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?

Capdidate or Committee Nam	Political Hotion	Candidate or Committee's Treasure	r CL		
Political Party (for candidate	s)	Treasurer's Mailing Address (Street, Route or P.O. Box)			
Office Sought (for candidate	s) District/Division	City, State Zip Code Graffon WU26354	Daytime Shorie # 265 5664		
Election Cycle Primary - First Report Due March 31-April 6,2012	Reporting Period (che Pre-primary Report Due April 23-27, 2012	Post-primary Report Due May 21-June 19, 2012	Check if Applicable: Amended Report You must also check		
General - First Report Due Sept. 24-28, 2012	Pre-general Report Due Oct. 22-26, 2012	Post-general Report Due Nov 19-Dec 19, 2012	box of appropriate reporting period Final Report		
Non-Election Cycle Re- porting Period:	Annual Repo Due last Sat days thereal	Zero balance required. PAC must also file Form			
		PORT TOTALS er you have completed page 2)			

CASH BALANCE SUMMARY

		•
Beginning Balance (ending balance from previous report) 1.	2937.19	TOTAL CONTRIBUTIONS
Total Contributions (from Page 2) 2.	+	ELECTION YEAR-TO-DATE (Add line 2 from all reports)
		176.15
Subtotal (lines 1+2) 3.	= 2931. 19	TOTAL EXPENDITURES
Total Expenditures (from Page 2) 4.	- 0	ELECTION YEAR-TO-DATE (Add line 4 from all reports)
Ending Balance (lines 3-4)	=2937.79	
*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: (Individual) Affiliation: (Political committee) Full Name: Address:				
			—					
			_	Contributor's job: (Individu Where contributor works: Affiliation: (Political comm	ob: (Individual) utor works: (Individual) litical committee)			
				Full Name: Address:	ddress: ontributor's job: (Individual) here contributor works: (Individual) ffiliation: (Political committee) Ill Name:			
				Where contributor works:				
				Full Name: Address:				
				Contributor's job: (Individu Where contributor works: Affiliation: (Political comm				
		· . · ·		Total Con	tributions:		0	
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D.4	ITEMIZED EXPENDIT Full name, residence address (if persidence)				Purpose	ements)	Amount	
Date	Full name, residence address (if pers	on); business a	iduress (i	1 11111)	Fulpose		74110011	
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1	Linda Ko	uce		, swear or affirm	that the attac	ched state	ment is true	
and c	orrect, to the best of my knowled	ge, of all fir	nancial	transactions occurri	ng within the	period cov	ered by this	
stater	ment, as required by West Virgini	ia Code §3	-8-5a.					
		Kruc	θ,			_	_	
	My The I	2		Signatui	re of Candida	ite, Agent, i	or Treasure	
Date_	4/23,20/2	<u></u>						
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CLARKSBURG WW 243

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Charleston WU
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