# State of West Virginia Campaign Financial Statement (Short Form) in Relation to the 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 Name  WWWSLS PAC	Candidate or Committee's Treasurer			
Political Party (for candidates)	Treasurer's Mailing Address (Street, Route or P.O. Box) P.O. BOX 213			
Office Sought (for candidates) District/Division	City, State, Zip Code Daytime Phone # Scott Depot, W 25560 3UA-757-9806			
	Post-primary Report Due 13 days following primary election or within 20 business days thereafter. Post-general Report Due 13 days following general election  Check if Applicable Amended Report You must also che box of appropriate reporting period			

(Fill in totals after you have completed page 2)

### **CASH BALANCE SUMMARY**

Beginning Balance (ending balance from previous report) 1.	1,368.08	TOTAL CONTRIBUTIONS
Total Contributions (from Page 2) 2.	+ 930.00	ELECTION YEAR-TO-DATE (Add line 2 from all reports)
		930.00
Subtotal (lines 1+2) 3.	= 2,298.08	TOTAL EXPENDITURES
Total Expenditures (from Page 2) 4.	_ &	ELECTION YEAR-TO-DATE (Add line 4 from all reports)
Ending Balance (lines 3-4)	= 2,298.08	Ð
*Cannot have a negativ	- ∕e ending balance	

## CONTRIBUTORS OF:

\$250 or Less

More than \$250

\$250 Of Less World (Half \$250						
Date Full Name	Amount	Date			Amount	
1/4/12 Dawn Yost	50	Full Name: Address:				
19/14 Martha Carter	100	Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)				
	30	Full Name: Address:				
1/9/14 Cynthia Smith 2/27/4 marthe Summers	50	Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)				
2/27 4 Dovis Burkey	50	Full Name: Address:				
427/14 Aila Accad	50		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)			
2/17/14 Deborah Casdorph	25		Full Name: Address:			
2/27/14 Dovis Burkey 2/24/14 Aila Accad 2/24/14 Deborah Casdorph 2/24/14 Sandra Cotton	200					
		· · · · · · · · · · · · · · · · · · ·	Total Cor	ntributions: 93	30	
			nod bub)	r columns)		
ITEMIZED EXPENDITUR	RES (Item	ize 3r	d party expenditur	es/reimbursements)		
Date Full name, residence address (if persor	ı); business a	ddress	(if firm)	Purpose	Amount	
			ļ			
MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.  Total Expenditures:						
	OATH O	R AFI	FIRMATION			
I, Angy Nixon correct, to the best of my knowledge, of statement, as required by West Virginia C	f all financ	ial tra	wear or affirm that t insactions occurring	the attached statement g within the period cove	is true and red by this	
arilon			——— Signatur	e of Candidate. Agent in	r Treasure	
Date 8/4/16 20			o.g.na.urv			
Date			Office Use Only			

Received By:\_

# CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date Full Name	Amount	Date			Amount			
PETA Evelyn Martin	100		Full Name: Address:					
427/4 Evelyn Martin 2/27/4 Evelyn Martin 2/27/4 Elizabeth Baldwin	100	Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)						
2/27/4 Elizabeth Baldwin	100		Full Name: Address:					
2/21/4 Tayce Egnor 2/21/4 Faith Moore	25		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)					
7/2/4 Faith Moore	50		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)						
Total Contributions: (add both columns)								
ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)								
Date Full name, residence address (if person					Amount			
		· · · · · · · · · · · · · · · · · · ·						
MAKE AS MANY COPIES	<del> </del>			otal Expenditures:	6.			
OF THIS PAGE AS YOU NEED.				otal Expellultures.	8			
	OATH O	R AFI	FIRMATION					
I, And Vixon , swear or affirm that the attached statement is true and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.								
Willon			Signature	e of Candidate, Agent,	or Treasurer			
Signature of Candidate, Agent, or Treasurer  Date 8/4/16 20 Signature of Candidate, Agent, or Treasurer  PARTITION OF THE STATE OF THE								
	OS: I HA II DUA BIOS							
Received By:								