual) nittee)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			4/19	Full Name: 54-MG Address:	e as above	485,14
			2016	Contributor's job: (Individ Where contributor works Affiliation: (Political comm	ual) ; (Individual) ittee)	105117
				Total Co	ntributions: #7.19	7,86
				(add boti	h columns)	,
Date	ITEMIZED EXPENDIT					Amount
, - -	Full name, residence address (if pers	son), business a	1001622	(11 11/11)	Purpose CAMPAIGN DONATION	Amount
2016	P.O. B.O. 508	7 (*)			CHINEMIEN DOWN 1107	J500,00
	RILL HAMILTON	01			1,	\$500,00
4/05	P.O. BOX 1192			•	,	2500,
2016	Buckharnon, W 253	.05				
	AS MANY COPIES S PAGE AS YOU NEED.			· 1	Total Expenditures:	#1000,00
		OATUO		IDMATION	-	
		OATHO	K AF	FIRMATION		
_	Tolle They	-		6 5 41 4 4		
oorroot	t, to the best of my knowledge,	of all financ	, SV vial tra	vear or affirm that t	he attached statemen	t is true and
	ient, as required by West Virginia			risactions occurring	within the penda cov	cied by tills
	and de	-				
	200-00-1 COC			Signature	e of Candidate, Agent,(or Treasurer
				Signature	o Candidate, Agent,	or Treasurer
Date	10-28 2016.					
					Office Use Only	
						1

Received By:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date		Amount
			= 18 2016	Contributor's job: (Individual) Where contributor works: (Individual)	688,00
			0/10 2016	Full Name: SAME NENBOVE Address: SAME NENBOVE Contributor's job: (Individual) Where contributor works—(Individual) Affiliation: (Political committee)	843,92
			2016	Full Name: SAME OF A POUE Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	763,85
			3/16 2016	Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	540,50
			-	Total Contributions: # 2830	0.27

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
8/19 2016	Done bedracos Hontworth MN 52019	CAMPAIGN DONATION	\$500,00
	S MANY COPIES PAGE AS YOU NEED.	Total Expenditures:	\$500,00

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.	Total Expenditures: \$500,00
OATH OR AF	FIRMATION
I, Scorrect, to the best of my knowledge, of all financial trastatement, as required by West Virginia Code §3-8-5a.	wear or affirm that the attached statement is true and ansactions occurring within the period covered by this
Date 10 - 28 , 20 16.	Signature of Candidate, Agent, or Treasure
Date	Office Use Only
	Received By:
2	···············

\$250 or Less

More than \$250

Date	Full Name	Amount	Date		Amount
			9/8 2016	Full Name: WV PAPF LU #152 PACFUND Address: 160 RICHARD AVE Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	528,90
			10/11	Full Name: SAME AS ABOVE Address: SAME AS ABOVE Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	612,24
				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)	

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

MAKE A	PO できたい スピール、 マン マト ぞら フ S MANY COPIES PAGE AS YOU NEED.	Total Expenditures:	
9/7	ISANC SPONAUGLE	11	500,00
9/7	BEVERLY KEHOLE HILL RO ROMBEY, WY 26757	1,	1000.00
9/7	CHRIS COMBS 331 BLUEBIRD LIN WEST UNION WY ZG456	٠.	250.00
7/7 2016	PHIL DISERIO FOLLANSBEZ, WV	DONATION	250,00
9/7 2016	RUSS'S RIBS 103W, BEVERLY ST - KNG WOOD W/V, 24537	METT - N - GREET	\$ 1391,25
Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount

I, Scott Dewlitt correct, to the best of my knowledge, of all financia statement, as required by West Virginia Code §3-8-5	_, swear or affirm that the attached statement is true and al transactions occurring within the period covered by this ia.
Date 10-28 , 20 16.	Signature of Candidate, Agent, or Treasurer
Date	Office Use Only
	Received By:

\$250 or Less

More than \$250

	·. · · · · · · · · · · · · · · · · · ·	— : <u> </u>	_		
Date	Full Name	Amount	Date		Amount
				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)	

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
9/7	ALAN JOMSON OF	CAMPAIGN	\$500.00
2016	- NRGS BUNDOS PARA AND MARI	DONATION	
9/7	STEVEN SHAFFEIK	1.	\$1000.00
2016	Tunnelton, WV 2 6446	1.5	7000.
9/7	JOHN WILLIAMS 1496 EASTERN AUE	11	50,00
391 10	MORGANTOWN, WU ZG505		20.
9/7	RODNEY PYLES 536 HARVARDAVE	(.	500,00
2016	MORGANTOWN, WV 26505	(.	100
2016	NANCY JAMISON MAIDSVILLE, WV 26541	11	500.00
MAKE A	S MANY COPIES PAGE AS YOU NEED.	Total Expenditures:	1300.00

1, SCOTT DEWITT, SW	ear or affirm that the attached statement is true and
correct, to the best of my knowledge, of all financial trar statement, as required by West Virginia Code §3-8-5a.	nsactions occurring within the period covered by this
Data 10-28 2016	Signature of Candidate, Agent, or Treasurer
Date 10-28 , 20 16 .	Office Use Only
	Received By:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date		Amount
				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)	

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
9/7 2016	EVIIN HANSEN MORGANTOWN, WY 26505	CARO PAIGN DONTTION	1000.00
9/7	BARBARA FLEISC HAUER 235 HIGH ST SUITE 618 MARGANTOWN, WY 26505	11	1000,00
2016	TIM MANCHIN 1543 FARMONT AUT SUITE 203 FAIRMONT, WV 26554	ti t ·	500,00
2016	MIKE CAPUTO 585 PO BOX 585 RIVESVILLE, WY 245 88	AS	1000,00
2016	LINDA LONG-STRETH BOY OHIO AVE FAIRMONT, WV 2455Y	0 10	500,00
	AS MANY COPIES S PAGE AS YOU NEED.	Total Expenditures:	\$4.000.00

	swear or affirm that the attached statement is true and transactions occurring within the period covered by this
Date 10-28, 20 16.	Signature of Candidate, Agent, or Treasurer
Date p , 20 p .	Office Use Only
	Received By:

\$250 or Less

More than \$250

			more than \$200			
Date	Full Name	Amount	Date		Amount	
				Full Name: Address:		
			1	Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)		
			1	Full Name: Address:	···	
			1	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:		
			1	Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)		
				Total Contributions:		

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
9/7	DAVID GOBEL 74 ABBET RD	CAMPAIGN	\$500,00
2016	GRAFTON, WV 26354	DONATION	χυ,
917	WAYNE WORTH YOU ROBEY HOLLOW RD LUMBERPORTINU ZG355	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	500,00
9/7	TIM MILEY 347 VALLEY VIEWED BRIDGEPERT, W 26330	(4)	500,00
917	DEREK MCENTYRE CLARKS BURG, WV	11	500.00
917 2016	RICHARD TAQUINTA 139 VERMONT NVE CLARKSBURG, WV 26301	11	500.00
	S MANY COPIES PAGE AS YOU NEED.	Total Expenditures:	12500,0C

correct, to the best of my knowledge, of all financia statement, as required by West Virginia Code §3-8-5	_, swear or affirm that the attached statement is true and al transactions occurring within the period covered by this 5a.
Date 10-28 2016.	Signature of Candidate, Agent, or Treasurer
Date	Office Use Only
	Received By:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date		Amount
				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)	

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

	Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
	9/7	KEN AUVIL	CAMPAIGN	200,00
1	016	KEN AUVIL BELINGTON, WY 26250	DONATION	2001
	9/7	PEGGT DOWNLDSON SMITH 518 CENTER AVE		CA 00
2	216	ME CLOM MA 50112 5	٠.	500,00
	9/7	DANA LYNCH 176 WOODPLANT RD WEBSTER SAKS, WY 26288	1.1	500.00
	9/7 2016	PHIL ISNER 44 RANDAPH AND ETKINS WY 26241	1.1	500,00
	917 2016	BILL HARTMAN POBOYZYZ ELKINS, WY ZOZYI	4	500,00
		AS MANY COPIES S PAGE AS YOU NEED.	Total Expenditures:	92500,00

	ct, to the best o	<u> </u>	ncial transactions	irm that the attached statement is true occurring within the period covered by	
State		by West Virginia Code §3	·o-va.		
	Scoth			Signature of Candidate, Agent, or Treas	urei
Date_	10-28	, 20_16.		Office Use Only	
				Received By:	_

\$250 or Less

More than \$250

Date	Full Name	I A	T	More than \$250			
	1 UII NAING	Amount	Date		Amount		
				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)			

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

Date	Full name recidence address (if account to	on and a content barsenients	tar contenibulacine iles)		
	Full name, residence address (if person); business address (if firm)	Purpose	Amount		
2010	BRENT BOGGS 151 PARKST. GASSAWAY, WY ZEGZY	CAMPAIGH DONATION	C-O		
9/7 2016	DAME PETHTEL POBOX 990	- 1	500,00		
301 kg	BEND NOTE 340 HENUTY DE HEDGESUILLE, WY 25427		500.00		
7)7	BOE WILLIAMS FO BOX567 GRAFTON, WV 26354.	V. V.	1000.00		
917 2016	ROMIN TREPIOSO 1800 DEGLOCOD DR FAIRM MIT, NV Z4554		500,00		
	S MANY COPIES PAGE AS YOU NEED.	Total Expenditures:	3000.00		

deficitly knowledge, of all financial transa	r or affirm that the attached statement is true and ctions occurring within the period covered by this
The state of the s	was southing water the period covered by this
Date_ 10 - 28 20 16	Signature of Candidate, Agent, or Treasurer
	Office Use Only
	Received By.

\$250 or Less

More than \$250

Date	Full Name	I A	More than \$250			
	i diritaille	Amount	Date		Amount	
				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)

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

OF THIS PAGE AS YOU NEED.	Total Expenditures:	13500.00
AKE AS MANY COPIES	1,	500.00
9/2 MATALIC TENTIANT 416 ADAMS ST SUITE 413 FRIEMENT, WY 26554 917 JIM JUSTICE POBOX 40027		1000,00
2016 MOUNDSVILLE, WV 2604/	11	500,00
7/7 DENISE CAMPBELL ET 1 BOXE30-36 ELKINS, MV 24241 9/7 LISA ZUKOFF 78-LYND DR	٠,	1000,00
9/7 DEUM FACEMIRE: POBO, 215 2016 SUTTON, WY 26601	CAMPAIGH DENATION	500,00
Date Full name, residence address (if person); business address (if firm)	Purpose	Amount

correct, to the best of my knowledge, of all financial transactatement as required by West Virginia Code 53 9 55	r or affirm that the attache	ed statement is true and
statement, as required by West Virginia Code §3-8-5a.	cuons occurring within the	period covered by this
_ South The		
10.00	Signature of Candid	late, Agent, or Treasurer
Date 10-28 20/6		
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		2016 HOY -9 PM 1:28
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U.S. POSTAGE KINGWOOD, WV 26537 NOV 07, 16 AMOUNT

The Chice of the Secretary of State
Bldg. I Suite ISNK
1900 Kanawka Blvd E.
Charleston, m 25305