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 b5. Have you or anyone else given an in-kin6. Has your committee given or received a	d contribution		?			
Candidate or Committee Name	-	Candidate or Commit	tee's Treasurer			
Millan Co Demorratio Ex. Co	TRENE loler					
Political Party (for candidates)		Treasurer's Mailing Ac	dress (Street, R	oute or P.O. Box)		
Domonost	AC71 BOX 63					
Office Sought (for candidates) District	ct/Division	City,,State, Zip Code Daytime Phone #				
		Wharneliffe	WU2565	1 304664-9055		
Election Cycle Reporting P Primary - First Report Due March 31-April 6,2012 General - First Report Due Sept. 24-28, 2012 Pre-genera Due Oct. 22-	ry Report -27, 2012 al Report	Post-primary Due May 21-Jun Post-general Due Nov 19-Dec	e 19, 2012 Report	Check if Applicable: Amended Report You must also check box of appropriate reporting period Final Report		
norting Poriod:		rt Due InCalend urday in March or withi ter		Zero balance required. PAC must also file Form		
CASH BALANCE S	ill in totals afte	PORT TOTALS or you have completed pa	ge 2)			
Beginning Balance (ending balance from previous report) 1.	21.97	AL CONTRIBUTIONS				
Total Contributions (from Page 2) 2.	+	d		ELECTION YEAR-TO-DATE (Add line 2 from all reports)		
Subtotal (lines 1+2) 3.	= //	121 97		P		

Total Expenditures (from Page 2) 4. **Ending Balance** (lines 3-4) *Cannot have a negative ending balance

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

CONTRIBUTORS OF:

\$250 or Less

More than \$250

	\$250 OI EC35							
Date	Full Name	Amount	Date	Amount				
				Full Name: Address:				
		 	-	1				
			Ì	Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)				
		 		Full Name: Address:				
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				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)				
			1	Address:				
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				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)				
	Check if additional pages have			Total Conf (add both	tributions: columns)	1	Σ	
	peen atached.			\	,		•	
	ITEMIZED EXPENDITU					ements)	Amount	
Date	Full name, residence address (if persor	n); business ad	dress (i	f firm)	Purpose		Amount	
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MAKE	AS MANY COPIES				Total Expen	ditures:		
OF TH	HIS PAGE AS YOU NEED.							
	0	OATH	OR A	FFIRMATION				
. (Gene Weller			, swear or affirm t	hat the atta	ched state	ment is true	
and (correct, to the best of my knowledge	e, of all fin	ancia	I transactions occurring	ng within the	period co	vered by this	
state	ment, as required by West Virginia	Code §3-	8 - 5a.					
-()								
W	HMI SERE			Signatur	e of Candida	ate, Agent,	or Treasure	
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Date	20 10	. ;		<u> </u>	Office Us	e Only		
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