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?

- 1	Candidate or Committee N		Candidate of Committee's Treasu					
L	MarroeCotx	Committee	BubbuEV	lasr				
	Political Party (for candida	tes)		Treasurer's Mailing Address (Street, Route or P.O. Box)				
L			PUBUX37	, i				
-	Office Sought (for candida	ites) District/Division	n City, State, Zip Code	Daytime Phone #				
Ĺ			unionw12498	3 3047725273				
	Election Cycl Primary - First Report Due March 29-April 4, 2014 General - First Report Due September 22-26, 2014	e Reporting Period (Pre-Primary Report Due April 28-May 2, 20 Pre-General Report Due October 20-24, 201	Post-Primary Report Due May 26-June 23, 2014 t Post-General Report	Check if Applicable: Amended Report You must also check box of appropriate reporting period Final Report				
	on-Election Cycle eporting Period:		leport Due In Calendar Year Saturday in March or within 6 reafter	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)		786.77	TOTAL CONTRIBUTIONS
Total Contributions (from Page 2)	2.	+ 0	ELECTION YEAR-TO-DATE (Add line 2 from all reports)
Subtotal (lines 1+2)	3.	= 786.77	TOTAL EXPENDITURES
Total Expenditures (from Page 2)	4.	- 264.00	TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)
Ending Balance (lines 3-4)		= 522.77	
*Cannot have a ne	•		

CONTRIBUTORS OF:

and the second of the second o

\$250 or Less

Date	Full Name	More than \$250					
	- Carlotte	Amount	Date			Amoun	
-				Full Name: Address:			
				Contributor's job: (Indiv Where contributor wor Affiliation: (Political con	ridual) ks: (Individual) mittee)		
				Full Name: Address:			
				Contributor's job: (Indiv Where contributor wor Affiliation: (Political con			
<u> </u>				Full Name: Address:			
				Contributor's job: (Indiv Where contributor work Affiliation: (Political con	ontributor's job: (Individual) here contributor works: (Individual) filiation: (Political committee)		
			Full Name: Address:				
				Contributor's job: (Indivi Where contributor work Affiliation: (Political com	dual) s: (Individual) mittee)		
	Check if additional pages have been atached.			Total Co	entributions: th columns)		
	ITEMIZED EXPENDITU	RES (Itemiz	e 3rc	party expenditu	res/reimbursement	s)	
Date	Full name, residence address (if perso	firm)	Purpose	Amount			
11-10	morrie Wate	e Watchman			aa	2611	
						1 209	
MAKE A	AC MANY CORIES						
OF THIS	AS MANY COPIES S PAGE AS YOU NEED.			-	Total Expenditures:	264	
OF THIS	S PAGE AS YOU NEED.	OATH OR A	AFFII		Total Expenditures:	264	
OF THIS	S PAGE AS YOU NEED.			RMATION			
of THIS	s PAGE AS YOU NEED. to the best of my knowledge, of	all financial	, swe	RMATION			
of THIS	t, to the best of my knowledge, of ent, as required by West Virginia C	all financial	, swe	RMATION			
of THIS	s PAGE AS YOU NEED. to the best of my knowledge, of	all financial	, swe	RMATION ear or affirm that to sactions occurring	ne attached stateme within the period co	nt is true and	
orrect correct	s PAGE AS YOU NEED. to the best of my knowledge, of	all financial	, swe	RMATION ear or affirm that to sactions occurring		nt is true and	
of THIS	s PAGE AS YOU NEED. to the best of my knowledge, of	all financial	, swe	RMATION ear or affirm that to sactions occurring	ne attached stateme within the period co of Candidate, Agent	nt is true and vered by this	
orrect correct	s PAGE AS YOU NEED. to the best of my knowledge, of	all financial	, swe	RMATION ear or affirm that to sactions occurring	ne attached stateme within the period co	nt is true and vered by this	

Received By:

MY MY WASS

CHARLESTON WWW 253

TO NOW ZOLAPHIE

WW Secretary of State 131dg/ Surle 157-K 1900 Kanawka Blva East Charleston, wr 25305

2505077099