State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2014 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?

		rt Due In Calendar Year urday in March or within 6	Final Report		
Primary - First Report Due March 29-April 4, 2014 General - First Report Due September 22-26, 2014	Pre-Primary Report Due April 28-May 2, 2014 Pre-General Report Due October 20-24, 2014	Post-Primary Report Due May 26-June 23, 201 Post-General Report Due Nov. 17-Dec. 15, 201	Amended Report You must also check box of appropriate		
Office Sought (for candida	· · · · · · · · · · · · · · · · · · ·	POBOXZ City, State, Zip Code Big Bland WV 2	Daytime Phone #		
Political Party (for candida	mocraticCom	Melissa Hixe Treasurer's Mailing Address (Street, Route or P.O. Box)			
Candidate or Committee N	ame ()	Candidate or Committee's Treasurer			

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report) 1.	\$ 633.04	TOTAL CONTRIBUTIONS
Total Contributions (from Page 2) 2.	+	ELECTION YEAR-TO-DATE (Add line 2 from all reports)
Subtotal (lines 1+2) 3.	= (033,04	<u> </u>
Total Expenditures (from Page 2) 4.		TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)
Ending Balance (lines 3-4)	=\$1633,04	0
*Cannot have a nega		

CONTRIBUTORS OF:

\$250 or Less

More than \$250

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 Total Contributions: (add both columns)											
have been atached.											
	ITEMIZED EXPENDIT	URES (Item	ize 3	rd pary expenditur	es/reimburse	ments)					
Date	Full name, residence address (if pers	Full name, residence address (if person); business address (if firm)					Amount				
				· · · · · · · · · · · · · · · · · · ·							
	AS MANY COPIES IS PAGE AS YOU NEED.			•	Γotal Expendi	itures:					
		OATH O	R AFI	FIRMATION							
I.	Melissa Hixar	1	. SI	wear or affirm that t	he attached st	tatement is	s true and				
I, Y'C' (1550 H) X 500 , 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.											
	Date 21 20 14.										
Date June 21, 20 14.											
	SECTAL PROBLEM										
	Received By: -ZIMO 40										
	2										

Melissa Hixan
Po Box 2
Big Bend, WV
26136

THE WIN PUTTINGS OF

THUE BUTTOM TO

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