

# State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2016 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 Name <i>MONROE IS EXECUTIVE COMMITTEE</i>		Candidate or Committee's Treasurer <i>Jeff Bungearcher</i>	
Political Party (for candidates)		Treasurer's Mailing Address (Street, Route or P.O. Box) <i>171 CANTREBURY KNOB ROAD</i>	
Office Sought (for candidates)	District/Division	City, State, Zip Code <i>BRAXLAD WV 24910</i>	Daytime Phone # <i>304 753 4910</i>

**Election Cycle Reporting Period (check one):**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> <b>Primary - First Report</b><br>Due March 26 - April 1, 2016           | <input type="checkbox"/> <b>Pre-Primary Report</b><br>Due April 25 - 29, 2016   | <input type="checkbox"/> <b>Post-Primary Report</b><br>Due May 23 - June 21, 2016  |
| <input checked="" type="checkbox"/> <b>General - First Report</b><br>Due September 26 - 30, 2016 | <input type="checkbox"/> <b>Pre-General Report</b><br>Due October 24 - 28, 2016 | <input type="checkbox"/> <b>Post-General Report</b><br>Due Nov. 21 - Dec. 19, 2016 |

**Check if Applicable:**

- Amended Report**  
You must also check box of appropriate reporting period
- Final Report**  
Zero balance required. PAC must also file Form F-6 Dissolution

**Non-Election Cycle Reporting Period:**

- Annual Report Due In \_\_\_\_\_ Calendar Year**  
Due last Saturday in March or within 6 days thereafter

## REPORT TOTALS

(Fill in totals after you have completed page 2)

### CASH BALANCE SUMMARY

<b>Beginning Balance</b> (ending balance from previous report) 1.	1.	<i>\$ 352.29</i>
<b>Total Contributions</b> (from Page 2) 2.	2.	<i>+ \$ 8662.<sup>00</sup></i>
<b>Subtotal</b> (lines 1+2) 3.	3.	<i>= \$ 9014.<sup>29</sup></i>
<b>Total Expenditures</b> (from Page 2) 4.	4.	<i>- 7154.<sup>10</sup></i>
<b>Ending Balance</b> (lines 3-4)		<i>= \$ 1860.<sup>11</sup></i>
<b>*Cannot have a negative ending balance</b>		

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

*8662.<sup>00</sup>*

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

*7154.<sup>10</sup>*

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
				Monroe Republican Dinner E Auction	9662 <sup>00</sup>
				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)	

Total Contributions:  
(add both columns)

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ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
4/4 13	KATHY FLOWERS / UNION, WV	FUNERAL	53 <sup>00</sup>
4/6	SUGAN BURNARD / BURNARD, WV	Reimburse Printing	43 <sup>59</sup>
5/4	KAYLO KITCHEN / UNION	Reagan Dinner CARD	1260 <sup>00</sup>
	MONROE CO REPUBLICAN CLUB	SHARE OF REAGAN AUCTION	325 <sup>00</sup>
6/	MONROE WATCHMAN	ADVERTISE	84 <sup>00</sup>

MAKE AS MANY COPIES  
OF THIS PAGE AS YOU NEED.

Total Expenditures:

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OATH OR AFFIRMATION

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\_\_\_\_.

<p>Office Use Only</p>  <p>Received By: _____</p>
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CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
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				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
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**Total Contributions:**  
(add both columns)

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
11/69	SUE SPICER	Removise 1/2608 Rye Rd Herrin	37.50
1/12	KATHY FLOWERS / union	Vit Funeral	63.00
2/6	MONROE WATCHMAN / union	AD	26.00
4/11	KALLO KITCHEN / union	CATERING	1755.00
4/12	MONROE WATCHMAN / union	Regan Day AD	117.00

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**Total Expenditures:**

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\_\_\_\_\_  
Signature of Candidate, Agent, or Treasurer

Date \_\_\_\_\_, 20\_\_\_\_.

Office Use Only
Received By: _____

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	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)	

**Total Contributions:**  
(add both columns)

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
4/14	SUSAN BUNNARD WELBURN WV	COPIES, PRINTING PROGRAM RFD	277.64
4/14	SUSAN BUNNARD WELBURN WV	TICKETS PRINTING	36.84
4/14	JAMES MONROE H.S. MONROE CO	ROOM Rental	20.00
5/19	MONROE WATCHMAN/UNION	AD	7.50
6/13	KROGELS / PRINCETON WV	CARRE (FARMERS B.O.P)	39.99

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**Total Expenditures:**

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\_\_\_\_\_  
Signature of Candidate, Agent, or Treasurer

Date \_\_\_\_\_, 20\_\_\_\_.

Office Use Only
Received By: _____

**CONTRIBUTORS OF:**

**\$250 or Less**

**More than \$250**

Date	Full Name	Amount	Date	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	Amount
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				Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

**Total Contributions:**  
(add both columns)

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**ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)**

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
6/4	SHIRLEY DIXON / union, WV	FLAGS, PINS ETC / FARMERS DAY	195 <sup>00</sup>
6/4	KORNER CAFE / union, WV	FARMERS DAY	40 <sup>00</sup>
9/3	MONROE CO WATERMAN / union, WV	AD	195 <sup>2</sup>
9/6	KEVIN GOLFORD, union	DONATION CANDIDATE	500 <sup>00</sup>
9/6	MANN FOR SENATE	DONATION CANDIDATE	1000 <sup>00</sup>

MAKE AS MANY COPIES  
OF THIS PAGE AS YOU NEED.

**Total Expenditures:**

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**OATH OR AFFIRMATION**

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\_\_\_\_.

<p><b>Office Use Only</b></p>  <p>Received By: _____</p>
--

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	Amount
				Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
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Total Contributions:  
(add both columns)

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ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
9/7	FLIENDS OF GOLF	CANDIDATE DONATION	250 <sup>00</sup>
9/7	SCOTT MILLER	CANDIDATE DONATION	500 <sup>00</sup>
9/7	LINDSEY POLTZEL	CANDIDATE DONATION	500 <sup>00</sup>

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Total Expenditures:

7154 <sup>12</sup>
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OATH OR AFFIRMATION

I, Jeff Burman, 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]

Signature of Candidate, Agent, or Treasurer

Date 9.23, 2016.

Office Use Only
2016 SEP 26 PM 1:03
Received By: <u>[Signature]</u>