State of West Virginia Campaign Financial Statement (Short Form) in Relation to the 2015 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?

Candidate or Committee Name	Candidate or Committee's Treasurer		
Political Party (for candidates) Democrat Office Sought (for candidates) District/Division	Treasurer's Mailing Address (Street, Route or P.O. Box) 2222 Mr Vernen Ave.		
Election Cycle Reporting Period (C Primary - First Report Due last Saturday in March or within 6 days thereafter. General - First Report Due 43 days preceding general election or within 6 days thereafter. Pre-general Report Due 15 days preceding general election or within 4 days thereafter.	Post-primary Report Due 13 days following primary election or within 20 business days thereafter. Post-general Report Due 13 days following general election Due 13 days following general election		
	port Due In 2015 Calendar Year Saturday in March or within 6 days PAC must also file Form F-6 Dissolution		

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	1.	332.41			
Total Contributions (from Page 2)	2.	. + 0.00			
Subtotal (lines 1+2)	3.	= 332,41			
Total Expenditures (from Page 2)	4.	- 0.00			
Ending Balance (lines 3-4)		= 332.41			
*Cannot have a negative ending balance					

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

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

365.84

CONTRIBUTORS OF:

\$250 or Less

More than \$250

	Ψ200 01 Le33			Word than \$200				
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: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)				
				Full Name: Address:				
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)				
				Full Name: Address:				
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)				
Check if additional pages have (add both columns) Total Contributions: (add both columns)								
				d party expenditures/reimbursements)				
Date	Full name, residence address (if per	son); business a	ddress ((if firm) Purpose	Amount			
MAKE	AS MANY COPIES			Total Expanditures				
	DE THIS PAGE AS YOU NEED. Total Expenditures:							
		OATH OF	RAFF	RMATION				
1/	, J							
I, <u>hevin Food</u> , 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								
	nent, as required by West Virginia			insactions occurring within the period cover	red by this			
Ki	in for			Signature of Candidate, Agent, o	Treasurer			
Date	3-1-2017 , 20/5.			SC WEST VINDING				
			Office Use Only					
			Received By: 33					
				PM 12: 33				
				BFORM				
				Received By:				



Kevin Fooce 2222 Mount Vernon Ave. Point Pleasant, WV 25550

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