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 bills5. Have you or anyone else given an in-kind of6. Has your committee given or received a tra	contribution to your campaign?							
Candidate or Committee Name UPShUT CO · De MOCKHEX - C Political Party (for candidates)	OMM. ANDTEH Treasurer's Mailing A	Treasurer's Mailing Address (Street, Route or P.O. Box) 72 5 Flor A Street						
Office Sought (for candidates) District/I	City, State, Zip Code	4 n						
Election Cycle Reporting Period (check one); Primary - First Report Due March 31-April 6,2012 Pre-primary Report Due April 23-27, 2012 Pre-general Report Due Sept. 24-28, 2012 Pre-general Report Due Oct. 22-26, 2012 Pre-general Report Due Nov 19-Dec 19, 2012 Amended Report You must also check box of appropriate reporting period Final Report Zero balance re- quired. PAC must also file Form REPORT TOTALS (Fill in totals after you have completed page 2) CASH BALANCE SUMMARY								
Beginning Balance	2269.34 -0-	TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)						
Subtotal (lines 1+2) 3. =	2269.34							

Total Expenditures 4. (from Page 2) **Ending Balance** (lines 3-4) *Cannot have a negative ending balance

TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)					
-0-					
TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)	_				
765.69					
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CONTRIBUTORS OF:

	\$250 or Less			More than \$250		
Date	Full Name	Amount	Date	Amount		\Box
				Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)		
	NA			Affiliation: (Political committee) Full Name:		
		ļ		Address:		
<u> </u>				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)		
				Full Name: Address:		
				Contributor's job: (Individual) Where contributor works; (Individual) Affiliation: (Political committee)		
	Check if additional pages have been atached.			Total Contributions: (add both columns)		
	ITEMIZED EXPENDITU	RES (Itemi	ize 3ı	d pary expenditures/ reimbur	sements)	
Date	Full name, residence address (if person	•		<u> </u>		Amount
	11/4-					
	NIX					
	·					
	AS MANY COPIES IS PAGE AS YOU NEED.	· · · ·		Total Expen	ditures:	-()-
		OATH O	R AFI	FIRMATION		
	ANDER HAYS orrect, to the best of my knowledge nent, as required by West Virginia			_, swear or affirm that the atta- ransactions occurring within the		
Date_	9/12 .20/2.	Day	0		21418 =0 E	担当の力
	, ,			Office Us	S:01 HA L	DIS ZEB 1.
				Received By:	TIBALE	JOJ4
				nccivea by.		

Burchannon WV 26 20/ 72 SFIORD ST

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