State of West Virginia Campaign Financial Statement (Short Form) in Relation to ____ 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 Beckley Area Cape	Candidate or Committee's Treasurer			
Political Party (for candidates)	Treasurer's Mailing Address (Street, R	oute or P.O. Box)		
Office Sought (for candidates) District/Division	City, State, Zip Code D	aytime Phone # 30475870284		
Election Cycle Reporting Period (check Primary - First Report (Due last Saturday in March or within 6 days thereafter) General - First Report (Due 43 days prior to the General election or within 4 business days) Election Cycle Reporting Period (check Primary Report (Due 15 days before Primary election or within 4 business days)	Check if Applicable: Amended Report You must also check box of appropriate reporting period Final Report			
	t Due In Calendar Year Irday in March or within 6 er	Zero balance require 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) 1.	4611.83	TOTAL CONTRIBUTIONS
Total Contributions (from Page 2)	2.	+	ELECTION YEAR-TO-DATE (Add line 2 from all reports)
Subtotal (lines 1+2)	3.	= 4011,83	TOTALEXPENDITURES
Total Expenditures (from Page 2)	4.	- 0	ELECTION YEAR-TO-DATE (Add line 4 from all reports)
Ending Balance (lines 3-4)		= 4611,83	
*Cannot have a n	egati	ve ending balance	

CONTRIBUTORS OF:

\$250 or Less

More than \$250

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Date	Full Name	Amount	Date				Amount	
				Full Name: Address:				
				Contributor's job: (Individu Where contributor works: Affiliation: (Political commi	al) (Individual) ittee)			
	The state of the s			Full Name:	Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) Full Name:			
				Full Name: Address:				
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				Full Name: Address:				
		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)						
C	heck if additional pages			Total Cor (add both	ntributions:	1	1	
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	ITEMIZED EXPENDIT	URES (Item	ize 3r	d pary expenditure	es/ reimburseı	ments)		
Date	Full name, residence address (if pe	rson); business a	ddress	(if firm)	Purpose		Amount	
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P	eckly Hary	ge		Signature	of Candidate,	Agent, or	Treasure	
Date	, 20 //	. (glancocomical retrocknots and reconstruction or the construction of the construction o		200	S	
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				Receiv	red By:			



West Virginia AFL-CIO
PO Box 718
Beckley, WV 25801-0718

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