## 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?

Candidate or Committee No	s. Comitee	Candidate or Committee's Treasurer				
Political Party (for candida	les)	Treasurer's Mailing Address (Street, Route or P.O. Box)				
Office Sought (for candida	tes) District/Division	City, State, Zip Code	Daytime Phone # 354 S91-2274			
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	Post-Primary Report Due May 26-June 23, 2014 Post-General Report Due Nov. 17-Dec. 15, 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 ter	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.		392.68				
Total Contributions (from Page 2)	2.	+ 🔘				
Subtotal (lines 1+2)	3.	= 392.68				
Total Expenditures (from Page 2)	4.	- ()				
Ending Balance (lines 3-4)		= 392.68				
*Cannot have a negative ending balance						

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

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

2792,32

## **CONTRIBUTORS OF:**

More than \$250

	\$250 or Less			IVIO	e man 4230		
Date	Full Name	Amount	Date				Amount
				Full Name: Address:			
				Contributor's job: (Individu	al) (Individual)		
				Affiliation: (Political commi	contributor's job: (Individual) Vhere contributor works: (Individual) Affiliation: (Political committee)		
				Full Name: Address:			
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				Affiliation: (Political comm	Address:  Contributor's job: (Individual)  Where contributor works: (Individual)  Affiliation: (Political committee)		
				Full Name: Address:			
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				Full Name:			
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			ļ	Where contributor works Affiliation: (Political comm			
				Total Cor	ntributions: n columns)		`
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	ITEMIZED EXPENDITU	RES (Item	ize 3	rd party expenditui	es/reimburs	ements)	
Date	Full name, residence address (if person	on); business a	ıddress	(if firm)	Purpose		Amount
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