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?

CASI		PORT TOTALS iter you have completed page 2) MARY			
Non-Election Cycle 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		
	Reporting Period (che Due Primary Report Due April 25 - 29, 2016 Pre-General Report Due October 24 - 28, 2016	Post-General Report Due Nov. 21 - Dec. 19, 2016	Check if Applicable: Amended Report You must also check box of appropriate reporting period		
Political Party (for candidates Office Sought (for candidates)		Treasurer's Mailing Address (Street, Route or P.O. Box) 5512 Rockhouse Frk. City, State, Zip Code Daytime Phone # Telbarton, W 25078 304-71cla-ac			
Candidate or Committee Name		Candidate or Committee's Treasurer			

Beginning Balance (ending balance from previous report) 1. Total Contributions (from Page 2) 2. + Subtotal (lines 1+2) 3. = Total Expenditures (from Page 2) 4. Ending Balance (lines 3-4) *Cannot have a negative ending balance

TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)
_ 0
TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)

CONTRIBUTORS OF:

\$250 or Less

More than \$250

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Date	Full Name	Amount	Date		Amount
			1	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:	
			1	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)	0
-	ITEMIZED EXPEND	ITURES (Item	nize 3ı	d party expenditures/reimbursement	s)
Date	Full name, residence address (if				Amount
		-			
-					
		 -			
MAKE	AS MANY COPIES				
	IS PAGE AS YOU NEED.			Total Expenditures	
		OATH C	R AF	FIRMATION	
-	Thomas Jide				
I,	or to the hest of my knowledge	e of all financ	, S\ cial_tra	vear or affirm that the attached statements. Insactions occurring within the period c	ent is true and overed by this
	ment, as required by West Virgi			modelione coodining within the period of	ovolog by and
2-	The All				
	1000 pm			Signature of Candidate VAGer	nt, or Treasure
Date_	4-26-16 , 20			SECRETARY OF STATE	·
				2016 APR 29 PM 12: 52	ı
				BECHIVED	
	•			Received By:	

Thomas Jude 5512 Rockhouse Frk Delbarton, WV 25678

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The Office of the Sevetary of State Bldg. 1, Swite 157-K 1608 Karawha Blud. E Charleston, WV 25805

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