State of West Virginia Campaign Financial Statement (Short Form) in Relation to the ______ 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?

Candidate or Committee Name Handoch County Jemocratic Political Party (for candidates)	Candidate or Committee's Treasurer Chery See Treasurer's Mailing Address (Street, Route or P.O. Box)						
PXecutive Committee Office Sought (for candidates) District/Di	HC 67 Box 1577						
Primary - First Report Due last Saturday in March or within 6 days thereafter. General - First Report Due last Saturday in September or within 6 days thereafter. Pre-general Report Due 15 days preceded to be preceded to saturday in September or within 6 days thereafter.	eport Post-primary Report Check IT Applicable: deding primary Due 13 days following primary election or 4 days thereafter. eport Post-general Report You must also check box of appropriate reporting period						
norting Period:	ual Report Due In Calendar Year						
REPORT TOTALS (Fill in totals after you have completed page 2)							
CASH BALANCE SUN	IMARY						

Beginning Balance (ending balance from previous report)	1.		3,248.60				
Total Contributions (from Page 2)	2.	+	δ				
Subtotal (lines 1+2)	3.		3248.40				
Total Expenditures (from Page 2)	4.	_	2.00				
Ending Balance (lines 3-4)		=	3246.60				
*Cannot have a negative ending balance							

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

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

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Amount							
				Full Name: Address:							
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)							
				Full Name: Address:							
		 		Aduress. 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)							
Check if additional pages have been atached. Total Contributions: -0-											
ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/ reimbursements)											
Date	Full name, residence address (if person); business add	lress (if	firm)	Purpose		Amount				
8/ 129	DAVIS TRUST Co PO BOX 1424	A ETKIVS	(4)	1 26241	Service fee for online banking 2		2.00				
	+17				Astronomic						
	AS MANY COPIES		_		Total Expend	ditures:	200				
OF TH	IS PAGE AS YOU NEED.			FIRMATION	•		<i>S</i> 2, –				
i,(and c stater Date_	hery See orrect, to the best of my knowledge ment, as required by West Virginia hery 1 3/25 20 13	e, of all fina Code §3-8-	ncial t	Signatur	re of Candidat	e, Agent, or 10 31418 Only 35					
				Rana	ived By:	-17-1	l				

runty Democratic Executive Committee



West Vinginia Secretary of State ATTN: Missi 15, nales 1900 Handwha Blood, East Building 1, Suite 157-4 Charleston, WV 25-305