## 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?

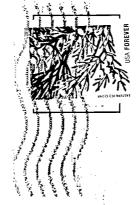
<ul><li>5. Have you or anyone else given an in-kind contributior</li><li>6. Has your committee given or received a transfer of ex</li></ul>	n to your campaign? xcess campaign funds?			
Candidate or Committee Name  Solution State  Political Party (for candidates)  Office Sought (for candidates)  District/Division	Candidate or Committee's Treasurer  (hris Oranam  Treasurer's Mailing Address (Street, Route or P.O. Box)  33(Le Collars Firs Call  City, State, Zip Code Daytime Phone #			
Office Gought (197 Salatase)	Margartown, h. V. 24501 (304) 598-1178			
Election Cycle Reporting Period (che Primary - First Report Due March 31-April 6,2012  General - First Report Due Sept. 24-28, 2012  Pre-general Report Due Oct. 22-26, 2012  Non-Election Cycle Reporting Period:  Annual Report Due last Sat days thereat	Post-primary Report Due May 21-June 19, 2012  Post-general Report Due Nov 19-Dec 19, 2012  Port Due In Calendar Year turday in March or within 6  Amended Report You must also check box of appropriate reporting period  Final Report Zero balance required. PAC must also file Form			
CASH BALANCE SUMMAR  Beginning Balance (ending balance from previous report) 1. 78	TOTAL CONTRIBUTIONS			
Total Contributions (from Page 2) 2. + 20	ELECTION YEAR-TO-DATE (Add line 2 from all reports)			
Subtotal (lines $1+2$ )  3. $=$	018.87 TOTAL EXPENDITURES			
Total Expenditures (from Page 2) 4. –	ELECTION YEAR-TO-DATE (Add line 4 from all reports)			
Ending Balance = &C	018-87			
*Cannot have a negative ending b	palance			

## **CONTRIBUTORS OF:**

\$250 or Less

More than \$250

	**************************************							
Date	Full Name	Amount	Date	Amount		<u> </u>		
	Local SIY PAY Fund	207.00		Full Name: Address:				
_	Oral 814 PH Fund  Alper month contribing  per member)		1	Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)				
	per member)		-	Full Name: Address:				
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				Full Name: Address:				
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				Total Contributions: (add both columns)			7.37	
	Check if additional pages have been atached.			(add boti	n columns) i			
	ITEMIZED EXPENDIT	URES (Iten	nize 3	ard pary expenditure	es/ reimburs	ements)		
Date					Purpose		Amount	
			******					
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MAK	E AS MANY COPIES				Total Expend	dituras:		
	HIS PAGE AS YOU NEED.				Total Expend	aitures.		
		OATH (	OR A	FFIRMATION		i		
1	Chris Braham			, swear or affirm	that the attac	hed state	ement is true	
and state	correct, to the best of my knowled ement, as required by West Virgini	ge, of all fin a Code §3-	ancia	I transactions occurri	ng within the	period co	vered by this	
				Signatu	re of Candida	te. Agent.	or Treasure	
	1/26			Oignata	00,00			
Date	e 6/29 .20/2	_·			Office Use			
					69:11 m	C C	7.73	
						O. C.		
				Rece	eived By:			



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W.V. Seerbyoffake Bildng I, Sith 187-16 1900 Kanawha Blud, East Charleston, WV. 25305

2530550770

Morgantown WV 26504 Laborers Local 814 PO Box 4226

(ABOR COUNC) IN UNION... THERE IS STRENGTH