## 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 Na	me	Candidate or Committee's Treasurer					
West Virginia Ret		David Broyles					
Political Party (for candidat	es)	Treasurer's Mailing Address (Street, Route or P.O. Box) 4708 MacCorkle Av., SW					
Office Sought (for candidate	es) District/Division	City, State, Zip Code Spring Hill WV 25309	Daytime Phone # 304-768-8821				
Primary - First Report Due March 26 - April 1, 2016  General - First Report Due September 26 - 30, 2016	Pre-Primary Report Due April 25 - 29, 2016  Pre-General Report Due October 24 - 28, 2016		Check if Applicable:  Amended Report You must also check box of appropriate reporting period				
		t Due In Calendar Year urday in March or within 6 er	Final Report 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)  Total Contributions (from Page 2)			378.90		
		+	0.00		
Subtotal (lines 1+2)	3.	=	378.90		
Total Expenditures (from Page 2)		_	0.00		
Ending Balance (lines 3-4)		=	378.90		
*Cannot have a negative ending balance					

-	TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)
	0.00
	TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)
	0.00

## CONTRIBUTORS OF:

\$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:			100					
				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 Co	ntributions:	0.00						
	ITEMIZED EXPENDITU	RES (Item	ize 3r	d party expenditui	es/reimburs	ements)						
Date	Full name, residence address (if perso	n); business a	iddress (	if firm)	Purpose		Amount					
	AS MANY COPIES				Total Expend	itures:	2.00					
OF THIS	S PAGE AS YOU NEED.	***					0.00					
		OATH O	RAFF	IRMATION								
David Broyles, swear or affirm that the attached statement is true and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.												
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<u> </u>				Signature	of Candidate	, Agent, or T	Γreasurer					
) ata	STATE OF MEDICAL											
Jaie_	Date May 25 , 2016 .											
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THE OFFICE OF THE SECRETARY OF STATE 1900 KANAWHA BLVD., EAST CHARLESTON, WV 25305 BLDG. 1, SUITE 157-K