State of West Virginia Campaign Financial Statement (Long Form) in Relation to the 2016 Election Year

Candidate or Committee Name Candidate or Committee's Treasurer		
Mc DOWER CO PREVENCATEXEC COMMITTE MICE LUSHBANGET		
Political Party (for candidates)	Treasurer's Mailing Address (Street, Route o	r P.O. Box)
Office Sought (for candidates) District/Division	City, State, Zip Code Daytime	Phone #
Office Sought (for candidates) District Division	WERLY WV 24801 304	
Election Cycle Reporting		
Primary - First Report Due March 26 - April 1, 2016 Pre-primary Report Due April 25 - 29, 2016	Post-primary Report Due May 23 - June 21, 2016	ck if Applicable: Amended Report You must also check
General - First Report Due September 26 - 30, 2016 Pre-general Report Due October 24 - 28, 2016	Post-general Report Due Nov. 21 - Dec. 19, 2016	box of appropriate reporting period
	Due In Calendar Year day in March or within 6	Final Report Zero balance required. PAC must also file Form F-6 Dissolution
REPO	RT TOTALS	
Fill in totals at the RECEIPTS OF FUNDS: Totals for this P	e completion of the report. Period CASH BALANC	E SUMMARY
Contributions (Page 3)	Beginning Balance	
Monetary Contributions from all Fund-Raising Events (Page 4) +	(ending balance from previous report)	4156.73
Receipt of a Transfer of Excess Funds (Page 8) +	Total Monetary Contributions	+ 0
Total Monetary Contributions: =	→ Total Other Income	+ &
In-Kind Contributions (Page 5) +		2
Total Contributions: =	Subtotal: a.	= 4156.73
Other Income (Page 5) (3.17	Total Expenditures (Page 7)	500.00
Loans Received (Page 6) + 4	Total Disbursements of Excess Funds (Page 8)	+
Total Other Income: = (3.12	Repayment of Loans (Page	6) +
OUTSTANDING LOANS & DEBTS:	Subtotal:	D. = (U), U)
Unpaid Bills (Page 9)	Subtotal.	- 300,00
Outstanding Loans (Page 6) +	Ending Balance:	
Total Debts: = X	(Subtotal a Subtotal b. *Cannot be negative balance	0.) = 3653.61
TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add total contributions from all reports)	TOTAL EXPENDI ELECTION YEAR- (Add total expenditures from	TO-DATE om all reports)
7	11 1 1.0	

Page 3.

Contributors of More than \$250

Checkifadditional 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)	eta o e e e e
	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)	
	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)	

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:



Page 5.

OTHER INCOME: INTEREST, REFUNDS, MISCELLANEOUS RECEIPTS

Date	Source of Income	Type of Receipt	Amount
9-16-16	BALANCE CUMPLETION	ENOUL ON PALANCE CORRECTION	(3,12)
	dditional pages n attached.	Total Other Income:	(3.12)

IN-KIND CONTRIBUTIONS

Date	Name and Contributor Information	Description of Contribution	Value
			4-44-4

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.

Total In-Kind Contributions:

4

Page 1	7	
--------	---	--

ITEMIZED EXPENDITURES

(Itemize 3rd party expenditures/ reimbursements)

	Checkifadditional pages
_l	have been attached.

Date	Name of Person or Vendor and Address	Purpose	Amount
9-16-16	ST PETERS CATHOLIC CHUNCH 111 VINGINIA AVE WERCH IN 24801	MEMONIAL CHANITABLE DUNAMOS	500.00
4000.			
			and Abstracts of
MAKEAS MAN'	Y COPIES	Total Expenditures:	500.00

Page	9.
------	----

UNPAID BILLS

1	Check if additional pages
J	have been attached.

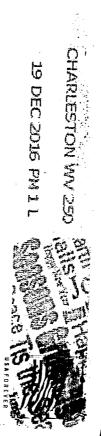
D-1-	O d t = \A/I = =	A CELL-A- duviah vula a A C	D	
Date	Owed to Whom	Affiliated with what Company or Group	Purpos	e Amount
<u></u>	<u> </u>	Total U	npaid Bills:	0
I				
		OATH OR AFFIRMATION		
I, <u>/</u>	is true and correct to	the best of my knowledge, for all financial to	, swear or	affirm that the attached
covered by	y this statement, as re	equired by West Virginia Code §3-8-5a.	ansastione co	odining within the period
	//////////////////////////////////////	25.		
				Candidate, Financial t or Treasurer
		Date, 2	016	
		Date	0 <u>1 -</u>	
		•		÷
		Г	0	ffice Use Only
	OF MEST VIRGINIA	HWIS	Ü	mice osc omy
	ELYEN OF STATE)		
	EC 21 PM 1:21	טטוע		

Received By: ___

BECEIVED

72 Summers Street Welch, WV 24801 McDowell Co Republican Ex. Comm.

19 DEC 2016 PM 1 L



Charleston, WV 25305 Building 1 Suite 157-K 1900 Kanawha Blvd, East West Virginia Secretary of State

101000-0000101

The state of the s

րդեր Արելերի Արելերի հայերի հայերի հայերի հ