# State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2014 Election Year

For political committees, list the current election year. For candidates, list the current campaign or the year of an open past campaign.

Supply all information requested. It is required by WV Code §3-8-5a.

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. Have you made or accepted any loans to your campaign?
- 2. Have you had any fundraisers?
- 3. Have you received any miscellaneous receipts, such as refunds, checking account interest or transferred funds from a previous campaign?
- 4. Do you have any unpaid bills?

PAC		ETC							
	PO BOX 9096								
	Huntington ww 35704	304522-2031							
District/Division	City, State, Zip Code	Daytime Phone #							
Reporting Period (check one)									
within 6 days th	day in March or (Due 10 to 17 day ereafter. This is the	ys (Due 25 to 31days							
(Due 10 to 17 before general	days (Due 25 to 31 days after general or								
special election	•	be final report if "0"balance							
	Reporting Perimary (Due last Sature within 6 days the first report for correporting)  Pre-general Fer (Due 10 to 17 before general	Candidate or Committee's Treasurer  O O O O O O O O O O O O O O O O O O O							

### Totals for this period

RECEIPTS  1. Total Contributions (Schedule 1A)	0
EXPENDITURES 2. Total Expenditures (Schedule 1B)	0

## TOTAL RECEIPTS ELECTION YEAR-TO-DATE (Add line B from all reports)

1100.00

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

2700.00

#### CASH BALANCE SUMMARY

CILCIA DI LES III CON CONTRACTOR						
A. Beginning Balance (ending balance from previous report	1778.83					
B. Total Receipts (Line 1)	0					
C. Subtotal (Add lines A & B)	2228 83					
D.Total Expenditures (Line 2)	0					
E. Ending Balance (Subtract line D from line C) *Cannot be neg	2228, 83 ative balance					

### **CONTRIBUTIONS**

\$250 or less

\$250 or more

Date	Full Name	Amount	Date				Amount
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					(both colur	nns)	
Sche	dule 1B	ITEMIZED E	XPEN	NDITURES			
Date	Full name, residence address	s (if person); business address	(if firm)	)	Purpose	_ A	mount
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corre	ect, to the best of my kement.	knowledge, of all finan	ncial tr	ansactions occurring	g within the period	covei	ed by this
State							
1	dell freger	Ires.		Signatur	e of Candidate, Age	nt, or	Treasure
<b>D</b> - 1 -	M	, 200 <u>4</u>		Э.	JOE MANCHIN III SECRETARY OF STAT	ŀΛM	
Date	11/ay 10	_, 200			Office Use Only EUUZ 9 I NNC		
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Reger Suneral Home, Inc. HUNTINGTON, WV 25704 P. O. BOX 9096



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