

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 <i>West County Democratic Exec Comm</i> | | Candidate or Committee's Treasurer <i>Debbie Henne</i> | |
| Political Party (for candidates) <i>Democrat</i> | | Treasurer's Mailing Address (Street, Route or P.O. Box) <i>88 Sarah Lane</i> | |
| Office Sought (for candidates) | District/Division | City, State, Zip Code <i>Elizabeth W 2643</i> | Daytime Phone # <i>304-588-294</i> |

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Election Cycle Reporting Period (check one): | | | Check if Applicable: <input type="checkbox"/> Amended Report You must also check box of appropriate reporting period <input type="checkbox"/> Final Report Zero balance required. PAC must also file Form F-6 Dissolution |
| <input type="checkbox"/> Primary - First Report Due March 26 - April 1, 2016 | <input checked="" type="checkbox"/> Pre-Primary Report Due April 25 - 29, 2016 | <input type="checkbox"/> Post-Primary Report Due May 23 - June 21, 2016 | |
| <input type="checkbox"/> General - First Report Due September 26 - 30, 2016 | <input type="checkbox"/> Pre-General Report Due October 24 - 28, 2016 | <input type="checkbox"/> Post-General Report Due Nov. 21 - Dec. 19, 2016 | |
| Non-Election Cycle Reporting Period: | | | |
| <input type="checkbox"/> 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

| | | | |
|----------------------------------------------------------------------------------|----|---|---------------|
| Beginning Balance <small>(ending balance from previous report)</small> | 1. | | <i>556.00</i> |
| Total Contributions <small>(from Page 2)</small> | 2. | + | <i>—</i> |
| Subtotal <small>(lines 1+2)</small> | 3. | = | <i>556.00</i> |
| Total Expenditures <small>(from Page 2)</small> | 4. | - | <i>—</i> |
| Ending Balance <small>(lines 3-4)</small> | | = | <i>556.00</i> |
| *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)

556.00

CONTRIBUTORS OF:

\$250 or Less

More than \$250

| Date | Full Name | Amount | Date | Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) | 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) | |

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 |
|------|----------------------------------------------------------------------|---------|--------|
| | | | |
| | | | |
| | | | |
| | | | |

MAKE AS MANY COPIES
OF THIS PAGE AS YOU NEED.

Total Expenditures:

OATH OR AFFIRMATION

I, Deborah Henne, 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.

Deborah Henne

Signature of Candidate, Agent, or Treasurer

Date 4/29/16, 20

STATE OF WEST VIRGINIA
Office Use Only

2016 MAY -4 AM 11:52

Received By: _____

Wm. Windy, Dem. Exec.
88 Sarah Lane
Elizabeth, WJ 26143



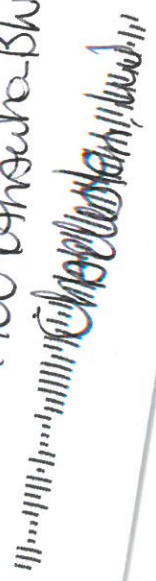
CHARLESTON WV 253
03 MAY 2016 PM 11

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Building 1

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