## 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 excess campaign funds?

Candidate or Committee Name  (Alcohos of Howard  Political Party (for candidates)	DEC CASCO	Treasurer's Mailing Address (Street	MAN
Office Sought (for candidates)	District/Division	City, State, Zip Code WE Was WV26062	Daytime Phone # 304-723-1479
Election Cycle F Primary - First Report Due March 26 - April 1, 2016  General - First Report Due September 26 - 30, 2016	Pre-Primary Report Due April 25 - 29, 2016  Pre-General Report Due October 24 - 28, 2016	Post-General Report Due Nov. 21 - Dec. 19, 2016	Check if Applicable:  Amended Report You must also check box of appropriate reporting period
Non-Election Cycle Reporting Period:		t Due InCalendar Year urday in March or within 6 er	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**

			4
Beginning Balance (ending balance from previous report)	1.	35.10	TOTAL CONTRIBUTIONS
Total Contributions		+ 0	ELECTION YEAR-TO-DATE (Add line 2 from all reports)
(from Page 2)	2.		0
Subtotal (lines 1+2)	3.	= 35.10	TOTAL EXPENDITURES
Total Expenditures (from Page 2)	4.	- 35.10	ELECTION YEAR-TO-DATE (Add line 4 from all reports)
Ending Balance (lines 3-4)	-	=	0
*Cannot have a negative ending balance			

## CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	:			Amount		
				Full Name: Address:					
				Contributor's job: (Individu Where contributor works: Affiliation: (Political commi					
		-		Full Name: Address:					
				Contributor's job: (Individu Where contributor works: Affiliation: (Political commi	outor's job: (Individual) contributor works: (Individual)				
				Full Name: Address:					
				Contributor's job: (Individu Where contributor works: Affiliation: (Political comm	re contributor works: (Individual) ution: (Political committee)				
				Fuil Name: Address:					
				Contributor's job: (Individu Where contributor works: Affiliation: (Political comm	e contributor works: (Individual)				
Total Contributions: (add both columns)									
	ITEMIZED EXPENDITU	RES (Item	ize 3	rd party expenditur	es/reimburs	ements)			
Date	Full name, residence address (if perso	on); business a	ddress	(if firm)	Purpose		Amount		
?	HADCOCK CTY SAVINGS BANK				MAIN	3	35.10		
		<del></del> ;			-				
		<u> </u>					·		
MAKE	AS MANY COPIES	<del></del>			Total Expend	ditures:			
	IS PAGE AS YOU NEED.				I Otal Expell	uitures.			
		OATH C	RAF	FIRMATION					
l,/ correct	ct, to the best of my knowledge, on the best of the best Virginia	of all finand Code §3-8	cial tra -5a.	wear or affirm that t ansactions occurring	he attached within the p	statement eriod cove	is true and red by this		
<u> </u>	athryn ( Yaw	man		Signature	e of Candidat	e, Agent, o	r Treasurer		
Date 4/4 2017.				J	WEST DEWIN				
Date_	20//				Office Use Only				
SI :SIM9 OI A9A FIOS									
				Receiv	ved By:				

Mussp PRIVE

WEST VIRGINIA SECRETARY OF STAT 574/E CANTOL HALESTON (UV 25305

Wood !