## 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?

Pandidate or Committee Name VOT KERDUCK PRED LADES COUR	Candidate or Committee's Treasurer	le,		
Political Party (for candidates)	Treasurer's Mailing Address (Street, Route or P.O. Box)			
Office Sought (for candidates) District/Division	( ) , , , , , , , , , , , , , , , , , ,	aytime Phone # >04 917 9277		
Election Cycle Reporting Period (c Primary - First Report Due March 29-April 4, 2014  General - First Report Due September 22-26, 2014  Pre-Primary Report Due April 28-May 2, 2014  Pre-General Report Due October 20-24, 2014	Post-Primary Report Due May 26-June 23, 2014  Post-General Report	Check if Applicable:  Amended Report You must also check box of appropriate reporting period  Final Report		
	port Due In Calendar Year Saturday in March or within 6 safter	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) 1	2861.10	TOTAL CONTRIBUTIONS
Total Contributions (from Page 2)	. + 100.00	ELECTION YEAR-TO-DATE (Add line 2 from all reports
Subtotal		300.00
(lines 1+2).	= 29 61.10	TOTAL EXPENDITURES
Total Expenditures (from Page 2)		ELECTION YEAR-TO-DATE (Add line 4 from all reports
: Ending Balance		400-0
(lines 3-4)	= 2961.16	
*Cannot have a ne	ative ending balance	

Pac	10	2
1 4	40	_

## CONTRIBUTORS OF:

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age 2	\$250 or Less			Mor	More than \$250				
Date	Full Name	Amount	Date				Amount		
1/30	Porkerburg Brea Losbor Council	1000		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)					
	CAPOI Carreil			Full Name:		<u> </u>			
				Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)  Full Name: Address:					
				Contributor's job: (Individu Where contributor works: Affiliation: (Political comm					
				Full Name: Address:					
				Contributor's job: (Individu Where contributor works: Affiliation: (Political commi					
		<u> </u>		Total Cor	tributions:	100	, 00		
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	ITEMIZED EXPENDITU	JRES (Iten	nize 3	Brd pary expenditure	es/reimbursen	nents)	A		
Date	Full name, residence address (if perso				Purpose		Amount		
							Same Calaborates State of Calaborates		
MAKE	AS MANY COPIES				Total Expend	itures:	<u> </u>		
OF TH	IS PAGE AS YOU NEED.	CATH	OP A	FFIRMATION					
1,	Melisso Compelle			swear or affirm that	the attached s	tatement	is true at		
corre	ct, to the best of my knowledge, hent, as required by West Virginia	of all finar Code §3-	ıcıal t 8-5a.	ransactions occurrin	g within the pe	mod cove	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Was Owner	ten_			re of Candidate	e, Agent, o	or Treasu		
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Date	20 17.	•		а	Office Use C	Inly S			
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PALC Porkersong, W 2610

Building 1, Suite 157-K Building 1, Suite 157-K Charledon, WU, 25305