## 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?
- 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		Candidate or Committee's Treasurer			
WE THE PROPLI		SNORFW SABAK			
Political Party (for candidates)		Treasurer's Mailing Address (Street, Route or P.O. Box)			
		1489 LOCUSE AVENU	5		
Office Sought (for candidates) District/Division		City, State, Zip Code Daytime Phone #			
		PARMON, WY HERRY	304-	-612-4520	
Election Cycle Reporting Period (chec		ck one):	Check if Applicable:		
	Due April 25 - 29, 2016	Due May 23 - June 21, 2016		Amended Report You must also check	
	Pre-General Report Due October 24 - 28, 2016	Post-General Report Due Nov. 21 - Dec. 19, 2016		box of appropriate reporting period	
Non-Election Cycle	Annual Repor	t Due In Calendar Year		Final Report Zero balance required PAC must also file	
Reporting Period:	days thereafte	urday in March or within 6 er		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.	P	-		
Total Contributions (from Page 2)		+			
Subtotal (lines 1+2)	3.	= -			
Total Expenditures (from Page 2)		- 4			
Ending Balance (lines 3-4)					
*Cannot have a negative ending balance					

TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)
6

## CONTRIBUTORS OF:

\$250 or Less

More than \$250

	\$250 Of Less		7-			Amount
Date	Full Name	Amount	Date	Full Name:		Amount
			1	Address:	al)	
				Contributor's job: (Individu Where contributor works: Affiliation: (Political commi	(Índividual) itee)	
				Full Name: Address:		
				Contributor's job: (Individu Where contributor works: Affiliation: (Political commi	al) (Individual) ttee)	
				Full Name: Address:		
				Contributor's job: (Individu Where contributor works: Affiliation: (Political comm	al) (Individual) ittee)	
				Full Name: Address:		
			1	Contributor's job: (Individu Where contributor works: Affiliation: (Political comm		
				Total Cor (add both	ntributions:	6
	ITEMIZED EVDEN	IDITUDES (Item	nize 3	rd party expenditur	es/reimbursements)	
Data	Full name, residence address	(if person); business	address	(if firm)	Purpose	Amount
Date	Tun numo, rossessor	, , , , , , , , , , , , , , , , , , , ,				
	MANY CODIES				Total Expenditures:	6
MAKE AS OF THIS F	MANY COPIES PAGE AS YOU NEED.				Total Experientareo.	
		OATH	OR AF	FIRMATION		
						t in true on
1,	NDREW SABAKE to the best of my knowle	l. of all finar	;	swear or affirm that	the attached statements within the period cov	ered by thi
correct,	to the best of my knowled nt, as required by West Vi	irginia Code §3-	8-5a.	ansaotione cocurri,	,	
Stateme	A C. Sala	1.				
/	THE SAFA	e		Signatur	e of Candidate, Agent,	or Treasure
Data D	Andri Sabal Occarised 17, 20	16 .			TALE (2 BALD AND	<u>)</u>
Date	, 20_	· ·		SECRETARY OF STATE		
				1		
					DEC SS PHIZ: 15	

1489 Court Avenue Fallout, WV Holy

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Afr.; Hections Soul East #157-k
1900 Kananha Soul East #157-k

