State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2016 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 Na WE TNZ PEOP	****	Candidate or Committee's Treasurer ANDREW SARAK				
Political Party (for candidat	es)	Treasurer's Mailing Address (Street, Route or P.O. Box) 1489 663 AVENUE City, State, Zip Code Daytime Phone #				
Office Sought (for candidat	es) District/Division	City, State, Zip Code FAIRMON, WV 206	-			
Election Cycle Primary - First Report Due March 26 - April 1, 2016 General - First Report Due September 26 - 30, 2016	Pre-Primary Report Due April 25 - 29, 2016 Pre-General Report Due October 24 - 28, 2016	Post-Primary Report Due May 23 - June 21, 2016 Post-General Report Due Nov. 21 - Dec. 19, 2016	Check if Applicable: Amended Report You must also check box of appropriate reporting period Final Report			
Non-Election Cycle Reporting Period:	BB	rt Due In Calendar Year urday in March or within 6 eer	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.		4	TOTAL CONTRIBUTIONS
Total Contributions (from Page 2)	2.	+		ELECTION YEAR-TO-DATE (Add line 2 from all reports)
	44.2			6
Subtotal (lines 1+2)	3.	=		TOTAL EXPENDITURES
Total Expenditures (from Page 2)	4.	_		ELECTION YEAR-TO-DATE (Add line 4 from all reports)
Ending Balance (lines 3-4)		==	6	•
*Cannot have a n				

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date		Amount				
				Full Name: Address:					
			1	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)					
t 				Total Contributions: (add both columns)	6				
Data	ITEMIZED EXPER			d party expenditures/reimbursements) if firm) Purpose	Amount				
Date	Full name, residence address	(ii person), business at	uuress	ii iiiiii) Fuipose	Amount				
MAKE	AS MANY COPIES			Tatal Famou diturna					
	S PAGE AS YOU NEED.			Total Expenditures:	9				
		OATH O	R AF	FIRMATION					
stater	nent, as required by West Vi	dge, of all financ rginia Code §3-8-	ial tra	vear or affirm that the attached statemen nsactions occurring within the period cov	t is true and rered by this				
	Anden Oakel			Signature of Candidate, Agent,	or Treasurer				
	1212	16	SIMPLY OF WEST VIRGINIA						
Date April 28, 20 16.				31ATS 70 ouice Asionia					
				MARCO DO MIREDO DO					
				2016 MA 6- YAM 310S					
				Received By:					

WTP/Saled 1489 County Vy 26 CT

PITTSBURGH PA 190

LOW SICK STACK



Wy Secretary of State - #1594 1900 Karasta BRT East - #1594 Clarkston, WY 25305