Primary - March 26, 2016

State of West Virginia Campaign Financial Statement (Long Form) in Relation to the 2016 Election Year

Gandidate or Committee Name		Candidate o	r Committee's Treasurer		
Upshew Courty Republic			da S. DeBarr		
Political Party (for candidates)	Committee		Mailing Address (Street, R		· · · · · · · · · · · · · · · · · · ·
Republican		104	LI Clarksburg ZipCode D	Koac	<u>t</u>
Office Sought (for candidates)	District/Division		Khannon , WV 26		
Flootion O				201-	304 9 7 7 8 8 3 7 9
Primary - First Report Pre-p	ycle Reporting F rimary Report pril 25 - 29, 2016	Post	t-primary Report May 23 - June 21, 2016		k if Applicable:
	eneral Report ctober 24 - 28, 2016		t-general Report Nov. 21 - Dec. 19, 2016	b re	ou must also check ox of appropriate eporting period
Non-Election Cycle Reporting Period:	t Due InCalendar Year rday in March or within 6 er		Final Report Zero balance required. PAC must also file Form F-6 Dissolution		
REPORT TOTALS					
RECEIPTS OF FUNDS:	Fill in totals at the Totals for this Po	•	of the report. CASH BALA	ANCE	SUMMARY
Contributions (Page 3)	390.	00	Beginning Balance	:	
Monetary Contributions from all	1.01		(ending balance from		808.31
Fund-Raising Events (Page 4)	+ 4/94,	00	previous report)		
Receipt of a Transfer of Excess Funds (Page 8)	+ -0-		Total Monetary Contributions		+4,194.00
Total Monetary Contributions:	= 4194,0		Total Other Income		+ 390,00
In-Kind Contributions (Page 5)	+		Subtotal:	a.	
Total Contributions:	= 4,584.0	00	Oubtotal.	a,	=5,392,31
Other Income (Page 5)	_		Total Expenditures (2,812.95
Loans Received (Page 6)	+		Total Disbursements of Excess Funds (Pag		+
Total Other Income:	= —		Repayment of Loans	(Page 6)	+ —
OUTSTANDING LOANS	& DEBTS:		Subtotal:	b.	= 2,812.95
Unpaid Bills (Page 9)					0,012.75
Outstanding Loans (Page 6)	+ —		Ending Balanc		#
Total Debts:	=		(Subtotal a Subto	•	=2,579.36
TOTAL CONTRIE ELECTION YEAR- (Add total contributions for	•	TOTAL EXP ELECTION YI (Add total expenditu	EAR-To	O-DATE mall reports)	
<u>*5,392.</u>	21		4 2,812	+ 45	

Contributors of Page 3. Check if additional pages More than \$250 have been attached. **AMOUNT** DATE INDIVIDUAL CONTRIBUTOR OR COMMITTEE'S NAME Full Name: Address: (residential and mailing if they are different) Contributor's job: (individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only) Full Name: Address: (residential and mailing if they are different) Contributor's job: (individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only) Full Name: Address: (residential and mailing if they are different) Contributor's job: (individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only) Full Name: Address: (residential and mailing of they are different) Contributor's job: (individual gontributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only) Full Name: Address: (residential and mailing if they are different) Contributor's job: (individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only) Full Name:

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED Subtotal of all contributors of more than \$250

Subtotal of all contributors of \$250 or less (From page 2)

Total Contributions:

-0-

Address: (residential and mailing if they are different)

Where contributor works: (individual contributor only)

Contributor's job: (individual contributor only)

Affiliation: (political committee only)

Fage 4 Page 2 of pag	Upshu Lincoln L re 4 Februar	Vay Dinne ay 27, 20,	1/6 	
Date of E Type of E Name of D				t (Bauguet Room)
Fotal Me	onetary Contre	ibutions	2,85 -1,36	5.00 4.58 0.42
	Day Dinner_			

Page 5.
OTHER INCOME: INTEREST, REFUNDS, MISCELLANEOUS RECEIPTS

Date	Source of Income	Type of Receipt	Amount
Checkifa have bee	ndditionalpages n attached.	Total Other Income:	

IN-KIND CONTRIBUTIONS

			
Date	Name and Contributor Information	Description of Contribution	Value
AKE AS MAI F THIS PAG	NY COPIES TO TO TO THE PROPERTY OF THE PROPERT	otal In-Kind Contributions:	

Page 7.

ITEMIZED EXPENDITURES

(Itemize 3rd party expenditures/ reimbursements)

٦	Checkifadditionalpages
_	have been attached.

Date	Name of Person or Vendor and Address	Purpose	Amount
6/11/15	Nationwise Insurance Buckhannon MY 26201	Lebality Ins. for One (1) year	703.85
6/20/15	Walmart Buckhannon, WV 26201	West Virginia Day Celebration at Unihar Co. Courthous	58.84
9/18/15	Batman Rophies Bridgepost, NV 26330	plagues fer 2015 Lucisen Day Linker	53.90
9/19/15	Walmart Bucknannon, WV 26201	Cake for Sincell Day Dinner	42.98
9/22	Audreip Downtown Hestament 38 North Kanawka Street Buckhannon, NV 26201	Lucaen Day Dinner	588.80
2/19/16	Batman Trophies Bridgeport, NV 26330	Glagues for 2016 Linner Day	35.94
25/16	Neudlings Buckhannon, WV 26201	Day Denner	021.84
2/2/16	Audreys Down Iown Restauran 38 N. Kaurwaa Street Buckhannon, NV 26201	Lincoln Day Dinner	1306.80
·			
MAKE AS MAN	VCODIES		

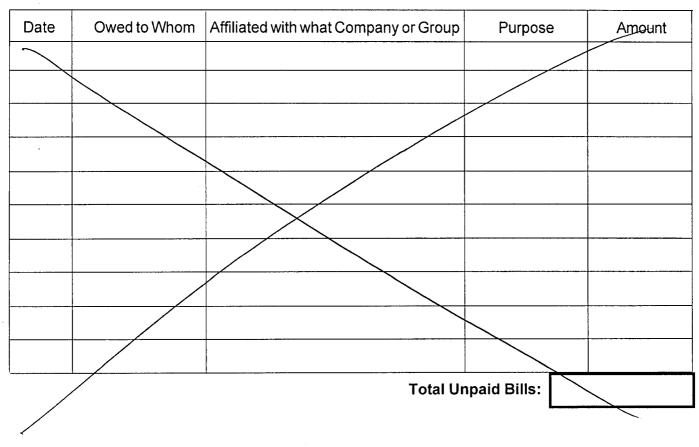
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Total Expenditures: 2,8/2.95

Page 9.

UNPAID BILLS

Check if additional pages have been attached.



OATH OR AFFIRMATION

1. Linda S. DeBarr	, swear or affirm that the attached
statement is true and correct, to the best of my knowledge, for covered by this statement, as required by West Virginia Code	
Linda S. De Barr	Signature of G andidate, Financi al
	Agent or Treasurer
Date <u>March</u>	<i>36</i> , 20 <u>16</u>

Office Use Only

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Kinde & De Bair, Dees 40REC 1041 Clarksburg Road Guckhannow M 26201



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Re: Upsku Caunty Campaign Guanciel Pepart Campaign Suanciel Pepart