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		unds?			
Candidate or Committee Name Putnam Co. Repo	. 1	mmittee's Treasurer Reed			
Political Party (for candidates)		Treasurer's Mailing Address (Street, Route or P.O. Box) 380-			
Office Sought (for candidates) Distr	ij	City, State, Zip Code Daytime Phone # Hurriane WU 25526			
Due March 31-April 6,2012 Due April 2 General - First Report Pre-gene	ary Report Post-prir 23-27, 2012 Due May 2 eral Report Post-ger	Check if Applicable: Amended Report You must also check box of appropriate reporting period Final Report			
Non-Election Cycle Reporting Period:	Annual Report Due In Ca Due last Saturday in March or days thereafter	alendar Year Zero balance re-			
CASH BALANCE Beginning Balance (ending balance from previous report) 1.	Fill in totals after you have complet SUMMARY	TOTAL CONTRIBUTIONS			
Total Contributions (from Page 2) 2.	+ —	ELECTION YEAR-TO-DATE (Add line 2 from all reports)			
Subtotal (lines 1+2) 3.	=/00.00	TOTAL EXPENDITURES			
Total Expenditures (from Page 2) 4.		ELECTION YEAR-TO-DATE (Add line 4 from all reports)			
Ending Balance (lines 3-4)	=100.00	700.00			
*Cannot have a negati					

CONTRIBUTORS OF:

\$250 or Less

More than \$250

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Date	Full Name	Amount	Date	Amount	<u> </u>		
				Full Name: Address:			
		-	1	Contributor's job: (Individual) Where contributor works: (Individual)			
		_		Affiliation: (Political committee) Full Name:			
	<u> </u>		_	Address:			
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				Total Con	tributions:		
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Date	Full name, residence address (if perso				Purpose	Amount	
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I,	correct, to the best of my knowledge	o of all fin	opoid	∠, swear or affirm to transactions occurring	that the attached stat	ement is true overed by this	
and d	correct, to the best of my knowledgment, as required by West Virginia	je, or all illi 3 Code 83-	ianciai 8-5a.	transactions occurri	ing within the period of	stered by and	
	- A	1	1	,			
H	Enellenn	Sel		Signatur	e of Candidate, Agen	or Treasures	
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Date	10-2012	<u> </u>			Office Mak (Add)	HYIC	
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