## 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 N Tyler Co. Republi Political Party (for candida	can Exec. Conte.	Candidate or Committee's Treasurer Patricia A Boggs Treasurer's Mailing Address (Street, 990 FIK Fock Rd.		r P.O. Box)
	Office Sought (for candida	tes) District/Division	City, State, Zip Code Middle bourne WY 24	Daytime	Phone # 304-758-29"
	Election Cycl 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		1	eck 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 er		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)			3.859.28
Total Contributions (from Page 2)		+	, වර
Subtotal (lines 1+2)	3.	=	3,859.28
Total Expenditures (from Page 2)	4.	-	, 20
Ending Balance (lines 3-4)		==	3,859.28
*Cannot have a n	ending balance		

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

1712.00

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

1.080.00

## CONTRIBUTORS OF:

\$250 or Less

More than \$250

				more than \$200	
Date	Full Name	Amount	Date		Amount
				Full Name: Address:	
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
	Nana			Full Name: Address:	
	/ vone			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 nave been atached.			Total Contributions: (add both columns)	
	ITEMIZED EXPENDIT	URES (Item	nize 3	rd pary expenditures/reimburseme	ents)
Date	Full name, residence address (if per	son); business a	ddress	(if firm) Purpose	Amount
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		•			
		<del> </del>			
	AS MANY COPIES			Total Expenditu	res
OF THI	S PAGE AS YOU NEED.	<del></del>			
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 Date_	Tatricia U. 134	ogs		Signature of Candidate, A	
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Middlebourne, WV 26149

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W Secretary of State 131-12 Suite 157-12 1900 Kanawha Blud. East Charleston, WV 25305

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