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?

Non-Election Cycle Reporting Period:		rt Due In Calendar Year urday in March or within 6 er	Final Report Zero balance required. PAC must also file Form
Primary - First Report Due March 31-April 6,2012 General - First Report Due Sept. 24-28, 2012	Pre-primary Report Due April 23-27, 2012 Pre-general Report Due Oct. 22-26, 2012	Post-primary Report Due May 21-June 19, 2012 Post-general Report Due Nov 19-Dec 19, 2012	Check if Applicable: Amended Report You must also check box of appropriate reporting period
Office Sought (for candidat		City, State, Zip Code HUNTING TON, WV	Daytime Phone #
Candidate or Committee Na WHLESPEL Political Party (for candidate	ee Been, while Pack	Tank R. Hoose Treasurer's Mailing Address (Streasurer's Mailing Address)	eet, Route or P.O. Box)

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	1.		288.05			
Total Contributions (from Page 2)	2.	+	¢			
Subtotal (lines 1+2)	3.	П	5 88 ' 02			
Total Expenditures (from Page 2)	4.	-	ð			
Ending Balance (lines 3-4)		=	788 10S			
*Cannot have a negative ending balance						

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

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Amount					
	N/ A			Full Name: Address:					
			1	Contributor's job: (Individu Where contributor works: Affiliation: (Political comm	ıal) (Individual) ittee)				
-				Full Name: Address:	ss: butor's job: (Individual) contributor works: (Individual)				
				Contributor's job: (Individual Where contributor works: Affiliation: (Political comm					
				Full Name: Address:					
				Contributor's job: (Individe Where contributor works: Affiliation: (Political comm					
	1			Full Name: Address:					
				Contributor's job: (Individent Where contributor works: Affiliation: (Political comm	ributor's job: (Individual) re contributor works: (Individual) ation: (Political committee)				
	Check if additional pages have seen atached.			Total Cor (add bot	ntributions: h columns)		0		
	ITEMIZED EXPENDI	TURES (Iter	nize 3	rd pary expenditure	es/ reimburs	ements)			
Date	Full name, residence address (if per	son); business a	ddress (if	firm)	Purpose		Amount		
	N/A								
	'								
	AS MANY COPIES IS PAGE AS YOU NEED.				Total Expend	ditures:	0		
		OATH (OR AF	FIRMATION					
	1.						*		
I, and constaten	of ect, to the best of my knowled ment, as required by West Virgin	dge, of all findia Code \$3-	ancial 8-5a.	, swear or affirm t transactions occurri	that the attac ng within the	hed state period co	ment is true vered by this		
		-							
	spres ye. you	Tun'		Signatur	e of Candidat	te, Agent,	or Treasurer		
Date_	April R. Harfan ate 5/21 20/Z.				Office Use Only				
	1				Office Use	Only :			
	# + 3 12 17 Z 18 1 3 MILES								
				Recei	ived By:				