## 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?

-					
Candidate or Committee N	_	Candidate or Committee's Treasurer			
I Locan Co Dem	.Ex. Committee	Claudia Ellis			
Political Party (for candidates)		Treasurer's Mailing Address (Street, Route or P.O. Box)			
Democrat		306 Guyan St.			
Office Sought (for candidates) District/Division		City, State, Zip Code	Daytime Phone #		
	·	Logar WV. 25601	304-792-86	26	
Election Cycl Primary - First Report Due March 29-April 4, 2014	e Reporting Period (che Pre-Primary Report Due April 28-May 2, 2014	Post-Primary Report Due May 26-June 23, 2014	Check if Ap	d Report	
General - First Report  Due September 22-26, 2014  Due October 20-24, 2014		Post-General Report Due Nov. 17-Dec. 15, 2014	box of ap	You must also check box of appropriate reporting period	
Non-Election Cycle Reporting Period:		rt Due In Calendar Year urday in March or within 6 ter	PAC mus	ince required.	

## REPORT TOTALS

(Fill in totals after you have completed page 2)

## CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report) 1.	963.19	TOTAL CONTRIBUTIONS
Total Contributions (from Page 2) 2.	+ -0-	ELECTION YEAR-TO-DATE (Add line 2 from all reports)
		-0-
Subtotal (lines 1+2) 3.	= 963.19	TOTAL EXPENDITURES
Total Expenditures (from Page 2) 4.	0-	ELECTION YEAR-TO-DATE (Add line 4 from all reports)
Ending Balance (lines 3-4)	= 963.19	-0-
*Cannot have a nega		

## CONTRIBUTORS OF:

\$250 or Less

More than \$250

	\$250 OI Less				, , , , , , , , , , , , , , , , , , ,			
Date	Full Name	Amount	Date			Amount		
	• •			Full Name: Address:				
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)				
				Full Name: Address:				
			1	Contributor's job: (Individu Where contributor works Affiliation: (Political comm				
	100			Full Name: Address:	ıll Name:			
				Contributor's job: (Individual Where contributor works Affiliation: (Political comm	ntributor's job: (Individual) lere contributor works: (Individual) liation: (Political committee)			
				Full Name: Address:	Full Name:			
				Contributor's job: (Individent Where contributor works Affiliation: (Political comm	Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)			
Check if additional pages (add both columns)  Check if additional pages (add both columns)								
	ITEMIZED EXPEND	ITURES (Item	nize 3	rd party expenditur	es/reimbursements	)		
Date	Full name, residence address (if p	person); business a	address	(if firm)	Purpose	Amount		
				•				
			· ·					
<u> </u>								
	AS MANY COPIES IS PAGE AS YOU NEED.			•	Total Expenditures:	-0-		
		OATH C	OR AF	FIRMATION				
I, <u>Cloudia</u> Ellis, 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.								
(1)	Pausia R. Ellis		· · · · · · · · · · · · · · · · · · ·	Signatur	e of Candidate, Agent			
Date	NOU. 24 , 20 164	<u>L</u> .			IF OF MEST MYCHAIL	113		
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				Receiv	ved By:			

Elles Jogan, W.W. Jogan, W.W.

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