State of West Virginia Campaign Financial Statement (Short Form) in Relation to the 2013 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 Randolph Country Democratic Executive Conte	Candidate or Committee's Treasurer Cheryl See			
Political Party (for candidates)	Treasurer's Mailing Address (Street, Route or P.O. Box)			
Office Sought (for candidates) District/Division	114.4.10	time Phone # 339 - 24-39		
Election Cycle Reporting Period (check 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-primary Report Due 15 days preceding general election or within 4 days thereafter.	Check if Applicable: Amended Report You must also check box of appropriate reporting period Final Report			
	t Due In <u>20/3</u> Calendar Year rday in March or within 6	Zero balance required PAC must also file Form F-6 Dissolution		

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	1.		3567.57	TOTAL CO
Total Contributions (from Page 2)	2.	+	0	ELECTION (Add line 2
Subtotal (lines 1+2)	3.	=	3547.57	TOTAL E
Total Expenditures (from Page 2)	4.	-	D	ELECTION (Add line 4
Ending Balance (lines 3-4)		=	3567,57	₩,
*Cannot have a ne	gativ	e end	,	

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

· 1 138,00

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

352.10

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:				
		-		Contributor's job: (Individu Where contributor works: Affiliation: (Political comm				
				Full Name: Address:				
-				Contributor's job; (Individe Where contributor works: Affiliation: (Political comm				
				Full Name: Address:				
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)				
	Check if additional pages have been atached. Total Contributions: -0- (add both columns)							
	ITEMIZED EXPENDITU	RES (Item	ize 3ı	d party expenditur	es/ reimburs	sements)		
Date	Date Full name, residence address (if person); business address				Purpose		Amount	
			_					
				-				
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				<u>.</u>				
MAKE AS MANY COPIES Total Expendit						ditures:	-0-	
OF TH	HIS PAGE AS YOU NEED.	OATU	\D AE	FIRMATION				
		OATH	JK AF	PIRMATION				
	Charles A See	_		, swear or affirm	that the attac	ched state	ment is true	
and o	correct, to the best of my knowledg	e, of all fina	ancial	transactions occurri	ng within the	period co	vered by this	
state	ment, as required by West Virginia	Code §3-8	3-5a.					
(Though the Social			Signatu	re of Candida	ite. Agent.	or Treasurer	
	many of the			Oignato	00,000,000	,		
Date	: Uprif 1			Γ	HINDUM 10714 Office Use	e Oula TATO		
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				Rece	eived By:			

Rand. a. Dem. Executivo Committee O. She, The acuted He 67, Box 157 Huttons ville, W 26873

CLARKSBURG WW 262

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Charleston, WV 35-305

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