## 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?

Candidate or Committee Na Wayne Co. 1	ame Domocratec Com.	Candidate or Committee's Treasurer  Elclon Perry  Treasurer's Mailing Address (Street Route or P.O. Box)  7909 Beech Hork Road				
Political Party (for candidat						
Office Sought (for candidat	tes) District/Division	City, State, Zip Code Eart Lynn, U. J.		0aytime Phone # 8/~ 8 4 9 - 2 ~ 4 7		
Election Cycle Primary - First Report Due March 29-April 4, 2014  General - First Report Due September 22-26, 2014	Pre-General Report Due October 20-24, 2014		Che	Amended Report You must also check box of appropriate reporting period Final Report		
		t Due In <u>/ ਉ</u> Calendar Year ırday in March or within 6 er		Zero balance require PAC must also file Form F-6 Dissolution		

## REPORT TOTALS

(Fill in totals after you have completed page 2)

## **CASH BALANCE SUMMARY**

Beginning Balance (ending balance from previous report)	1.	1083.70			
Total Contributions (from Page 2)	2.	+ 200.00			
Subtotal (lines 1+2)	3.	= /283,70			
Total Expenditures (from Page 2)	4.	- 657.25			
Ending Balance (lines 3-4)		= 626,45			
*Cannot have a n	*Cannot have a negative ending balance				

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

200,00

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

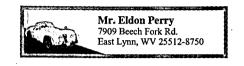
657,25

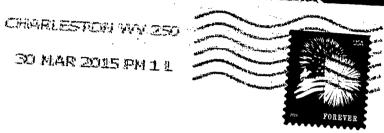
\$250 or Less

More than \$250

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				Address:			
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				Full Name: Address:			
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)			
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	ITEMIZED EXPENDITU				res/reimburs	ements)	
Date	Full name, residence address (if perso	n); business ac	dress (	if firm)	Purpose		Amount
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	S PAGE AS YOU NEED.				Total Expend	aitures: [	57.25
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I, <u> </u>	ldon Herry		_, sv	ear or affirm that t	he attached s	statement	is true and
	t, to the best of my knowledge, o			nsactions occurring	within the p	eriod cove	red by this
statem	nent, as required by West Virginia (	Jode §3-8-	oa.				
				Signatur	e of Candidate	MED-ME	S
	2 2 - 2	***		Signature			i rieasuler V
Date 3 - 30 - 15 , 20						· · · · · · · · · · · · · · · · · · ·	
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West Virginia Secretary of State State Capital Building 1 Suite 157-K 1900 Kanwha Blud Charleston W.V 25305

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