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?

to	Candidate or Committee Na	olican Ex	acutiva Com	Candidate or Com	mittee's Treasur Katka	er		
F	Political Party (for candidates)			Treasurer's Mailing Address (Street, Route or P.O. Box)				
ſ	Office Sought (for candidat	es) Dis	trict/Division	City, State, Zip Co	de INV <u>\$6359</u>	•	Phone # 1-265-3190	
	Election Cycle Reporting Period (cheen 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		Che	Check if Applicable: Amended Report You must also check		
						box of appropriate reporting period		
Non-Election Cycle Reporting Period:			Due last Sat	nnual Report Due In Calendar Year Oue last Saturday in March or within 6 ays thereafter			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)		⁴ 109.23	TOTALCO		
Total Contributions (from Page 2)		+ O	(Add line 2		
Subtotal (lines 1+2)	3.	= 109.23	TOTAL E		
Total Expenditures (from Page 2)	4.	- 0	ELECTION (Add line 4		
Ending Balance (lines 3-4)		= 109.23	4566		
*Cannot have a ı					

ONTRIBUTIONS YEAR-TO-DATE from all reports)

.50

XPENDITURES I YEAR-TO-DATE from all reports)

110	11	10	
45	166 i	6	
	_	,	

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date				Amount	
				Full Name: Address:		•		
				Contributor's job: (Individu: Where contributor works: Affiliation: (Political commit	al) (Individual) ttee)			
				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 (add both columns) Total Contributions: (add both columns)								
	ITEMIZED EXPENDITU	RES (Item	ize 3	rd party expenditur	es/reimburser	ments)		
Date	Full name, residence address (if perso	on); business a	ddress	(if firm)	Purpose		Amount	
	AS MANY COPIES				l Total Expendi	tures:		
OF TH	IS PAGE AS YOU NEED.	CATHO	DAE	CIDMATION		<u>I</u>		
	· (O)	UAIRU	IK AF	FIRMATION				
I. Borbaro HAKO, swear or affirm that the attached statement is true and								
correc	ct, to the best of my knowledge, onent, as required by West Virginia	of all financ Code 83-8	cial tra -5a.	ansactions occurring	within the per	riod cove	red by this	
State	rient, as required by vest virginia	0000 30 0	· ou.					
	Barband. Fally			Signatur	e of Candidate,	, Agent, o	r Treasurer	
Date	Nov 17 , 20 14.							
		Office Use Only						
				Receiv	ved By:			

Craften W/S.

Nast Vicginia Secretary of State
Building | Suite 157-K
1900 Kanawha Blud. East
Charleston, NV
Charleston, NV