## 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 give	n or received a transfer of ex	cess campaign funds:				
Candidate or Committee N	ame /	Candidate or Committee's Treasurer				
317 Fact	PAC	BRIN K. STILTNER				
Political Party (for candidates)		Treasurer's Mailing Address (Street, Route or P.O. Box)				
		55 DOG WOO	OD KOAD			
Office Sought (for candida	tes) District/Division	City, State, Zip Code	Daytime Phone #			
		ST. ALBANS WV 25177				
Election Cycl Primary - First Report Due March 26 - April 1, 2016	e Reporting Period (che Pre-Primary Report Due April 25 - 29, 2016	Post-Primary Report Due May 23 - June 21, 20	O16 Amended Report			
General - First Report Due September 26 - 30, 2016	Pre-General Report Due October 24 - 28, 2016	Post-General Rep				
		ort Due InCalendar Year curday in March or within 6 ter	Final Report 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)		303.22				
Total Contributions (from Page 2)		+ 🛇 . 00				
Subtotal (lines 1+2)	3.	= 303.22				
Total Expenditures (from Page 2)	4.	- 🛇				
Ending Balance (lines 3-4)		= 303.22				
*Cannot have a negative ending balance						

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

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

## **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)							
			<del>-</del>	Full Name: Address:	Full Name:						
				Contributor's job: (Individent Where contributor works Affiliation: (Political comm	ntributor's job: (Individual) ere contributor works: (Individual) lation: (Political committee)						
				Full Name: Address:							
				Contributor's job: (Individ Where contributor works Affiliation: (Political comn							
				Full Name: Address:							
				Contributor's job: (Individent Where contributor works Affiliation: (Political comm	tributor's job: (Individual) ere contributor works: (Individual) ation: (Political committee)						
	Total Contributions: (add both columns)										
Date	Date   Full name, residence address (if person); business address (if firm)				Purpose		Amount				
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	AS MANY COPIES IS PAGE AS YOU NEED.			7	Total Expend	litures:	000				
	1	OATH O	R AFI	FIRMATION							
I,	DRZAN K. DI	PZLTNER	ي, sv	vear or affirm that t	he attached s	tatement is	s true and				
	ct, to the best of my knowledge, nent, as regulated by West Virginia			insactions occurring	within the pe	erioa cover	ea by this				
		- <del>/                                   </del>									
	Signature of Candidate, Agent, or Treasur										
Date 6/30 20/6.				<b>r</b>	STATE OF WEST VIRGINIE						
Office Use Only						v <b>niy</b> ()∃(S					
	2016 OCT -3 PM 1: 06										
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Brian & Toni Stiltner 55 Dogwood Road Saint Albans, WV 35177

OFFICE OF SECRETARY OF STATE STATE CAPITOL, BLAG. 1, RM. 167-K 1900 - KAWAWHA BLUA., EAST

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