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?

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		
General - First Report Due September 22-26, 2014	Pre-General Report Due October 20-24, 2014	Due May 26-June 23, 2014 Post-General Report Due Nov. 17-Dec. 15, 2014	Amended Report You must also check box of appropriate reporting period Final Report		
Election Cycl Primary - First Report Due March 29-April 4, 2014	Pre-Primary Report Due April 28-May 2, 2014	Post-Primary Report	Check if Applicable:		
Office Sought (for candida	tes) District/Division	City, State, Zip Code Fairmor (WV 26	Daytime Phone # 5754 30 4-8/2-4572		
Political Party (for candida		Treasurer's Mailing Address (Street, Route or P.O. Box)			
Candidate or Committee N いそ TYゼ P Sof	15	Candidate or Committee's Treas	surer		

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	1.	15		TOTAL CONTRIBUTIONS
Total Contributions (from Page 2)	2.	+	4	ELECTION YEAR-TO-DATE (Add line 2 from all reports)
	i in (in the			<u> </u>
Subtotal (lines 1+2)	3.	=	Ð	TOTAL EXPENDITURES
Total Expenditures (from Page 2)	4.	_	-6-	ELECTION YEAR-TO-DATE (Add line 4 from all reports
Ending Balance (lines 3-4)		=	6	بط_
*Cannot have a n	ega	tive ending ba	lance	

CONTRIBUTORS OF:

	\$250 or Less			More than \$250	
Date	Full Name	Amount	Date		Amount
				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)	
				Full Name: Address:	
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
(Check if additional pages			Total Contributions:	5
<u></u>	nave been atached.			,	
	ITEMIZED EXPENDITU	RES (Item	ize 3r	d party expenditures/reimburse	ments)
Date	Full name, residence address (if perso	n); business a	ddress	(if firm) Purpose	Amount
			-		
		. ,			
	AS MANY COPIES			Total Expendi	tures:
OF THI	S PAGE AS YOU NEED.			Total Expendi	tures.
		OATH O	RAF	FIRMATION	
l .	ANDREW SABAK		. SV	vear or affirm that the attached st	atement is true and
correc	t, to the best of my knowledge, onent, as required by West Virginia	f all financi	ial tra	nsactions occurring within the per	riod covered by this
<u></u>	Arken Sabale October 21, 20 14.			Signature of Candidate,	Agent, or Treasurer
Doto	Dutalo 21 20 14			,	
Date_	20 19			VINDUM direction Use of	MS
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