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 Political Party (for candidates)			Candidate or Committee's Treasurer Treasurer's Mailing Address (Street, Route or P.O. Box)				
Election Cycle Reporting Period (che Primary - First Report Due March 26 - April 1, 2016 Pre-Primary Report Due April 25 - 29, 2016 General - First Report Due September 26 - 30, 2016 Pre-General Report Due October 24 - 28, 2016			Post-General Report Due Nov. 21 - Dec. 19, 2016	Ch	Check if Applicable: Amended Report You must also check box of appropriate reporting period Final Report		
		ort Due In Calendar Year urday in March or within 6 ter		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

		_		
Beginning Balance (ending balance from previous report)	1.		49,280	TOTAL CONTRIBUTIONS
Total Contributions (from Page 2)	2.	+	2600	ELECTION YEAR-TO-DATE (Add line 2 from all reports
Subtotal (lines 1+2)	3.	=	49.28	TOTAL EXPENDITURES
Total Expenditures (from Page 2)	4.		60,00	ELECTION YEAR-TO-DATE (Add line 4 from all reports
Ending Balance (lines 3-4)		=	49,28	
*Cannot have a n	ega	tive e	ending balance	

CONTRIBUTORS OF:

	\$250 or Less			Mo	re than \$250		
Date	Full Name	Amount	Date	· · · · · · · · · · · · · · · · · · ·		Amount	
				Full Name: Address:			
				Contributor's job: (Individu Where contributor works: Affiliation: (Political comm	ual) : (Individual) ittee)		
				Full Name: Address:			
				Contributor's job: (Individ Where contributor works Affiliation: (Political comm	ual) : (Individual) nittee)		
	t			Full Name: Address:			
				Contributor's job: (Individ Where contributor works Affiliation: (Political comm	ributor's job: (Individual) re contributor works: (Individual) ation: (Political committee)		
				Full Name: Address:			
				Contributor's job: (Individ Where contributor works Affiliation: (Political comm	tributor's job: (Individual) ere contributor works: (Individual) iation: (Political committee)		
				Total Co	ntributions:		
				(add boti	h columns)		
	ITEMIZED EXPENDITU	RFS (item	ize 3ı	rd narty expenditu	res/reimbursements)	, , , , , , , , , , , , , , , , , , , 	
Date	Full name, residence address (if perso	<u> </u>		<u> </u>	Purpose	Amount	
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MAKE	AS MANY COPIES				T-4-1 5		
	S PAGE AS YOU NEED.				Total Expenditures:		
		OATH O	R AF	FIRMATION			
staten	et, to the best of my knowledge, onent, as required by West Virginia	Code §3-8-	cial tra	wear or affirm that tansactions occurring	the attached statement g within the period cove	is true and ered by this	
1	6-7-, 20/6.	~ 7		Signature	e of Candidate, Agenty	λί/⊈reasurer √⊒ζ	
Date_	<u>0</u> , 20 <u>1</u> 6.				OSC 21015 20 1011 11	1	
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