(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?

Political Party (for candidat	octorac Psychoco	Treasurer's Mailing Address (Street, Route or P.O. Box)				
Office Sought (for candidate	es) District/Division	City, State, Zip Code Cいもんしらてつい	w 2) V.Y -1		
Election Cycle Primary - First Report Due March 29-April 4, 2014 General - First Report Due September 22-26, 2014	Pre-General Report Due October 20-24, 2014	Ck one): Post-Primary Report Due May 26-June 23, 2014 Post-General Report Due Nov. 17-Dec. 15, 2014		Check if Applicable: Amended Report You must also check box of appropriate reporting period Final Report		
		rt Due In Calendar 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) 1. 928.84			TOTAL CONTRIBUTIONS
Total Contributions (from Page 2)	2.	+ 000,00	ELECTION YEAR-TO-DATE (Add line 2 from all reports)
+ >			1150.00
Subtotal (lines 1+2)	3.	= 928.84	TOTAL EXPENDITURES
Total Expenditures (from Page 2)	4.	_ (00,00	ELECTION YEAR-TO-DATE (Add line 4 from all reports)
Ending Balance (lines 3-4)		= 828.54	750 =
*Cannot have a I			

Date	Full Name	Amount	Date				Amoun	l .
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			1	Contributor's job: (Individ Where contributor works Affiliation: (Political comm	: (Individual)			
			-	Full Name: Address:				
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		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)						
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	Check if additional pages nave been atached.			Total Co (add bot	ntributions: h columns)			_
	ITEMIZED EXPENDIT	URES (Item	nize 3ı	rd party expenditu	res/reimburs	ements)		
Date	Full name, residence address (if per		address	(if firm)	Purpose		Amour	ıt
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				Signatur	e of Candidat	e, Agent, c	or Treasu	ıreı
Date SOAT 26, 20 14.				STATE OF WEST VIRGINIA				
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