## 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?

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Candidate or Committee N DEMOCRATS FOR	lame A BEHER WVA	Candidate or Committee's Treas	surer		
Political Party (for candidates)		Treasurer's Mailing Address (Street, Route or P.O. Box)			
Office Sought (for candida	tes) District/Division	City State Zin Code	DRIVE		
Election Cycle Primary - First Report Due March 31-April 6,2012  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	Check if Applicable:  Amended Report You must also check box of appropriate		
lon-Election Cycle Re- orting Period:	Annual Repo	rt Due In Calendar Year urday in March or within 6	reporting period Final Report Zero balance required. PAC must also file Fo		

(Fill in totals after you have completed page 2)

## CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	1.	1283.92
Total Contributions (from Page 2)	2.	+ -0 -
Subtotal (lines 1+2)	3.	= 1283.92
Total Expenditures (from Page 2)	4.	'0 -
Ending Balance (lines 3-4)		= # 1282.92
*Cannot have a neg	ative	

TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)
TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)
0

## **CONTRIBUTORS OF:**

\$250 or Less

More than \$250

Date	Tell Name	1.			<del></del>
Date	Full Name	Amount	Date	Amount	
		į	ı	Full Name: Address:	
				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)	
				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: c	)'
	veen atacnea.				
	ITEMIZED EXPEND	ITURES (Iten	nize 3r	d pary expenditures/ reimbursements)	
Date	Full name, residence address (if pe	rson); business ad	dress (if	irm) Purpose	Amount
AKE A	AS MANY COPIES			Total Expenditures:	-0-
)r ini	S PAGE AS YOU NEED.				
		OATH O	RAFF	IRMATION	
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nd co	orrect, to the best of my knowled	dge, of all fina	ncial tr	_, swear or affirm that the attached statem ansactions occurring within the period cove	ent is true red by this
tatem	nent, as required by West Virgir	ia Code §3-8	-5a.		iod by tillo
	Rolf W. Gy		•		
				Signature of Candidate, Agent, or	Treasurer
ate_	4-23 .20_12	<u>2</u> .			
				Office Use Only	
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				35 (31117) 92 751, 2102	f
				Received By:	

Mr. Robert Cox, Sr. 60 Old Orchard Dr Keyser, WV 26726

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West Virginia Serretary or State

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