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?

Hardy County Democratic		Angela See Treasurer's Mailing Address (Street, Route or P.O. Box) 150 Blackbird Lane			
Political Party (for candidates) Democratic					
Office Sought (for candidates) n/a	District/Division	City, State, Zip Code Moorefield WV 26836	Daytime Phone # (304) 257-6670		
Election Cycle Ro Primary - First Report Due March 31-April 6,2012 General - First Report Due Sept. 24-28, 2012	eporting Period (che Pre-primary Report Due April 23-27, 2012 Pre-general Report Due Oct. 22-26, 2012	Post-general Report Due Nov 19-Dec 19, 2012	Check if Applicable: Amended Report You must also check box of appropriate reporting period Final Report		
Non-Election Cycle Re- porting Period:	Zero balance required. PAC must also file Form				
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REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	1.	\$ 507.84
Total Contributions (from Page 2)	2.	+
Subtotal (Unic.0:2)	8	= \$ 507.84
Total Expenditures (from Page 2)	4.	\$ 0.00 _
Entling Balance (lines=4)		= \$ 507.84
*Cannot have a neg	ativ	e ending balance

TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)
\$ 100.00
TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)

\$ 93.44

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Amount				
				Full Name: Address:		1 1		
				Contributor's job: (Individual Where contributor works: (In Affiliation: (Political committe	ontributor's job: (Individual) here contributor works: (Individual) filiation: (Political committee) ull Name:			
			 	Full Name: Address:				
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				Full Name: Address:				
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				Address:		,		
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	Check if additional pages have seen atached.			Total Conti (add both	ributions: columns)			
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Date	Full name, residence address (if p	person); business ad	dress (if	firm)	Purpose	Amount		
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	AS MANY COPIES IS PAGE AS YOU NEED.			To	otal Expenditures	:		
		OATH C	R AF	FIRMATION				
	gela See			_, swear or affirm the	at the attached sta	atement is true		
	orrect, to the best of my knowl nent, as required by West Virg			transactions occurring	within the period	covered by this		
State	ment as required by west virg	Jilla Code 95-0	-5a.					
	Well fe	ノ		Signature	of Candidate, Age	nt. or Treasurer		
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Date_	1117112 ,20_	<u> </u>		-	Office Use Only			
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Secretary of State
Campaign Finemes dept.
Bldg. 1 Swite 157-K
1900 Kanawha Blvd. East
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Clarkeston, Wysos.6770

