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 Name WV ArchiPAC	Candidate or Committee's Treasurer Nancy S. Tonkin
Political Party (for candidates)	Treasurer's Mailing Address (Street, Route or P.O. Box) 2110 Kanawha Blvd, E, Suite 220
Office Sought (for candidates) District/Divi	Sion City, State, Zip Code Daytime Phone # Charleston WV 25311 (304) 345-6808
Election Cycle Reporting Period Primary - First Report Due March 31-April 6,2012 General - First Report Due Sept. 24-28, 2012 Pre-general Rep Due Oct. 22-26, 20	Post-primary Report Due May 21-June 19, 2012 Amended Report You must also check box of appropriate box of appropriate
Due k	Al Report Due In Calendar Year ast Saturday in March or within 6 thereafter Zero balance required. PAC must also file For

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	1.	\$ 1,323.45				
Total Contributions (from Page 2)		\$ 0.00 +				
Subtotal (lines 1+2)	3.	= \$ 1,323.45				
Total Expenditures (from Page 2)	4.	\$ 0.00				
Ending Balance (lines 3-4)		= \$ 1,323.45				
*Cannot have a negative ending balance						

TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)
\$ 1,460.00
TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)
\$ 7,312.55

CONTRIBUTORS OF:

More than \$250

	\$250 OF Less							
Date	Full Name	Amount	Date	Amount			-	
				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)				
				Full Name: Address:				
		 		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)				
				Full Name: Address:				
		\$ 0.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)				
				Total Co	ntributions: h columns)	\$ 0.00		
	Check if additional pages have seen atached.			(add bot	h columns)			
	ITEMIZED EXPENDITE					sements)	Amount	
Date	Full name, residence address (if perso	n); business ad	dress (i	f firm)	Purpose		Amount	
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I, Na	ncy S. Tonkin, Treasurer			, swear or affirm	that the attains within the	ched stat neriod co	ement is true overed by this	
and o	correct, to the best of my knowledgment, as required by West Virginia	ge, of all fina a Code §3-8	anciai 3-5a.	transactions occur	ing within the	penda	340104 27	
State	ment, as required by troot trigini							
No	used Jadin,	Mas	u.	ير Signatu	re of Candida	ate, Agent	, or Treasure	
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				Rec	eived By:	707	Н	



West Virginia Secretary of State Office Building 1, Suite 157-K 1900 Kanawha Blvd, East Charleston, WV 25305