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 mis 4. Does your committee have any unpai 5. Have you or anyone else given an in- 6. Has your committee given or received	IO DIIIS? kind contribution to	a vour compaine?		ount interest?				
Political Party (for candidates)	2. Comm. E	Candidate or Committee's Treasurer Clane Clane Clane Treasurer's Mailing Address (Street, Route or P.O. Box)						
Office Sought (for candidates) Dis	trict/Division C	City, State, Zip Code Daytime Phone # Brandy wine WV 26807 (304) 249 5950						
Election Cycle Reporting Primary - First Report Due March 31-April 6,2012 General - First Report Due Sept. 24-28, 2012 Pre-gen Due Oct.	Post-general Report Due Nov 19-Dec 19, 2012		Check if Applicable: Amended Report You must also check box of appropriate reporting period					
Non-Election Cycle Reporting Period:	Final Report Zero balance required. PAC must also file Form							
REPORT TOTALS (Fill in totals after you have completed page 2) CASH BALANCE SUMMARY								
Beginning Balance (ending balance from previous report) 1. Total Contributions (from Page 2) 2.	1499	.bb	TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATI (Add line 2 from all reports)					
Subtotal (lines 1+2) 3. Total Expenditures	= 1490	9.6b		AL EXPENDITURES ION YEAR-TO-DATE				
(from Page 2) 4. Ending Balance (lines 3-4)		1.20		ne 4 from all reports)				

*Cannot have a negative ending balance

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Ms. Elaine Rexrode 153 Double E. In. Brandywine, WV 26802

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WV Secutary of State
Suideng 1 Suite 157-K
1900 Kanamha Blod.
East Charleston, WV 25305

Controlled Services of the Controlled Services o

CONTRIBUTORS OF:

Received By:__

\$250 or Less			More	than \$250	massiff retronsportation and the second			
Date Full Name	Amount Da	ite	Amount					
			Full Name: Address:					
			Contributor's job: (Individua Where contributor works: (ributor's job: (Individual) re contributor works: (Individual) ation: (Political committee)				
			Full Name: Address:	5 :				
			Contributor's job: (Individu Where contributor works: (Affiliation: (Political commi	outor's job: (Individual) contributor works: (Individual) ion: (Political committee)				
			Full Name: Address:					
			Contributor's job: (Individu Where contributor works: Affiliation: (Political comm	outor's job: (Individual) contributor works: (Individual) on: (Political committee)				
State you was a grant and a gr			Full Name: Address:	ne: ::				
			Contributor's job: (Individu Where contributor works: Affiliation: (Political comm	utor's job: (Individual) contributor works: (Individual) on: (Political committee)				
Check if additional pages have (add both columns)								
ITEMIZED EXPENDITURES (Itemize 3rd pary expenditures/ reimbursements)								
Date Full name, residence address (if person); business address (if firm)				Purpose	Amount			
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4/17 The Bendletons Times				Rend Co Conv. 12"	121.20			
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		- COLONNOCTO						
MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.				Total Expenditures:	121.20			
OATH OR AFFIRMATION								
m								
I, <u>FLATNE REXRODE</u> , 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								
and correct, to the best of my knowledg statement, as required by West Virginia	je, ot all tinan a Code 83-8-!	iciai 5a	transactions occurr					
Statement, as required by vicot virginic	The state of the s							
Elaine Relade Ilea	· ·	and the second second	Signatu					
Elaine Repode, Ilea Date 4-23 20/2			- Carlo	•				
Date 7-23 20/2	• *			80:011/2 52 VIIV 6107 -				
			Management					
			PETER CANADA PRINCIPAL PRI					
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