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?

Candidate or Committee Name MASON COUNTY REPUBLICAN EXEC COH	Candidate or Committee's Treasurer CAROLYN TOLLIVER					
Political Party (for candidates)	Treasurer's Mailing Address (Street, Route or P.O. Box) P O BOX 163					
Office Sought (for candidates) District/Division	City, State, Zip Code Daytime Phone # ASHTON WV 25503 (304) 675-799	9				
	Post-primary Report Due May 21-June 19, 2012 Post-general Report Due Nov 19-Dec 19, 2012 Port Due In Calendar Year urday in March or within 6 Collect II Applic Amended Re You must also box of approp reporting perior Zero balance quired.	Zero balance re-				
	PORT TOTALS er you have completed page 2) RY					

Beginning Balance (ending balance from previous report) 1.		1689.56	TOTAL CONTRIBUTIONS
Total Contributions (from Page 2) 2.	+		ELECTION YEAR-TO-DATE (Add line 2 from all reports)
TO SECTION OF THE SEC			
Subtotal (lines 1+2) 3.	=	1689.56	TOTAL EXPENDITURES
Total Expenditures (from Page 2) 4.	_		ELECTION YEAR-TO-DATE (Add line 4 from all reports)
Ending Balance (lines 3-4)	=	1689.56	
*Cannot have a negati			

CONTRIBUTORS OF:

\$250 or Less

More than \$250

	\$250 OI Less						
Date	Full Name	Amount	Date	Amount			
				Full Name: Address:			
				Contributor's job: (Individu Where contributor works: Affiliation: (Political commi	al) (Individual) ittee)		
				Full Name: Address:			
			-		intributor's job: (Individual) nere contributor works: (Individual) filiation: (Political committee)		
				Full Name: Address:		,	
			1	Contributor's job: (Individent Where contributor works: Affiliation: (Political comm	ual) (Individual) nittee)		
				Full Name: Address:			
			1	Contributor's job: (Individ Where contributor works: Affiliation: (Political comm	ual) : (Individual) nittee)		
	Y Y			Total Co.	ntributions: h columns)		
	heck if additional pages have een atached.			od ubsj			
	ITEMIZED EYPENI	DITURES (Ife	mize 3	Brd pary expenditur	es/ reimburs	ements)	
Date	Full name, residence address (if p				Purpose		Amount
Date	, and an analysis of the second secon						
					<u> </u>		
					<u> </u>		
					 		
1							
-							
MAKE	AS MANY COPIES				Total Exper	nditures:	
	IS PAGE AS YOU NEED.				10141 2000		
		OATH	OR A	FFIRMATION			
				rr.	. 11 - 1 1b - affa	ahad state	oment is tri
1, <u>CA</u>	ROLYN TOLLIVER correct, to the best of my know	ylodgo of all f	financi	, swear or affirm	ring within the	e period co	vered by th
and o	correct, to the best of my know ment, as required by West Vi	rginia Code §	3-8 - 5a		9	•	
otato	A I	11					
(Parolin Sal 5/18 20	user		Signat	ure of Candid	ate, Agent,	, or Treasur
Date	5/15	17.					
Date		<u></u> .			Office U	se Only -	124740 140
					242	114 173	37.717
				D	ceived By:		
				į Re	cerved Dy		