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 exc	cess campaign funds?
Candidate or Committee Name AFT Monagalis Co COPE Political Party (for candidates)	Candidate or Committee's Treasurer Angly Hayls Treasurer's Mailing Address (Street, Route or P.O. Box)
Political Party (for candidates) Office Sought (for candidates) District/Division	Treasurer's Mailing Address (Street, Route or P.O. Box) 170 E. As Kien St. City, State, Zip Code Daytime Phone # Union fown, W 1540 755-322-326 7
Election Cycle Reporting Period (che 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	
	ort Due In Calendar Year urday in March or within 6 ter

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report) 1.	2776.35						
Total Contributions (from Page 2) 2.	+ 1077.75						
Subtotal (lines 1+2) د عاد	= 3,854.1						
Total Expenditures (from Page 2) 4.	- 1,500						
Ending Balance (lines 3-4)	= 1354.10						
*Cannot have a negative ending balance							

TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)

2,161.5

TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)

2,500

Page 2

CONTRIBUTORS OF:

Data	T. H. A.L.			·	More than \$250		
Date	Fuli Name	Amount	Date				Amount
			929	7 miliation. (1 olitical col	shingtonst E didian INV 25311	Ŋ	9000
				Full Name: Address: Contributor's job: (Indi Where contributor of	vidual) rks: (Individual)		
				Affiliation: (Political committee) Full Name:			
				Address: Contributor's job: (Indi Where contributor wo Affiliation: (Political co	vidual) rks: (Individual) mmittee)		
				Full Name: Address:			
				Contributor's job: (Indiv Where contributor wor Affiliation: (Political con	ributor's job: (Individual) re contributor works: (Individual) ation: (Political committee)		
				Total C		77.1	5
	ITEMIZED EXPE	IDITURES (Itemi	ze 3rc	d party expendit	ures/reimburseme	nts)	
Date	Full name, residence address	(if person); business ad	dress (i	f firm)	Purpose		Amount
UIL Y	O Democratic House L O. Box 11716 Cha	9	Contribution	\$5	so)		
12416 pi	WV Family Unlues D. Box 2846, Cha	80	Contribution All		000		
12/16 13	itizens for Man. Co. S. High St. Mongo		Contribution Bi		000		
AKE AS MA	NY COPIES E AS YOU NEED.				Total Expenditure	s. Arr	44) a x
						3. 7.5	00.08
		OATH OR	AFFI	RMATION			
rrect, to the	he best of my knowledges required by West Virg	ge, of all financia inia Code §3-8-5a	l trans	ear or affirm that teactions occurring	the attached statem g within the period o	nent is t covered	rue and by this
nte 9/	30 20_16		<u> </u>	Signature	of Candidate Age	nt, or Tr	easurer
····	, 20_70	<u>. </u>		-4	Office Use Only		 1

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Received By:

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1900 Kanpuha Blud E. Bldg. Suite 157-K Charleston, UV 25305 WV Secretary of Stute Attention company Finance

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