State of West Virginia Campaign Financial Statement (Long Form) in Relation to the 2014 Election Year

| Political Party (for candidates) Office Sought (for candidates) District/Division | Treasurer's Mailing Address (Street, Route or P.O. Box) City, State, Zip Code Daytime Phone # CHARLES Von. WV 25327 343-4158 |
|---|--|
| | Post-Primary Report Due May 26-June 23, 2014 Post-General Report Due Nov. 17-Dec. 15, 2014 Tt Due in Calendar Year urday in March or within 6 Amended Report You must also check box of appropriate reporting period Final Report Zero balance required. PAC must also file Form F-6 Dissolution |
| | the completion of the report. Period CASH BALANCE SUMMARY |
| Contributions (Page 3) Monetary Contributions from all Fund-Raising Events (Page 4) + 9 | |
| Receipt of a Transfer of Excess Funds (Page 8) + | Total Monetary Contributions +3,000 |
| In-Kind Contributions (Page 5) + (b) | y retained the same of the sam |
| Total Contributions: $= 3,000.$ | Subtotal: a. = 10, 150, 00 |
| Other Income (Page 5) | Total Expenditures (Page 7) 1,000. Total Disbursements of |
| Loans Received (Page 6) + Q Total Other Income: = Q | Excess Funds (Page 8) + P Repayment of Loans (Page 6) + |
| OUTSTANDING LOANS & DEBTS: Unpaid Bills (Page 9) | Subtotal: b. = $9,150,00$ |
| Outstanding Loans (Page 6) + Total Debts: = | Ending Balance: (Subtotal a Subtotal b.) *Cannot be negative balance |
| TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add total contributions from all reports) | TOTAL EXPENDITURES ELECTION YEAR-TO-DATE |

| Page 3. | Contributors of Checkifadditional page have been attached. More than \$250 | es |
|-------------|--|-----|
| DATE | INDIVIDUAL CONTRIBUTOR OR COMMITTEE'S NAME AMOU | NT |
| | Full Name: L(12ABETH LORD Address: (residential and mailing if they are different) 1606 LAID LEY TOWER, CHARGESTON, WV 2530 / 1,000. Contributor's job: (individual contributor only) LAWER Where contributor works: (individual contributor only) LAUSON HELLY LUCK Affiliation: (political committee only) | |
| 11/20/2014 | Full Name: RODIN BLANKENSHIP Address: (residential and mailing if they are different) SH WOOD CAND DR. 1000, WW 25262 Contributor's job: (individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only) | |
| 11/21/20/14 | Full Name: DEC GOCDY Address: (residential and mailing if they are different) Contributor's job: (individual contributor only) Where contributor works: (individual contributor only) | .00 |
| | Affiliation: (political committee only) Full Name: | |
| | Address: (residential and mailing if they are different) Contributor's job: (individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only) | |
| | Full Name: Address: (residential and mailing if they are different) Contributor's job: (individual contributor only) | |
| | Where contributor works: (individual contributor only) Affiliation: (political committee only) Full Name: | |
| | Address: (residential and mailing if they are different) Contributor's job: (individual contributor only) Where contributor works: (individual contributor only) | |
| MAKE AS MA | | ,00 |
| OF THIS PAG | E AS YOU NEED Subtotal of all contributors of \$250 or less (From page 2) + Total Contributions: = 3,000 | 00 |

Page 7.

ITEMIZED EXPENDITURES

(Itemize 3rd party expenditures/reimbursements)

| Check if additional pages |
|---------------------------|
| have been attached. |

| Date | Name of Person or Vendor and Address | Purpose | Amount |
|--------------|--------------------------------------|---------------------|--------------------|
| 12/2/2014 | GUANCH YOR DENATE | Genual Election | 500.00 |
| 12/1/2014 | GUANCH FOR DENATE TAKUBO FOR Senate | 11 | 500- ⁰⁰ |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | : |
| | | | |
| | | | |
| | | - | |
| MAKE AS MANY | | Total Expenditures: | 1,000,00 |

| Page | 9. |
|------|----|
|------|----|

UNPAID BILLS

| 1 | Check if additional pages |
|---|---------------------------|
| J | have been attached. |

| age J. | | 2 2 3 V 3 2 2 3 3 3 4 | nave i | veen att | acriea. |
|----------------------|---|---|--------------------|----------------------|---------------|
| Date | Owed to Whom | Affiliated with what Company or Group | Purpose | e | Amount |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | <u>,</u> | | | | |
| | <u> </u> | | | | |
| | | | | | . |
| | | | 1 | | |
| | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | |
| · | | | | r | |
| | | Total U | npaid Bills: | | |
| | | | | • | |
| | | OATH OR AFFIRMATION | | | |
| | | · | | | |
| 1, | LUTH KY | en lemmer | , swear or | affirm t | hat the attac |
| atement overed by | is tr ue a nd correct, to this statement, as re | the best of my knowledge, for all financial trequired by West Virginia Code § 3-8-5a. | ransactions oc | curring | within the pe |
| \rightarrow | | | | | |
| -/ | 1) | | Signature of Agent | Candida t or Trea | |
| | | Date DUC, 10 2 | 014 | | |

SIVIE OF WEST VIPONIA SECRETARY OF SIMIE SOLVETARY OF SIMIE SOLVETARY