State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2014 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 Nar	ne	Λ.	Candidate or Committee's Treas	urer					
	GREENBRIER CL D	en kur.	Comm	NANCY-AYO						
			Treasurer's Mailing Address (Stre	Treasurer's Mailing Address (Street, Route or P.O. Box)						
				POBOCISTS						
	Office Sought (for candidate	Office Sought (for candidates) District/Division			City, State, Zip Code Daytime Phone #					
				LEURSBURGH	1024901	304-10410-144				
	Election Cycle Primary - First Report	Reporting Pre-Prim	•	ck one):	Che	eck if Applicable:				
¥	Duę March 29-April 4, 2014,		8-May 2, 2014	Due May 26-June 23, 2014		Amended Report You must also check				
	3 30 3 - 3 28 4 General - First Report Due September 22-26, 2014		eral Report er 20-24, 2014	Post-General Report Due Nov. 17-Dec. 15, 2014		box of appropriate reporting period				
	Ion-Election Cycle Reporting Period:			rt Due In Calendar Year urday in March or within 6 er		Final Report 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.		2368.06
Total Contributions (from Page 2)	2.	+	2557,50
Subtotal (lines 1+2)	3.	=	4925.56
Total Expenditures (from Page 2)	4.		25 71.17
Ending Balance (lines 3-4)		=	2354,39
*Cannot have a r	nega	tive	ending balance

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

2557.50

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

2571.17

Page 2 CONTRIBUTORS OF:							
	\$250 or Less			Mo	re than \$250		
Date	Full Name	Amount	Date			······	Amount
4 PAW	ldetch Learspung.	12000		Full Name: Address:			
4/17 Car	sh 50/50 @ DINNER	Contributor's job: (Individe Where contributor works Affiliation: (Political comm			ual) : (Individual) nittee)		
417 Pin	ul Jacobs	30°		Full Name: Address:			
4/n PA	rel JACOBY	Contributor's job: (Individence Contributor works Affiliation: (Political comments)			s: (Individual)		
HIT Le	nda brone	31-		Full Name: Address:			
HIT PI	rul Moria	75-	Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)				
4/17 6	u vonne Arbuchle	37		Full Name: Address:			
4/17 3	ell Lavd	45-		Contributor's job: (Individ Where contributor works Affiliation: (Political comm			
Chec	k if additional pages			Total Co (add bot	ntributions: h columns)	527	
A have	been atached.			•			
	ITEMIZED EXPENDITU	RES (Item	ize 3	rd pary expenditui	res/reimburs	ements)	
Date	Full name, residence address (if perso	n); business a	ddress	(if firm)	Purpose		Amount
4/6/13	Rupert Women's C	lub-1	Regr	erf. WV.	Dinner		800- ^{ci}
4/6/13 Rupert Women's Club-Rupert. WV. Dinner 4/6/13 NANCY Sartar, LEWISBURG: W Clocks gifts							80.61
4/6/13 Nancy Sartor LEWISBURG, WV Reimburse Flowers Nada							, 84.8
4/13/13	Statifair OW-	Fairled	الالار	1	booth		212.50
4/13/13 Stati Fair on WV - Fairles				V	Booth An	d.	85.00
MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.					Total Expend	ditures:	1262,9
		OATH O	R AF	FIRMATION			
	the best of my knowledge, or as required by West Virginia 0		ial tra	wear or affirm that ansactions occurring	the attached : g within the p	statemen	nt is true and vered by the
· - · · · · · · · · · · · · · · · · · ·				Signatur	e of Candidat	e, Agent,	or Treasur

Received By:____

Office Use Only

Date______, 20_____.

\$250 or Less

More than \$250

	Ψ20001 LC33							
Date	Full Name	Amount	Date	Eult Nomo:	·····		Amount	
4/17	Steve Ruttedge	38		Full Name: Address: Contributor's job: (Individe	ual)			
4/17	Nancy Sarta	30 10		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)				
4/17	Burk Sanders	ŶO ®						
4/1	Kathy Martin	30 -		Contributor's job: (Individ Where contributor works Affiliation: (Political comm	ual) : (Individual) nittee)			
4/17	mends Campbell	30-		Full Name: Address:				
4/17	Lowell Jourses	31-		Contributor's job: (Individ Where contributor works Affiliation: (Political comm	ual) : (Individual) nittee)			
4/17	Woody Harna	30-		Full Name: Address:	0			
4/17	Karen LOBBAN	30-		Contributor's job: (Individ Where contributor works Affiliation: (Political comm	uai) : (Individual) nittee)			
(Check if additional pages			Total Col	ntributions: h columns)	270		
	have been atached.			(444				
•	ITEMIZED EXPENDITU	RES (Item	ize 3	rd pary expenditur	es/reimburs	ements)		
Date	Full name, residence address (if perso	n); business a	ddress	(if firm)	Purpose		Amount	
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l,	ct, to the best of my knowledge, o	f all financ	, si ial tra	wear or affirm that tensections occurring	the attached so within the p	statement is eriod covere	true and ed by this	
	ment, as required by West Virginia				,		,,	
				Signatur	e of Candidate	e, Agent, or	Treasurer	
Date_					Office Use (Only	 1	
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				Pagain	and Bu			

\$250 or Less More than \$250								
Date Full Name	Amount	Date			Amount			
4/17 SE Contral LAMOR UNION	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)							
1/17 Cash-UMRIOUS TICKETS	425		Full Name:					
1/16 Poul JACOBY	60		Address: Contributor's job: (Individent Where contributor works)	ual)				
The Nick Joe Rahall	250							
Mrs Ryan Kelsel	15							
9/0 ANNUAL PICNIC 50/50	39.50							
Plishy TRANSPERFROM Soann	Se/ 00		Full Name: Address:					
TO THE THEORY STORY	0.46.		Contributor's job: (Individent Where contributor works Affiliation: (Political comm	ual) : (Individual) iittee)				
Check if additional pages have been atached.			Total Co (add boti	ntributions: 17	60.50			
ITEMIZED EXPENDITU	RES (Item	ize 3	rd pary expenditur	es/reimbursement	s)			
Date Full name, residence address (if person	n); business a	ddress	(if firm)	Purpose	Amount			
4/22 NSF Charges - JAC	otay			NSF	10400			
5/15 State Fair booth	/			booth	2/2.0			
G/B USPS	Mul box fee	54.00						
7/10 Vicici Dooe - REI 8/7 DEM Youth LEADERS	mburs	em	ent	State Fair Tickets	415.26			
8/7 DER Youth LEADERS	tin			AdanTygrett	1500			
MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.	, ,		•	Total Expenditures	935,76			
	OATH O	RAF	FIRMATION	***************************************				
I,, swear or affirm that the attached statement is true and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.								
Signature of Candidate, Agent, or Treasurer								
Date 20			Office Use Only					

Received By:

\$250 or Less

More than \$250

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Date	Full Name	Amount	Date				Amount
				Full Name: Address:			!
	10.00			Contributor's job: (Individu Where contributor works: Affiliation: (Political comm	al) (Individual) ttee)		
				Full Name: Address:		*************************************	
				Contributor's job: (Individe Where contributor works: Affiliation: (Political comm	ual) (Individual) ittee)		
				Full Name: Address:			
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				Full Name: Address:			
				Contributor's job: (Individe Where contributor works Affiliation: (Political comm	ual) (Individual) ittee)		
L				Total Cor	ntributions:		
	Check if additional pages have been atached.			(add both	i columns)		
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1113	HARL Moya-REIMBA	LIESE			Sign	1 5	5.00
3/7	14 State Fair		<u> </u>	Ticke	to TA	<u>15</u> 3	47.50
							
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corre- stater	ct, to the best of my knowledge, oment, as required by West Virginia	f all finand Code §3-8	cial tra -5a.	ansactions occurring	within the p	eriod cover	ed by this
	Mark Carl	7 -7					
	, land -arge		e of Candidat		Treasurer		
Date	5/ 30 20/4.		STATE OF WEST VIRGINIA				
_			Office Use	Only			
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				Receiv	red By:	BE	



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