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 Na	me	Candidate or Committee's Treasurer		
YENDLETON G.O.T	EXECUTIVE COMM	JAMES YOUNG, TREASURER		
Political Party (for candidates)		Treasurer's Mailing Address (Street, Route or P.O. Box)		
		7.0.Box 82		
Office Sought (for candidat	es) District/Division		Daytime	Phone #
		FRANKLIN WV. 26807	304	-567-3354
Election Cycle Primary - First Report	Reporting Period (che	eck one): Post-Primary Report	Che	eck if Applicable:
Due March 26 - April 1, 2016	Due April 25 - 29, 2016	Due May 23 - June 21, 2016		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
Non-Election Cycle Reporting Period:		ort Due In Calendar Year urday in March or within 6 ter		Final Report 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.	2184.99
Total Contributions (from Page 2)	2.	+ Ø
Subtotal (lines 1+2)	3.	= 2184.99
Total Expenditures (from Page 2)	4.	_ Ø
Ending Balance (lines 3-4)		= 2184.99
*Cannot have a negative ending balance		

	TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)
L	Ø
	TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)
	150.00
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CONTRIBUTORS OF:

More than \$250

	\$250 or Less			More than \$250	
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)	
				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 ,
	MANY COPIES AGE AS YOU NEED.	Total Expenditures:	

OATH OR AFFIRMATION

	swear or affirm that the attached statement is true and transactions occurring within the period covered by this
Date 4/27 20/6.	Signature of Candidate, Agent, or Treasurer VINDHA ISTA TO BIVIS Office Use Only BIVIS BIVIS OFFICE USE OFFICE OFFIC
	IE:6 WV E- AVW 910Z

Pend, G.O.P. Executive Comm.

P.O. BOX 82 FERZKLIN W. 26807

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