## 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 National Ass.	ustanco Denarats	Candidate or Committee's Treasurer  Belinda Biafore							
Political Party (for candidate  Democrat  Office Sought (for candidate	s) 	Treasurer's Mailing Address (Street 1006 GASTON AVE City, State, Zip Code Fairmont WV 26552	Daytime Phone #						
Election Cycle Primary - First Report Due March 31-April 6,2012 General - First Report Due Sept. 24-28, 2012	Due March 31-April 6,2012  L — Due April 23-27, 2012  Due May 21-June 19, 2012  General - First Report  Pre-general Report  Due Nov 19, Dec 19, 2012								
Non-Election Cycle Re- porting Period:	Annual Repo Due last Sa days therea	Quired. PAC must also file Fo							
REPORT TOTALS									

(Fill in totals after you have completed page 2)

## **CASH BALANCE SUMMARY**

1.	2319.77						
2.	+ 0						
3.	= 2319.77						
4.	- 0						
	= 2319.77						
*Cannot have a negative ending balance							
	2. 3. 4.						

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

2083,00

TOTAL EXPENDITURES **ELECTION YEAR-TO-DATE** (Add line 4 from all reports)

7060.00

## **CONTRIBUTORS OF:**

\$250 or Less

More than \$250

	\$250 OF E635						
Date	Full Name	Amount	Date	Amount			
	-			Full Name: Address:			
				Contributor's job: (Individu Where contributor works: ( Affiliation: (Political commi	al) (Individual) ttee)		
		<del>                                     </del>	<del>                                      </del>	Full Name:			
		<del>                                     </del>		Address:  Contributor's job: (Individual)  Where contributor works: (Individual)  Affiliation: (Political committee)			
			1	Full Name: Address:			
_		_		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)			
				Full Name: Address:			
		<del>                                     </del>	1	Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)			
L			<u> </u>		tributions:		
	Check if additional pages have been atached.			(add botl	n columns) i		
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	ITEMIZED EXPENDITU					ements)	A
Date	Full name, residence address (if persor	n); business add	dress (it	f firm)	Purpose		Amount
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		OAIRC	JK AF	FIRMATION			
1	Belinda Biafore			, swear or affirm t	that the attac	hed state	ment is true
and o	correct, to the best of my knowledg	e, of all fina	ancial	transactions occurri	ng within the	period cov	ered by this
state	ment, as required by West Virginia	Code §3-8	3-5a.				
/	Beaton			O: a4	Condido	to Agont	or Tropeuro
Bolivar Buffe Signature of Candidate, Agent, or Treasure of Late 11/26/2012 20 Signature of Candidate, Agent, or Treasure of Late 11/26/2012 20 Signature of Candidate, Agent, or Treasure of Candidat							Ji Heasulei
Date 11/24/2012 20							<del></del>
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WVFDW
Belinda Biafore
1006 Gaston Avenue
Fairmont, WV 26554

CLARKSBURG VVV 263

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