# 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 N	ame <u>Yefutive Committee</u>	Candidate or Committee's Treat			
Political Party (for candidates)  NEMOCRAT		Treasurer's Mailing Address (Street, Route or P.O. Box)  3543 8 Mile Rd.			
Office Sought (for candida		City, State, Zip Code READER, W. V 2616	Daytime	Phone # 886-4689	
Election Cycle Primary - First Report Due March 29-April 4, 2014 General - First Report Due September 22-26, 2013	Pre-General Report Due October 20-24, 2014		ı	eck if Applicable: Amended Report You must also check box of appropriate reporting period	
		rt Due In Calendar Year urday in March or within 6 er		Final Report Zero balance required PAC must also file Form F-6 Dissolution	
- Troporting Terrou.		PORT TOTAL S		Form F-6 Dissolut	

(Fill in totals after you have completed page 2)

### **CASH BALANCE SUMMARY**

Beginning Balance (ending balance from previous report)	1.	\$7.783.11		
Total Contributions (from Page 2)	2.	+46500.00		
EsSubtotăl= (lines(152))	3.7.	= 42,283.11		
Total Expenditures (from Page 2)	4.	-\$ 1,340.00		
// *** <del>                                  </del>		= \$ 7,943. 11		
*Cannot have a negative ending balance				

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

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

\$ 1,340.00

# CONTRIBUTORS OF:

\$250 or Less			More than \$250					
Date	Full Name	Il Name Amount Date			Amount			
				Full Name: Address:				
			1	Contributor's job: (Individual Where contributor work Affiliation: (Political communication)				
				Full Name: Address:				
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				Full Name: Address:				
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	ITEMIZED EXPEND				res/ reimbursemen	ts)		
Date	Full name, residence address (if	person); business a	ddress (	if firm)	Purpose	Amount		
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13/13 RCS PRINTING - NEW MARTINSVILLE, W.U. 5/18/ W.V. STATE DEMOCRAT COMMITTEE 13 (2 STUDENTS TO Charleston W.U)				/)		430000		
13 DEMORRAT Women's Federation					ADD IN FAD	\$100.00		
60-1					BOOTH AT FAIR	\$100.00		
8/10/13 TOWN AS COUNTRY DAYS 8/10/13 TAKENGTONS GUN SHOP					HANDGUN	4558.00		
MAKE AS M	ANY COPIES GE AS YOU NEED.			•	Total Expenditures			
		OATH O	RAFF	IRMATION				
correct, to	the best of my knowledg as required by West Virgi	e, of all financi	, sw al trar	ear or affirm that t	he attached stateme within the period co	ent is true and overed by this		
Dack	Hangh		<del></del>	Signature	e of Candidate, Agen	t, or Treasurer		
Date 3/	30/2014 20	•			-11210	-		
		_		37.47.2 3.74.0.81.4.7.	Office Use Only			

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## CONTRIBUTORS OF:

\$250 or Less

	7			IVIC	ore than \$250		
Date	Full Name	Amount	Date				Amount
133/	DEPOSIT FROM GUN RAFFLE	\$1,100.00		Full Name: Address:			
				Contributor's job: (Individ Where contributor works Affiliation: (Political comm	lual) s: (Individual) nittee)		
8/24/	DEPOSIT FROM SALE & HARDSON	dilan es		Full Name: Address:			ļ
	DETTON TROM SILE THANDSUM	#400.		Contributor's job: (Individual Where contributor work: Affiliation: (Political communication)	lual) s: (Individual) nittee)		
				Full Name: Address:			
				Contributor's job: (Individ Where contributor works Affiliation: (Political com	lual) s: (Individual) nitlee)		
	٠.			Full Name: Address:			
				Contributor's job: (Individ Where contributor works Affiliation: (Political comm	ual) : (Individual) iitlee)		
<u>г</u>	Check if additional pages				ntributions: h columns)	1,600,00	
	have been atached.			de,p051	$\mathcal{E}_{5}$		
	ITEMIZED EXPENDITUR	ES (Itemi:	ze 3r	d parv expenditur	es/ reimburs	semente)	· · · · · · · · · · · · · · · · · · ·
Date	Full name, residence address (if person	); business ad	dress (i	if firm)	Purpose	Jeniena)	Amount
Alej	FINANCIAL ASSISTANCE,						
13 FULL PAGE ADD IN FAO BOOK (HONORING JAY ROCKE HELLARD					D. 60		
TICKET FOR						5.00	
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MAKE	AS MANY COPIES						
OF THIS	S PAGE AS YOU NEED.			Т	otal Expend	litures:	5. 20
		OATH OR	AFF	RMATION			
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correct	t, to the best of my knowledge, of	an unancia	ıırən	ear or affirm that the	ne attached s	tatement is	true and
statem	ent, as required by West Virginia Co	ode §3-8-5	а.	occurring	widini die be	noa covered	i by this
/	1 2 Caraho						
Date /	3-30-2014 20	<del></del>		—— Signature	of Candidate	, Agent, or T	reasurer
*					Office Use Only	,	<del></del>
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				Receive	d By:		