## 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?

Candidate or Committee N  Boone Bo Education  Political Party (for candida	n Englass DAC	Candidate or Committee's Treasurer  Serry Pc Lolinsky  Treasurer's Mailing Address (Street,		
Office Sought (for candida	tes) District/Division	City, State, Zip Code Charleston WV25317	Daytime Phone #	
Election Cycle 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		Check if Applicable:  Amended Report You must also check box of appropriate reporting period	
Non-Election Cycle Reporting Period:	Annual Repor Due last Satu days thereaft	t Due In Calendar Year urday in March or within 6 er	Final Report Zero balance required. PAC must also file Fo	
	REP	ORT TOTALS	<u> </u>	

(Fill in totals after you have completed page 2)

## CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	1.	,	3,920.23	
Total Contributions (from Page 2)	2.	+	-0-	
डोबींब्वाम् सिवन्त्रः च	4.	=	3,920.25	
Total Expenditures (from Page 2)	4.	_	-0-	
પ્રવાસિક લક્ષ્મણો કર્યું મોલન જ છ		=	3,920.23	
*Cannot have a negative ending balance				

TOTAL CONTRIBUTIONS **ELECTION YEAR-TO-DATE** (Add line 2 from all reports)

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	——————————————————————————————————————		
			_	Full Name: Address:			
				Contributor's job: (Individual) Where contributor works: (Indi- Affiliation: (Political committee)	ridual) 	!	
				Full Name: Address:			
				Contributor's job: (Individual) Where contributor works: (Indi- Affiliation: (Political committee)	ridual)		
				Full Name: Address:			
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				Full Name: Address:			
			_	Contributor's job: (Individual) Where contributor works: (Indiv Affiliation: (Political committee)	idual)		
Check	k if additional pages have			Total Contrib (add both co	utions:	-0-	_
been i	atached.						
	ITEMIZED EXPEND	OITURES (Itemize	e 3rc	d pary expenditures/ r	eimbursement	ts)	
Date	Full name, residence address (if pi	erson); business addres	ss (if ti	rm)	Purpose	Amour	١t
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MAKE AS MA	ANY COPIES						
	SE AS YOU NEED.			Total	Expenditures	: -0-	
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statement,	to the best of my knowled as required by West Virgin	nia Code §3-8-5a.	artra	nsactions occurring with	nin the period c	overed by t	his
	DIN-						
	The state of the s			Signature of C	andidate Âgen	t. or Treasu	rer
)ate	24-12 20 12	2.				-,,	٠.
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				Received By:			

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