State of West Virginia Campaign Financial Statement
(Long Form) in Relation to the 2012 Election Year

Candidate or Committee Name	Candidate or Committee's Treasurer
Staggers	RJ Stevenson
Political Party (for candidates)	**Treasurer's Mailing Address (Street, Route or P.O. Box)**
Democrat	416 Fayette Co Park Rd
Office Sought (for candidates) / **District/Division**	**City, State, Zip Code** / **Daytime Phone #**
House of Delegates / 32	Fayetteville WV 25840 / 304-237-7965

Election Cycle Reporting Period (check one):

- ☐ **Primary - First Report** Due last Saturday in March or within 6 days thereafter.
- ☐ **Pre-Primary Report** Due 15 days preceding primary election or within 4 business days thereafter.
- ☐ **Post-Primary Report** Due 13 days following primary election or within 20 business days thereafter.
- ☐ **General - First Report** Due 43 days preceding general election or within 4 business days thereafter.
- ☐ **Pre-General Report** Due 15 days preceding general election or within 4 business days thereafter.
- ☐ **Post-General Report** Due 13 days following general election or within 20 business days thereafter.

Non-Election Cycle Reporting Period:

- ☒ **Annual Report Due In 2015 Calendar Year** Due last Saturday in March or within 6 days thereafter

Check if Applicable:

- ☐ **Amended Report** You must also check box of appropriate reporting period
- ☑ **Final Report** **Zero balance required.** PAC must also file Form F-6 Dissolution

REPORT TOTALS

Fill in totals at the completion of the report.

RECEIPTS OF FUNDS:

	Totals for this Period
Contributions (Page 3)	0
Monetary Contributions from all Fund-Raising Events (Page 4)	+ 0
Receipt of a Transfer of Excess Funds (Page 8)	+ 0
Total Monetary Contributions:	= 0
In-Kind Contributions (Page 5)	+ 0
Total Contributions:	= 0

Other Income (Page 5)	0
Loans Received (Page 6)	+ 0
Total Other Income:	= 0

OUTSTANDING LOANS & DEBTS:

Unpaid Bills (Page 9)	0
Outstanding Loans (Page 6)	+ 0
Total Debts:	= 0

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	4800
Total Monetary Contributions	+ 0
Total Other Income	+ 0
Subtotal: a.	= 4800

Total Expenditures (Page 7)	0
Total Disbursements of Excess Funds (Page 8)	+ 4800
Repayment of Loans (Page 6)	+ 0
Subtotal: b.	= 4800

Ending Balance: (*Subtotal a. - Subtotal b.*) ***Cannot be negative balance**	= 0

TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE
(Add total contributions from all reports)

0

TOTAL EXPENDITURES ELECTION YEAR-TO-DATE
(Add total expenditures from all reports)

4800

Page 3.

Contributors of More than $250

☐ *Check if additional pages have been attached.*

DATE	INDIVIDUAL CONTRIBUTOR OR COMMITTEE'S NAME	AMOUNT
	Full Name: Address: (residential and mailing if they are different) Contributor's job: (individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only)	
	Full Name: Address: (residential and mailing if they are different) Contributor's job: (individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only)	
	Full Name: Address: (residential and mailing if they are different) Contributor's job: (individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only)	
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	Full Name: Address: (residential and mailing if they are different) Contributor's job: (individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only)	

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED

Subtotal of all contributors of more than $250	
Subtotal of all contributors of $250 or less (From page 2)	+
Total Contributions:	=

OTHER INCOME: INTEREST, REFUNDS, MISCELLANEOUS RECEIPTS

Date	Source of Income	Type of Receipt	Amount

Total Other Income:

☐ ***Check if additional pages have been attached.***

IN-KIND CONTRIBUTIONS

Date	Name and Contributor Information	Description of Contribution	Value

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.

Total In-Kind Contributions:

ITEMIZED EXPENDITURES

(Itemize 3rd party expenditures/ reimbursements)

☐ *Check if additional pages have been attached.*

Date	Name of Person or Vendor and Address	Purpose	Amount

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.

Total Expenditures: ☐

UNPAID BILLS

☐ *Check if additional pages have been attached.*

Date	Owed to Whom	Affiliated with what Company or Group	Purpose	Amount

Total Unpaid Bills: _____

OATH OR AFFIRMATION

I, PJ Stevenson, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

_____ Signature of Candidate, Financial Agent or Treasurer

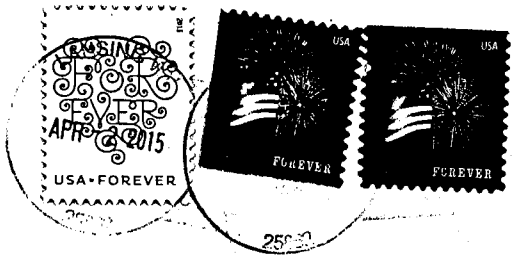
Date April 1, 2015

Office Use Only

RECEIVED
2015 APR -6 PM 12:51
SECRETARY OF STATE
STATE OF WEST VIRGINIA

Received By: _____

PJ Stevenson & Sean Wishart
46 Fayette County Park Rd.
Fayetteville, WV 25840



WV SOS
Campaign Finance
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