## State of West Virginia Campaign Financial Statement (Short Form) in Relation to the 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?

| Candidate or Committee Name  HARDY CO EX-COM   | 177   | Candidate or Committee's Treasurer  |                 |  |  |
|--|---|---|-----------------|--|--|
| Political Party (for candidates)   | Treas   | Treasurer's Mailing Address (Street, Route or P.O. Box)   |                 |  |  |
| Office Sought (for candidates) Dist  | trict/Division City,  | State, Zip Code<br>RDENSUITE, WV.2683   | aytime<br>51 30 | Phone #<br>07-874-3765   |  |
| Due last Saturday in March or within 6 days thereafter. election of General - First Report Pre-gen | Period (check one nary Report asys preceding primary or within 4 days thereafter. eral Report | Post-primary Report Due 13 days following primary election or within 20 business days thereafter.  Post-general Report Due 13 days following general election |                 | eck if Applicable: Amended Report You must also check box of appropriate |  |
| Due last Saturday in September Due 15 da<br>or within 6 days thereafter. election or               | reporting period Final Report   |   |                 |  |  |
| Non-Election Cycle Reporting Period:   | Annual Report Due In Calendar Year  Due last Saturday in March or within 6 days thereafter    |   |                 | Zero balance required<br>PAC must also file Form<br>F-6 Dissolution      |  |
|  | REPORT  | TOTALS  | ·               | <del></del>  |  |

(Fill in totals after you have completed page 2)

## **CASH BALANCE SUMMARY**

| Beginning Balance (ending balance from previous report) |      |       | \$681.75     |
|---|------|-------|--------------|
| Total Contributions (from Page 2)                       | 2.   | +     | .00          |
| Subtotal (lines 1+2)                                    | 3.   | =     | #681.75      |
| Total Expenditures<br>(from Page 2)                     | 4.   |       | . 00         |
| Ending Balance<br>(lines 3-4)                           |      | H     | # 681.75     |
| *Cannot have a ne                                       | gati | ve en | ding balance |

| ELECTION YEAR-TO-DATE (Add line 2 from all reports)                    |
|--|
| .00  |
| TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports) |
| .00  |

## **CONTRIBUTORS OF:**

\$250 or Less

More than \$250

| Date     | Full Name   | Amount                 | Date           | Amount   |  |                    |              |  |  |
|----------|---|------------------------|----------------|--|--|--------------------|--------------|--|--|
|          |   |                        |                | Full Name:<br>Address:   |  |                    |              |  |  |
|          |   |                        | 1              | Contributor's job: (Individual)<br>Where contributor works: (Individual)<br>Affiliation: (Political committee) |  |                    |              |  |  |
|          |   | <u> </u>               | 1              | Full Name:<br>Address:   | full Name:   |                    |              |  |  |
|          |   |                        | 1              | Contributor's job: (Individue Where contributor works:   | ibutor's job: (Individual)<br>e contributor works: (Individual)<br>tion: (Political committee) |                    |              |  |  |
|          |   |                        |                | Full Name:<br>Address:   | lame:  |                    |              |  |  |
|          |   |                        |                | Contributor's job; (Individe<br>Where contributor works:<br>Affiliation: (Political comm                       | butor's job: (Individual)<br>e contributor works: (Individual)<br>ion: (Political committee)   |                    |              |  |  |
|          |   |                        |                | Full Name:<br>Address:   |  |                    |              |  |  |
|          | 3-4-1   |                        |                | Contributor's job: (Individent<br>Where contributor works:<br>Affiliation: (Political comm                     | ual)<br>(Individual)<br>littee)  |                    |              |  |  |
|          | Check if additional pages have (add both columns) |                        |                |  |  |                    |              |  |  |
|          | ITEMIZED EXPENDITU                                | RES (Item              | ize 3ı         | d party expenditur   | es/ reimburs   | sements)           | <del></del>  |  |  |
| Date     | Full name, residence address (if person           | ); business ad         | dress (if      | firm)  | Purpose  |                    | Amount       |  |  |
|          |   |                        |                |  |  |                    |              |  |  |
|          |   |                        |                |  |  |                    |              |  |  |
|          |   |                        | <u></u>        | <del></del>  |  |                    |              |  |  |
|          |   |                        |                |  |  |                    |              |  |  |
|          |   |                        |                |  |  |                    |              |  |  |
|          |   |                        |                |  |  |                    |              |  |  |
|          | AS MANY COPIES<br>IS PAGE AS YOU NEED.            |                        |                |  | Total Expen  | ditures:           |              |  |  |
|          |   | OATH C                 | OR AF          | FIRMATION  |  |                    |              |  |  |
| I, and c | acia Miller Jorrect, to the best of my knowledge  | Mark<br>e, of all fina | ley<br>andigal | , swear or affirm transactions occurri   |  |                    |              |  |  |
| state    | ment, as required by West Virginia                | Code §3-8              | 3-5ă.          |  |  |                    |              |  |  |
| M        | arcia Miller M                                    | lackl                  | ey             | Signatur   | e of Candida   | te, Agent, c       | or Treasurer |  |  |
| Date     | 5/29 ,20 12                                       |                        | /              |  | 사는 학생들은 기계   |                    |              |  |  |
| -        | 7   |                        |                |  | Office Use   | Only               |              |  |  |
|          |   |                        |                | !  | 1:01:57 19   | : ATT 719 <b>7</b> |              |  |  |
|          |   |                        |                | _  | · in:  |                    |              |  |  |
|          |   |                        |                | Rece   | ived By:   | · La di Santa      |              |  |  |

Ms. Marcia M. Miller P.O. Box 180 Wardensville, WV 26651-0180

CHARACTER CATACONTO



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