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

Candidate or Committee Name		nmittee's Treasurer			
DOC YAC	Theresa	A. Waxman			
Political Party (for candidates)	Treasurer's Mailir	Treasurer's Mailing Address (Street, Route or P.O. Box)			
	49 Diam	and Care Rd.			
Office Sought (for candidates)	istrict/Division City, State, Zip Co	de Davtime Phone #			
	Bridgeport, V	VV 26330 3048426548			
Due last Saturday in March or within 6 days thereafter. General - First Report Due 43 days preceding general Due 15 c election Pre-ge Due 45 days preceding general	mary Report lays preceding primary or within 4 days thereafter. neral Report ays preceding general Post-prin Due 13 day or within 20 Post-gen Due 13 day				

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	1.	228.55	TOTAL CONTRIBUTIONS
Total Contributions (from Page 2)	2.	+ 0	ELECTION YEAR-TO-DATE (Add line 2 from all reports)
Subtotal (lines 1+2)	3.	= 228.55	TOTAL EXPENDITURES
Total Expenditures (from Page 2)	4.	- 0	TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)
Ending Balance (lines 3-4)		= 228.55	
*Cannot have a nega			

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date		42		Amount		
				Full Name: Address:					
				Contributor's job: (Individ Where contributor works Affiliation: (Political comm	ress: tributor's job: (Individual) tre contributor works: (Individual) ation: (Political committee) Name: ress: tributor's job: (Individual) tre contributor works: (Individual) ation: (Political committee) Name:				
				Full Name: Address:					
				Contributor's job: (Individ Where contributor works Affiliation: (Political comm					
				Full Name: Address:					
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				Full Name: Address:					
				Contributor's job: (Individ Where contributor works Affiliation: (Political comm	ributor's job: (Individual) re contributor works: (Individual) ation: (Political committee)				
	Check if additional pages have been atached.			Total Cor (add bot	ntributions: n columns)	_	9		
A		URES (Item	ize 3r	d party expenditu	es/reimburs	ements)			
Date	Date Full name, residence address (if person); business address (if firm)				Purpose	ements)	Amount		
				n n					
	AS MANY COPIES S PAGE AS YOU NEED.			7	otal Expend	litures:	O -		
		OATH O	RAFF	IRMATION					
, Theresa A. Waxman, 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.									
Q	Theresa a. Waxma	in		Signature	of Candidate	e, Agent, or T	Γreasurer		
Date_	March 31, 2015.								
					STATE OF WEATUNES				
					10:21 WA	7 - VIN 01	0.7		
	Received By:								
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49 Diamond Cove Rd Bridgeport, WV 26330







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WV Secretary of State Building 1, Suite 157-K 1900 Kanawha Blud, East (harleston, W) 25305