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

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Candidate or Committee Name WV Democratic Legis	he Cou		or Committee's Treasurer		
Political Party (for candidates)		Treasurer's Mailing Address (Street, Route or P.O. Box)			
Office Sought (for candidates) Dis	strict/Division	City, State, Zip Code Daytime Phone Charles for W 25335 307 SSO 7			
		Post-Primary Report Due May 26-June 23, 2014 Post-General Report Due Nov. 17-Dec. 15, 2014 t Due In Calendar Year rday in March or within 6		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	
	REPO	<b>RT TOT</b>			
RECEIPTS OF FUNDS:	Totals for this l	•	CASH BALA	NCE S	
Contributions (Page 3) Monetary Contributions from all Fund-Raising Events (Page 4)	+		Beginning Balance (ending balance from previous report)		2874.09
Receipt of a Transfer of Excess Funds (Page 8)	+	┍╸	Total Monetary Contributions		+
	=	[≁	Total Other Income		+ ,01
	+		Subtotal:	a.	= 2874.10
Total Contributions:	<u> </u>	]			· · · · · · · · · · · · · · · · · · ·
Other Income (Page 5)	. 01		Total Expenditures	Page 7)	11500
Loans Received (Page 6)	+		Total Disbursements Excess Funds (Pag		+
Total Other Income:	=		RepaymentofLoans	(Page 6)	+
OUTSTANDING LOANS &	DEBTS:		Subtotal:	b.	= 1150 -
Unpaid Bills (Page 9)					1130-
OutstandingLoans (Page 6)	+		Ending Balanc		1724.10
Total Debts:	-		(Subtotal a Subto *Cannot be negative ba	•	
TOTAL CONTRIBU ELECTION YEAR-TO (Add total contributions fro ちょろちいのの	D-DATE	)	TOTAL EXF ELECTION YI (Add total expenditu	EAR-TO	O-DATE
Official Form F-7		WV State Elec	tion Commission		Revised 10/13

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Date Name		Address	Purpose	Amount
10/31/2014 City National E	ank 25 G	atewater Rd Cross Lanes WV 25313	Interest	\$0.01

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Date	Name	Address	Purpose	Amount
10/22/2014	US Postal Service	1002 Lee St E Charleston, WV 25301	Postage	\$1,000.00
11/11/2014	IOOF Kanawha Lodge #25	PO Box 666 Charleston WV 25323	rent	\$150.00

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## **UNPAID BILLS**

**Check if additional pages** have been attached.

Date	Owed to Whom	Affiliated with what Company or Group	Purpose	Amount
	Total Unpaid Bills:			

## OATH OR AFFIRMATION

Parela M Vark

I, <u>fanda W</u> Van for , swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

aW

Date \_\_\_\_\_, 20\_14

Signature of Candidate, Financia
Agent or Treasurer

Office Use Only SF SOISFEB 12 PH 4:00 Received By