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-ki6. Has your committee given or received a					
Candidate or Committee Name Au) (() () () () () () () () (Iction Linda Treasurer's Mailing 419 W	Candidate or Committee's Treasurer LINGA OYCE Treasurer's Mailing Address (Street, Route or P.O. Box) LIG W. Mailing Address (Street, Route or P.O. Box) City, State, Zip Code Daytime Phone #			
Due March 31-April 6,2012 Due April 2	ary Report Post-prima 23-27, 2012 Due May 21- ral Report Post-gener	Amended Report You must also check box of appropriate reporting period Final Report Zero balance re-			
CASH BALANCE S	REPORT TOTALS Fill in totals after you have completed SUMMARY				
Beginning Balance (ending balance from previous report) 1. Total Contributions (from Page 2) 2.	1937.79	TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)			
Subtotal (lines 1+2) 3. Total Expenditures	= 2937. 19	TOTAL EXPENDITURES ELECTION YEAR-TO-DATE			

(Add line 4 from all reports)

(from Page 2)

Ending Balance (lines 3-4)

*Cannot have a negative ending balance

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Amount				
			İ	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)				
			1					
		****	1					
				Full Name: Address:				
				Contributor's job: (Individu Where contributor works: Affiliation: (Political comm				
				Full Name: Address:				
			1	Contributor's job: (Individent Where contributor works: Affiliation: (Political comm				
	Though if additional pages have		•	Total Contributions: (add both columns)				
	Check if additional pages have been atached.			(add boti	n columns) i			
	ITEMIZED EVDENDIT	UDES (las-	-i 2	ad none ovnonditur	aal zaimbura	omonte)		
Date	ITEMIZED EXPENDIT Full name, residence address (if persidence)				Purpose	ements)	Amount	
	, and a second s	,,	<u> </u>	·				
								
						+		
\vdash	1		·					
MAKE	AS MANY COPIES		-		Total France	eliterno pe		
	IS PAGE AS YOU NEED.				Total Expen	aitures: [
	1. 1 R.	OATH	OR AF	FIRMATION		•		
I, and c stater	orrect, to the best of my knowled ment, as required by West Virgini	ge, of all fin a Code §3-	ancial 8-5a.	, swear or affirm transactions occurri	that the attac ng within the	thed state period co	ment is true vered by this	
	Line 3 20 12	y ce		Signatu	re of Candida	te, Agent,	or Treasure	
Date 1180 20 12				Office_Use Only				
				91:01/19 9-1/10 Ziez				
				Rece	eived By:	. U		

419 W. Mam St Graffon WU 26354

CLARKSBURG WW 263

TO THE HER SERVED

Most Virginia Secretary of Ctate's Office State Capitol Bulding / Suite 157-K Bulding / Suite 157-K 1900 Kanaw ha Blud, East Charleston W. Last