## 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?

Candidate or Committee N		Candidate or Committee's Treasurer			
Political Party (for candida	<u>leat i u Exec-Comm</u> tes)	Treasurer's Mailing Address (Street, Route or P.O. Box)			
Demo CRAT Office Sought (for candida	tes) District/Division	City, State, Zip Code	Daytime Phone #		
Election Cycl Primary - First Report Due March 29-April 4, 2014  General - First Report Due September 22-26, 2014	Pre-General Report Due October 20-24, 2014		Check if Applicable: Amended Report You must also check box of appropriate reporting period Final Report		
Non-Election Cycle Reporting Period:		rt Due In Calendar Year urday in March or within 6 er	Zero balance require 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.	878.18	TOTAL CONTRIBUTIONS
Total Contributions (from Page 2)	2.	+	ELECTION YEAR-TO-DATE (Add line 2 from all reports)
			0
Subtotal (lines 1+2)	3.	= 878,18	TOTAL EXPENDITURES
Total Expenditures (from Page 2)	4.	-	ELECTION YEAR-TO-DATE (Add line 4 from all reports)
Ending Balance (lines 3-4)		= 850,0	0
*Cannot have a			

## **CONTRIBUTORS OF:**

\$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)							
	Check if additional pages  have been atached.  Total Contributions: (add both columns)						0				
ITEMIZED EXPENDITURES (Itemize 3rd pary expenditures/reimbursements)											
Date	Full name, residence address (if perso	on); business a	ddress	(if firm)	Purpose		Amount				
			:		<u>,</u>						
MAKE	AS MANY COPIES			-	Fotal Evnen	4:4	·				
OF TH	IS PAGE AS YOU NEED.				Fotal Expend	illures:	6				
		OATH O	R AFI	FIRMATION							
I, Jody Hoddox , 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 Tr											
Date_	Cepil 29, 20/4.										
		SECRETARY OF SIME STATE OF WEST VIRGINA									
		SS:IIMA I - YAM 4102 Received BA:									

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