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?

*Cannot have a negative ending balance

6. Has your committee given or received	a transfer of e	xcess campaign funds	s?				
Candidate or Committee Name	Candidate or Committee's Treasurer						
Hancard Co Genocide	Green an Bulle						
Political Party (for candidates)	Treasurer's Mailing Address (Street, Route or P.O. Box)						
	1200 Lead ac						
Office Sought (for candidates) Distr	City, State, Zip Code Daytime Phone #						
		Newlerland R. R. 26047 304-564-3114					
Primary - First Report Pre-prim Due March 31-April 6,2012 Due April 2	Post-primary Due May 21-Jur	ne 19, 2012	Check if Applicable: Amended Report You must also check box of appropriate reporting period Final Report				
General - First Report Pre-gene Due Sept. 24-28, 2012 Due Oct. 2	Post-general Due Nov 19-Dec	•					
Non-Election Cycle Reporting Period:	Annual Repor Due last Satu days thereaft	ırday in March or withi		Zero balance required. PAC must also file Form			
CASH BALANCE	SUMMAR	Y	1				
Beginning Balance (ending balance from previous report) 1.	11.48	TOTAL CONTRIBUTIONS					
Total Contributions (from Page 2) 2.	+ ,		ELECTION YEAR-TO-DATE (Add line 2 from all reports)				
Subtotal (lines 1+2) 3.	II		ТОТ	AL EXPENDITURES			
Total Expenditures (from Page 2) 4.	_		ELECTION YEAR-TO-DATE (Add line 4 from all reports)				
Ending Balance (lines 3-4)	= 2194	1.48	<u> </u>	•			

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Amount	-				
			1	Full Name:					
			_	Address: Contributor's job: (Individual)					
				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)					
	<u></u>			Full Name: Address:					
	X			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)									
	been atached.								
	ITEMIZED EXPENDIT	URES (Iter	nize 3	rd pary expenditures	s/ reimburs	ements)			
Date	Full name, residence address (if person	on); business a	ddress (if	firm)	Purpose		Amount		
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		_							
	-								
									
MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED. Total Expenditures:									
	\cap	OATH (OR AF	FIRMATION	: .				
/									
I,	Juan an Da	ele		_, swear or affirm th					
	errect, to the best of my knowledg ent, as required by West Virginia			ransactions occurring	j within the p	erioa cover	ea by this		
	S. R.		,						
	fulle a stant	Leg .		Signature	of Candidate	e, Agent, or	Ireasurer		
Date_	flere 19 , 20 12			 	Office Use	Only	· .		
					Office Use Only 8.9.44 2.7.7.11.2.7.137				
/	85 · 4 · 2 · 63 · 4 · 3 · 6 · 36								
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				Receive	ed By:_	··	1		

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