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 4. Does your committee have any unpaid bills? 5. Have you or anyone else given an in-kind contribut 6. Has your committee given or received a transfer of 	ution to your campaign?	checking account interest?			
Candidate or Committee Name Communities Name Communities Name Communities Losa County Political Party (for candidates) Office Sought (for candidates) District/Division	Treasurer's Mailing Add	ress (Street, Route or P.O. Box)			
	t Post-Primary Re Due May 23 - June rt Post-General R Due Nov. 21 - Dec. Report Due In Calendar Saturday in March or within 6	Check if Applicable: 21, 2016 eport 19, 2016 Tyear Check if Applicable: Amended Report You must also check box of appropriate reporting period Final Report Zero balance required.			
	REPORT TOTALS als after you have completed pa UMMARY	ge 2)			
Beginning Balance (ending balance from previous report) 1.	0	TOTAL CONTRIBUTIONS			
Total Contributions (from Page 2) 2. +	\bigcirc	ELECTION YEAR-TO-DATE (Add line 2 from all reports)			
Subtotal					

Beginning Balance (ending balance from previous report)	1.		0			
Total Contributions (from Page 2)	2.	+	\bigcirc			
Subtotal (lines 1+2)	3.	I	0			
Total Expenditures (from Page 2)	4.	_	\bigcirc			
Ending Balance (lines 3-4)		=	0			
*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)

CONTRIBUTORS OF:

\$250 or Less

More than \$250

					ore than \$200				
Date	Full Name	Amount	Date				Amount		
				Full Name: Address:					
				Contributor's job: (Individ Where contributor works Affiliation: (Political comn	į				
			1	Full Name: Address:					
				Contributor's job: (Individual Where contributor works Affiliation: (Political comm	ributor's job: (Individual) re contributor works: (Individual) ation: (Political committee)				
				Full Name: Address:	Name:				
				Contributor's job: (Individual Where contributor works Affiliation: (Political comi	ributor's job: (Individual) re contributor works: (Individual) ation: (Political committee)				
	· · · · · · · · · · · · · · · · · · ·			Full Name: Address:	Name:				
					ibutor's job: (Individual) e contributor works: (Individual) tion: (Political committee)				
<u> </u>		Total Contributions: (add both columns)							
				(add bot	h columns) l				
	ITEMIZED EXPENDIT	JRES (Item	ize 3r	d party expenditu	res/reimburs	ements)			
Date	Full name, residence address (if pers				Purpose	ements	Amount		
						į.			
	AS MANY COPIES S PAGE AS YOU NEED.				Total Expend	litures:			
			D A E E	IRMATION					
)	<i>i</i>	OATHO	ХАГГ	TRIVIATION					
,_K	evin Brown		. SW	ear or affirm that t	he attached s	statement i	is true and		
correc	t, to the best of my knowledge,	of all financi	ial trai	nsactions occurring	within the pe	eriod cove	red by this		
statem	nent, as required by West Virginia	Code §3-8-	5a.						
	MB-			Cianatura			-		
// >-+- 1/	M /2			Signature	of Candidate	"SIVIECE"	reasurer		
Date <u>/</u>	May 2. 2016.					/136938 — Only			
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