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 WWAYUN'I PA Political Party (for candidat	<u>C</u>	Candidate or Committee's Treasurer Onuthur A. Ade Treasurer's Mailing Address (Street, Ro	et 1
Office Sought (for candidat	es) District/Division	City, State, Zip Code D Charles for W/ 2530	aytime Phone # 1 394 344 - 487 2_
Primary - First Report Due March 26 - April 1, 2016 General - First Report Due September 26 - 30, 2016	Pre-General Report Due October 24 - 28, 2016	Post-Primary Report Due May 23 - June 21, 2016 Post-General Report Due Nov. 21 - Dec. 19, 2016	Check if Applicable: Amended Report You must also check box of appropriate reporting period Final Report
Non-Election Cycle Reporting Period:		rt Due InCalendar Year urday in March or within 6 er	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)		1740.45				
Total Contributions (from Page 2)	2.	+ 0.°°				
Subtotal (lines 1+2)	3.	= 1740,45 1740,45 1740,45				
Total Expenditures (from Page 2)	4.	- 12, 00.40				
Ending Balance (lines 3-4)		= 1728.45				
*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)

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Date

CONTRIBUTORS OF:

Date

Amount

\$250 or Less

Full Name

More than \$250

Amount

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				Full Name: Address: Contributor's job: (Individ Where contributor works Affiliation: (Political comm	ual) : (Individual) ittee)		
				Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)			
				Full Name: Address: Contributor's job: (Individ Where contributor works Affiliation: (Political comm			
L			<u></u>	Total Cor	ntributions:		
	ITEMIZED EXPENDIT	TURES (Itemi	ize 3ı	rd party expenditui	res/reimbursen	nents)	
Date	Full name, residence address (if person); business address (if firm)				Purpose		Amount
these Bank							
1/20 P.O. Box 654754, San Antonio, TX				Bul Service (1	harg	1200	
MAKE A	AS MANY COPIES			-	 Total Expendit	ures:	12 00
OF THIS	S PAGE AS YOU NEED.					L	
I, correct statem	t, to the best of my knowledge, perit, as required by West Virgini	, of all financ	, si ial tra	FIRMATION wear or affirm that tansactions occurring	the attached sta g within the peri	atement i	is true and red by this
Date_	Date 10/14 20/6			Signature of Candidate, Agent, or Treasurer 71715 10 AH Office Use Only			
				getter strapes	71 130 910Z		