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?

ſ	Candidate or Committee Name Ritchie Co. Democratic	Candidate or Committee's Treasurer Dale Seese					
١	Political Party (for candidates)	Treasurer's Mailing Address (Street, Route or P.O. Box)					
1	Democate		KO, BOX 301				
ł	Office Sought (for candidates)	istrict/Division	City, State, Zip Code	Daytime Phone #			
١	None	Ellenboro, WV 26346	enboro, WV 26346 304-869-3594				
	Election Cycle Reporti	ck one): Post-Primary Report	Che	Check if Applicable:			
	Primary - First Report Due March 29-April 4, 2014 Pre-P Due A	rimary Report pril 28-May 2, 2014	Due May 26-June 23, 2014		Amended Report You must also check		
	General - First Report Due September 22-26, 2014 Due October 20-24, 2014		Post-General Report Due Nov. 17-Dec. 15, 2014		box of appropriate reporting period		
	Non-Election Cycle Reporting Period:	☐ Annual Repo	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.	None	TOTAL CONTRIBUTIONS
Total Contributions (from Page 2)	2.	+ None	ELECTION YEAR-TO-DATE (Add line 2 from all reports)
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Subtotal (lines 1+2)	3.	= Vone	TOTAL EXPENDITURES
Total Expenditures (from Page 2)	4.	- None	ELECTION YEAR-TO-DATE (Add line 4 from all reports)
Ending Balance (lines 3-4)		= None	None
*Cannot have a n	*Cannot have a negative ending balance		

CONTRIBUTORS OF:

\$250 or Less

More than \$250

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Date	Full Name		Amount	Date				Amount
					Full Name: Address:			
			Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political/committee)					
	N		Full Name: Address:				***************************************	
	MAN	2			Contributor's job: (Individ Where contributor) works Affiliation: (Portical comm			
-	1				Full Name:	Tittee)	<u> </u>	
	-		Address: Contributor's job: (Individual) Where contributor works: (Individual)					
					Affiliation: (Political communication) Full Name: Address:	nittee)	7	
					Contributor's job: (Individent Where contributor works Affiliation: (Political communication)	ual) : (Individual)		
	Check if additional pa nave been atached.	ges		5	l otal Cor (add both	ntributions: n columns)	-0-	<u> </u>
ITEMIZED EXPENDITURES (Itemize 3rd pary expenditures/reimbursements)								
Date	Full name, residence						ements)	
	r di name, residence	address (ii person	, business au	uress (1 11111)	Purpose		Amount
		1						
			PL	L.				
	AS MANY COPIES S PAGE AS YOU NEED.				ī	otal Expend	itures:	0-
-		į	OATH OR	AFF	IRMATION			
	716	!						!
1		eese		sw	ear or affirm that th	ne attached s	tatement is	true and
statem	t, to the best of my killerit, as required by W	nowledge, of a est Virginia Co	all financia de §3-8-5	ıl tran a.	sactions occurring	within the pe	riod covered	d by this
	Mala S	Deobe						
	mare e	Signature of Candidate Agent of Treasurer						
Date 17 June 2014.			SECRETATION OF STATE					
			Office Use Only					
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