

# State of West Virginia Campaign Financial Statement (Short Form) in Relation to 16 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 <i>West Co Executive Committee</i>		Candidate or Committee's Treasurer <i>Treasurer</i>	
Political Party (for candidates)		Treasurer's Mailing Address (Street, Route or P.O. Box) <i>3543 8 mile Rd</i>	
Office Sought (for candidates)	District/Division	City, State, Zip Code <i>Reeders WV 26167</i>	Daytime Phone # <i>384-786-4689</i>

**Election Cycle Reporting Period (check one):**

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> <b>Primary - First Report</b><br>(Due last Saturday in March or within 6 days thereafter)   | <input type="checkbox"/> <b>Pre-primary Report</b><br>(Due 15 days before Primary election or within 4 business days) | <input type="checkbox"/> <b>Post-primary Report</b><br>(Due 13 days after Primary election or within 4 business days) |
| <input type="checkbox"/> <b>General - First Report</b><br>(Due 43 days prior to the General election or within 4 business days) | <input type="checkbox"/> <b>Pre-general Report</b><br>(Due 15 days before General election or within 4 business days) | <input type="checkbox"/> <b>Post-general Report</b><br>(Due 13 days after Primary election or within 4 business days) |

**Check if Applicable:**

- Amended Report**  
You must also check box of appropriate reporting period
- Final Report**  
Zero balance required. PAC must also file Form F-6 Dissolution

**Non-Election Cycle Reporting Period:**

- Annual Report Due In \_\_\_\_\_ Calendar Year**  
Due last Saturday in March or within 6 days thereafter

### REPORT TOTALS

(Fill in totals after you have completed page 2)

### CASH BALANCE SUMMARY

<b>Beginning Balance</b> (ending balance from previous report) 1.			<i>6,974.50</i>
<b>Total Contributions</b> (from Page 2) 2.	+		<i>488.88</i>
<b>Subtotal</b> (lines 1+2) 3.	=		<i>7,463.38</i>
<b>Total Expenditures</b> (from Page 2) 4.	-		<i>1,280.25</i>
<b>Ending Balance</b> (lines 3-4)	=		<i>6,183.13</i>
<i>*Cannot have a negative ending balance</i>			

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

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

Date	Full Name	Amount	Date	Amount
4/21/15	HARRY EGGELL	\$ 100.00	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/23/15	JEFF KESSLER	\$ 50.00		
4/21/15	DOVATIONS FROM BAKE SALE	\$ 338.88	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)	
		\$ 488.88	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Check if additional pages have been attached.

Total Contributions: (add both columns) \$ 488.88

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/ reimbursements)

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
5/10/15	TOWN & COUNTRY DAYS	BOOTH AT FAIR	\$ 100.00
5/31/15	DEANNA MCCONAUGHEY		\$ 230.00
5/21/15	GREG MORRIS	CLOCK (DOORPRIZE)	\$ 25.00
8/2/15	WETZEL DEMOCRAT WOMEN		\$ 50.00
8/2/15	W.V. DEMOCRAT LEGISLATIVE COUNCIL		\$ 300.00
Total Expenditures:			\$ 705.00

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.

OATH OR AFFIRMATION

I, \_\_\_\_\_, 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.

*Jack Dougherty*

Signature of Candidate, Agent, or Treasurer

Date: 3/29, 2016

Office Use Only

Received By: \_\_\_\_\_

Date	Full Name	Amount	Date	Amount
			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)	
			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)	

Check if additional pages have been attached.

Total Contributions: (add both columns)

**ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/ reimbursements)**

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
1/1/16	STEVE PALLESUO	JJ DINNER TICKET	\$100.00
2/6/16	SHERIFF OF WETZEL COUNTY	RENT FOR MOLLAHAN CENTER	\$150.00
2/6/16	SHERIFF OF WETZEL COUNTY	SECURITY DEPOSIT	\$300.00
2/6/16	AC HARLAND	CHECKS ORDERED	\$25.25

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Total Expenditures: \$575.25

**OATH OR AFFIRMATION**

I, \_\_\_\_\_, 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.

Jack Dougherty Signature of Candidate, Agent, or Treasurer

Date 3/29, 2016

Office Use Only

RECEIVED  
SECRETARY OF STATE  
STATE OF WEST VIRGINIA

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RECEIVED

Date	Full Name	Amount	Date	Amount
			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)	
			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)	

Check if additional pages have been attached.

**Total Contributions:**  
(add both columns)

\_\_\_\_\_

**ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/ reimbursements)**

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
			\$4705.00
			\$515.25

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.

**Total Expenditures:**

\$4,220.25

**OATH OR AFFIRMATION**

I, \_\_\_\_\_, 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.

*Jack Deagle*

Signature of Candidate, Agent, or Treasurer

Date 3/29/ 20 16

Office Use Only

Received By: \_\_\_\_\_

JACK H. HAUGHT  
3543 S. MILLE RD.  
LENDER, W.V.  
26167

WEST VIRGINIA SECRETARY OF STATE  
BUILDING 1 SUITE 157-K  
1900 KANAWHA BLVD. EAST  
CHARLESTON, W.V.  
25308

CHARLESTON WV 250  
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