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 ca6. Has your committee given or received a transfer of excess camp	ampaign? paign funds?							
Political Party (for candidates) Political Party (for candidates) Office Sought (for candidates) District/Division City, Sta	Trice State, Zip Code MARYS, WU 26170 Divide State And Support Suppo							
Due March 26 - April 1, 2016 Due April 25 - 29, 2016	Post-Primary Report Due May 23 - June 21, 2016 Post-General Report Due Nov. 21 - Dec. 19, 2016 Calendar Year CiteCk it Applicable. Amended Report You must also check box of appropriate reporting period Final Report Zero balance required.							
REPORT TOTALS (Fill in totals after you have completed page 2) CASH BALANCE SUMMARY								
Beginning Balance (ending balance from previous report) 1. /5/2 . 93 Total Contributions	TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE							

(from Page 2) Subtotal (lines 1+2) **Total Expenditures** 4. (from Page 2) **Ending Balance** (lines 3-4) *Cannot have a negative ending balance

ELECTION YEAR-TO-DATE (Add line 2 from all reports)				
D				
TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)				
0				

Date	Full Name	Amount	Date				Amount		
				Full Name: Address:					
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)					
			†	FullName: Address:					
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)					
			1	Full Name: Address:					
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)					
				Full Name: Address:					
			1	Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)					
Total Contributions:									
	ITEMIZED EXPENDIT	URES (Iten	nize 3	rd party expenditur	es/reimburs	ements)			
Date	Full name, residence address (if per				Purpose		Amount		
-									
MAKE	AS MANY COPIES	<u> </u>			Total Expend	litures:	g		
	IS PAGE AS YOU NEED.					-			
		OATH	OR AF	FIRMATION					
I, Joyee Summers, 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 Treasure Date 6 20 16 31-8-5a. Signature of Candidate, Agent, or Treasure The State of Candidate of Candidate, Agent, or Treasure Signature of Candidate, Agent, or Treasure The State of Candidate of Candidate, Agent, or Treasure Signature of Candidate of Candidate, Agent, or Treasure The State of Candidate of Cand							or Treasurer		
Date_	Date 6 - 8 20 16 . The state of				Only				
	2016 JUH 10 PM 12: 56								
	Received By:								
				Recei	ved By:				

Mrs. Joyce Summers 105 Brice St. Saint Marys, WV 261704552

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