## 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?

<ul><li>4. Does your committee have any unpaid</li><li>5. Have you or anyone else given an in-k</li><li>6. Has your committee given or received</li></ul>	kind contribution to your campaign?	ds?								
Candidate or Committee Name  Anorer 5   Oral 814  Political Party (for candidates)	Candidate or Comm	Candidate or Committee's Treasurer  // Oranam  Treasurer's Mailing Address (Street, Route or P.O. Box)								
Office Sought (for candidates) Dist	15 Ferra RA e									
Due Merch 31-April 6,2012  Due April 6,2012  Pre-gene Due Sept. 24-28, 2012  Due Oct. 2	Period (check oné): nary Report 23-27, 2012  Post-primar Due May 21-Ji Post-genera 22-26, 2012  Annual Report Due in Calen	Check if Applicable:  Amended Report You must also check box of appropriate reporting period  Final Report								
Non-Election Cycle Reporting Period:	hin 6									
REPORT TOTALS (Fill in totals after you have completed page 2)  CASH BALANCE SUMMARY										
Beginning Balance (ending balance from previous report) 1.	8 975.87	TOTAL CONTRIBUTIONS								
Total Contributions (from Page 2) 2.	+ 251.00	ELECTION YEAR-TO-DATE (Add line 2 from all reports)								
Subtotal (lines 1+2) 3.	= 9226.87	TOTAL EXPENDITURES								
Total Expenditures (from Page 2) 4.	-	ELECTION YEAR-TO-DATE (Add line 4 from all reports)								
Ending Balance (lines 3-4)	= 9226.87	0								
*Cannot have a negativ										

## **CONTRIBUTORS OF:**

\$250 of Less

More than \$250

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Date	Full Nam	1 <b>6</b>	Amount	Date	Amount					
P/12	Local 814	1 PAC Fund	251.00		Full Name: Address:					
	(Har Mo	F . 1			Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)					
	went	)			Full Name; Address:					
		<i>J</i>	-		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)					
					Full Name: Address:					
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					Full Name: Address:					
					Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)					
Check if additional pages have						100				
been atached.										
ITEMIZED EXPENDITURES (Itemize 3rd pary expenditures/ reimbursements)										
Date		idence address (if person);				Purpose	<del></del>	Amount		
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OF IER	S PAGE AS YOU N	EEU.	OATUG	7 4						
			UAIH OF	K AFF	IRMATION					
l,	Unis	Oraham			, swear or affirm t	hat the attach	ned statem	ent is true		
and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this										
statement, as required by West Virginia Code §3-8-5a.										
					———— Signatur	e of Candidate	L Agent or	Treasurer		
Date_	Signature of Candidate, Agent, or Treasure  10 26 12 20 12 20 12 31 31 31 31 31 31 31 31 31 31 31 31 31									
		Office Use Only								
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					Recei	ved By:	Ü			



Laborers Local 814 PO Box 4226 Morgantown WV 26504

CLARKSBURG WY 263

NAME TO BE NOW AN

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