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?

| I | Candidate or Committee Name French | | 300 | Candidate or Committee's Treasurer | | | | 1 |
|--|--|---------------------------|------------|--|--|-------|----------------------|--|
| | wheeling Isla | nd Record | ck PAC | Flow | of shuler | | | |
| Ī | Political Party (for candidates) | | | Treasurer's Mailing Address (Street, Route or P.O. Box) | | | | |
| ľ | | | | 1 Belle tern Pace | | | | |
| ı | Office Sought (for candidate | es) District/ | Division (| City, State, Z | | | | Phone # |
| Ĺ | | | 1 | whee | ling Wi | SKOOK | 304 | 1228-8161 |
| Election Cycle Reporting Period (che Primary - First Report Pre-Primary Report | | | - | ck one): | | | Check if Applicable: | |
| <u> </u> | Due March 26 - April 1, 2016 | Due April 25 - 2 | | | May 23 - June 21, 20 | 16 | | Amended Report You must also check |
| | General - First Report Due September 26 - 30, 2016 | Pre-General Due October 2 | - | | - General Report Nov. 21 - Dec. 19, 20 | 1 | | box of appropriate reporting period |
| _ | | | | | | | | Final Report |
| Non-Election Cycle Reporting Period: | | | | t Due In 201 Calendar Year orday 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) | 8,800? | | | | | |
|---|--------|------------|--|--|--|--|
| Total Contributions (from Page 2) | 2. | + 0. | | | | |
| Subtotal (lines 1+2) | 3. | = 8,800 = | | | | |
| Total Expenditures (from Page 2) | 4. | - O.° | | | | |
| Ending Balance (lines 3-4) | | = 8, 800°. | | | | |
| *Cannot have a negative ending balance | | | | | | |

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

1,000:00

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

1,000.00

CONTRIBUTORS OF:

\$250 or Less

More than \$250

| | V200 01 E033 | | | | | | |
|--|---|------------------|-----------|--|-----------------|--|--|
| Date | Full Name | Amount | Date | | Amount | | |
| | | | | Full Name: Address: | | | |
| | | | | Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) | | | |
| | | | | Full Name: Address: | | | |
| | | | | Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) | | | |
| | | | | Full Name: Address: | | | |
| | · | | 1 | Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) | | | |
| | | | | Full Name: Address: | | | |
| | | | | Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) | | | |
| <u>, </u> | | | | Total Contributions: | | | |
| | | | | (add both columns) | | | |
| | | | | | | | |
| Data | Full name, residence address (if perso | | | rd party expenditures/reimbursements | S) Amount | | |
| Date | Full flattle, residence address (ii perso | ii), busiliess a | - Iduless | (I min) | 74710417 | | |
| | | | | | | | |
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| | | | ** | | | | |
| MAKE | AS MANY COPIES | | | Total Expenditures | | | |
| OF TH | IS PAGE AS YOU NEED. | | | Total Exponential of | | | |
| | | OATH O | RAF | FIRMATION | | | |
| , | Elaud W. Shules | _ | C | wear or affirm that the attached stateme | ant is true and | | |
| correc | ct, to the best of my knowledge) of | f all financ | cial tra | ansactions occurring within the period c | overed by this | | |
| stater | ment, as required by West Virginia (| Code §3-8- | -5a. | | | | |
| | And All | · | | | | | |
| Signature of Candidate, Agent, or | | | | | | | |
| Date_ | 110(0) 51 20 1 . | Office Use Only | | | | | |
| | 2017 APR -5 PM 12: 45 | | | | | | |
| | | | | 7777417757114 | | | |
| Received By: | | | | | | | |
| | | | | i received by | | | |

Wy Secretary of State
Bldg. 1, Suite 187-K
Marcheston, W. 2305
Onarleston, W. 2305