## State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2012 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?

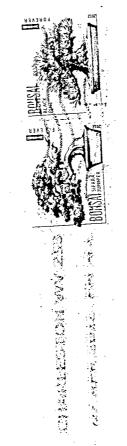
6. Has your committee given or received a transfer of excess campaign funds?									
Candidate or Committee Name  Linguin O. Deyl. O	muitto Kristu.	andidate or Committee's Treasurer							
Political Party (for candidates)	5398 Mcl	Treasurer's Majling Address/(Street, Route or P.O. Box)							
Office Sought (for candidates)  District/Division  City, State, Zip Code  Daytime Phone #  Blawch awa, W 25506 304844									
Due March 31-April 6,2012 Due April 2  General - First Report Pre-gene	Period (check one): ary Report 23-27, 2012  Post-primary Due May 21-Ju Pral Report 22-26, 2012  Post-general Due Nov 19-De	I Report  Amended Report You must also check box of appropriate							
Non-Election Cycle Reporting Period:	Annual Report Due In Calend Due last Saturday in March or with days thereafter								
REPORT TOTALS  (Fill in totals after you have completed page 2)  CASH BALANCE SUMMARY									
Beginning Balance (ending balance from previous report) 1.	1218.71	TOTAL CONTRIBUTIONS							
Total Contributions (from Page 2) 2.	+ -0-	ELECTION YEAR-TO-DATE (Add line 2 from all reports)							
Subtotal (lines 1+2) 3.	= 1218.71	TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)							
Total Expenditures (from Page 2) 4.	0-								
Ending Balance (lines 3-4)	= 12/8.71								
*Cannot have a negativ									

## **CONTRIBUTORS OF:**

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Amount			
				Full Name: Address:			
			1	Contributor's job: (Individual) Where contributor works: (Individua Affiliation: (Political committee)	l)		
				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:			
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)			
Check if additional pages have been atached.  Total Contributions:							
ITEMIZED EXPENDITURES (Itemize 3rd pary expenditures/ reimbursements)							
Date	Full name, residence address (if person); business address (if firm)		firm) Pu	rpose	Amount		
					<del></del>		
	AS MANY COPIES S PAGE AS YOU NEED.	<del></del>		Total E	xpenditures:	-0-	
		OATH O	R AFF	IRMATION			
I, Kristy Scragos, 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							
statem	ent, as required by West Virginia	Code §3-8-	5a.				
Date_	Signature of Candidate, Agent, or Treasur						
	, 20 1 A			Office Use Only			
				Received By:			



W. V. SOS, Suite 150-K Building 1, Suite 150-K 1900 Handunha Brd. Fast 1900 Handunha WV 2530S Charleston, WV 2530S

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