## 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 Name  Denocratic Executive  Political Party (for candidates)	COLUMN SELE	Nancy Reckart	1	
Office Sought (for candidates)	District/Division	Treasurer's Mailing Address (Street, 376 Centenary Rd., City, State, Zip Code Bruceton Mills, WV26525	Daytime Phone #	
Tarrier I V	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 reporting period	
Non-Election Cycle Re- porting Period:	Annual Report Due last Satu days thereafte	t Due In Calendar Year rday in March or within 6 er	Final Report Zero balance required. PAC must also file For	
<b>C</b> 1 CT - 1 -	(Fill in totals after	ORT TOTALS you have completed page 2)		

## CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	1.		594.77
Total Contributions (from Page 2)	2.	+	0
Subtotal (lines 1+2)	3.	= .	594.77
Total Expenditures (from Page 2)	4.	_	0
Ending Balance (lines 3-4)		=	594,77
*Cannot have a neg	gative	endir	ng balance

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

## **CONTRIBUTORS OF:**

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Amount		<del></del>	
				Full Name: Address:		<del></del>	
			-	Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)			
<u></u>				<del></del>			
ļ				Full Name: Address:			
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)			
<u> </u>				Full Name: Address:	Name: ress: tributor's job: (Individual) re contributor works: (Individual) ation: (Political committee) Name: ess:		
				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			Total Contributions: (add both columns)	Non	e	
	een atached.			(add both columns)			
	ITEMIZED EXPEND	ITURES (Item	nize 3r	d pary expenditures/ reimburs	ements)		
Date	Full name, residence address (if pe	rson); business ad	dress (if	firm) Purpose		Amount	
					_		
MAKE A	AS MANY COPIES		-				
OF THIS	S PAGE AS YOU NEED.			Total Expend	itures: 人	lone	
		OATH O	R AFF	IRMATION			
	Nancy Reckary	<b>-</b> •		•			
nd co	rrect, to the best of my knowled	dge, of all finar	ncial tr	_, swear or affirm that the attach ansactions occurring within the p	ed statemeriod cove	ent is true red by this	
tatem	ent, as required by West Virgin	ia Code §3-8-	5a.	<b>.</b>		ou by time	
	Nauy Reckart	_		Oime to to the			
)-4-				Signature of Candidate	, Agent, or	Treasurer	
Pate	April 25, 20/2	_·		Office Use O	) nlv	<del></del> -	
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WV Secretary of State
Building 1, Suite 157-K
1900 Kanawha BNd., East
Charleston, WV 25305

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