State of West Virginia Campaign Financial Statement (Short Form) in Relation to the _____ 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 Name	Candidate or Committee's Treasurer			
Tucker County Education Assoc. PAC	Angela Nestor			
Political Party (for candidates)	Treasurer's Malling Address (Street, Route or P.O. Box)			
	P.O. BOX 145			
Office Sought (for candidates) District/Division	City, State, Zip Code Day	time Phone #		
	Hambleton WV 26269	(304-614-4882)		
	Post-primary Report Due 13 days following primary election or within 20 business days thereafter. Post-general Report Due 13 days following general election	Check if Applicable: Amended Report You must also check box of appropriate reporting period 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.	282.54	тот	
Total Contributions (from Page 2) 2.	+ Ø	ELEC (Add	
Subtotal (lines 1+2) 3.	= 282.54	TOT	
Total Expenditures (from Page 2) 4.	- Ø	ELEC (Add	
Ending Balance (lines 3-4)	= 282.54	I	
*Cannot have a negativ			

	TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)	
Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is	0	- Contraction of the Contraction
	TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)	
The state of the s	Ø	A SERVICE CONTRACTOR
	,	

CONTRIBUTORS OF:

\$250 or Less

More than \$250

	1700 OL FC22				JIC GIGII PEOO		
Date	Full Name	Amount	Date				Amount
	MA			Full Name: Address:			
	N ()			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)			
				Total Co	ntributions: h columns)	1	
	Check if additional pages have been atached.			(add bott	ii columns) i	7	
	ITEMIZED EXPENDIT	URES (Itemi	ze 3r	d pary expenditur	es/ reimburs	sements)	
Date	Full name, residence address (if pe		-		Purpose		Amount
	MA						
MAKE.	AC MANY CODIEC		A A A A A A A A A A A A A A A A A A A				_
	AS MANY COPIES IS PAGE AS YOU NEED.			1	Total Expend	litures:	\mathcal{D}
		OATH OF	RAFF	IRMATION			
. 4	Ingela Nestor		CIA	ear or affirm that t	he attached s	statement is	true and
correc	et, to the best of my knowledge,	of all financi	, sw al trar	sactions occurring	within the pe	eriod covere	ed by this
	nent, as required by West Virginia						
/	Jack nest	-		Signatura	of Candidate	Agent or	Trageurar
	Signature of Candidate, Agent, or Treate April 3 , 20 15 . Signature of Candidate, Agent, or Treate April 3 . 20 15 .			Heasulei			
Date_	Date April 3 , 20 15 . Third 13 Office Use Only						
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	Received By:						



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West Virginia Secretary of State Building 1, Swite 157-K 1900 Kanau ha Blud., East Charleston, WV 25305

