

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 Name WV SOCIETY OF CPAS PAC		Candidate or Committee's Treasurer ROBERT G. ASTORG	
Political Party (for candidates) N/A		Treasurer's Mailing Address (Street, Route or P.O. Box) 501 AVERY ST., STE 9000	
Office Sought (for candidates) N/A	District/Division	City, State, Zip Code PARKERSBURG, WV 26101	Daytime Phone # 304-420-1042

Election Cycle Reporting Period (check one):

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Primary - First Report
Due March 26 - April 1, 2016 | <input type="checkbox"/> Pre-Primary Report
Due April 25 - 29, 2016 | <input type="checkbox"/> Post-Primary Report
Due May 23 - June 21, 2016 |
| <input type="checkbox"/> General - First Report
Due September 26 - 30, 2016 | <input type="checkbox"/> Pre-General Report
Due October 24 - 28, 2016 | <input type="checkbox"/> 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**
Zero balance required. PAC must also file Form F-6 Dissolution

Non-Election Cycle Reporting Period:

- Annual Report Due In _____ Calendar Year**
Due last Saturday in March or within 6 days thereafter

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report) 1.		\$ 2,109.89
Total Contributions (from Page 2) 2.	+	1,775.00
Subtotal (lines 1+2) 3.	=	\$3,884.89
Total Expenditures (from Page 2) 4.	-	0.00
Ending Balance (lines 3-4)	=	\$ 3,884.89
*Cannot have a negative ending balance		

**TOTAL CONTRIBUTIONS
ELECTION YEAR-TO-DATE
(Add line 2 from all reports)**

\$ 1,775.00

**TOTAL EXPENDITURES
ELECTION YEAR-TO-DATE
(Add line 4 from all reports)**

\$ 0.00

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
4/3/15	ROBERT E. FISHER	\$ 25		Full Name: Address:	
5/11/15	JOHN P. BURDETTE	25		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
5/11/15	JOHN EMPSON	25		Full Name: Address:	
5/11/15	MICHAEL J. LEO	25		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
5/11/15	JOHN M. PERRY	25		Full Name: Address:	
5/11/15	VIRGINIA C. SLACK	25		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
5/11/15	BRIAN D. WADSWORTH	50		Full Name: Address:	
5/5/15	ROBERT G. ASTORG	250		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions:
(add both columns)

\$ 450.

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount

MAKE AS MANY COPIES
OF THIS PAGE AS YOU NEED.

Total Expenditures:

OATH OR AFFIRMATION

I, ROBERT G. ASTORG, 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.

Robert G. Astorg Signature of Candidate, Agent, or Treasurer

Date March 31, 2016

Office Use Only
Received By: _____

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
6/5/15	MELINDA ALUISE	\$ 25		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
6/5/15	ROBIN M. BAYLOUS	25			
6/5/15	DOUGLAS A. BICKSLER	25		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
6/5/15	DANNY F. BLAIR	50			
6/5/15	DELBERT M. BOWERS II	25		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
6/5/15	MATTHEW L. BROTSKY	25			
6/5/15	BARRY L. BURGESS	25		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
6/5/15	LINDA A. BURNS	25			

Total Contributions: (add both columns) \$ 225

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount

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Total Expenditures:

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Robert G. Astorc

Signature of Candidate, Agent, or Treasurer

Date March 31, 2016

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
6/5/15	CHARLES E. CHALFANT	\$ 25		Full Name: MARK A. CHANDLER Address: 900 VIRGINIA ST. E CHARLESTON, WV 25301 TRIANA ENERGY SERVICES COMPANY LLC	\$ 300
6/5/15	CHRISTOPHER D. DEWEESE	100			
6/5/15	HORACE W. EMERY	100		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
6/5/15	JACK R. FELTON JR	25			
6/5/15	FLOYD E. HARLOW JR	25		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
6/5/15	KAREN JARRELL	25			
6/5/15	G. ALAN LONG	100		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
6/5/15	THEODORE A. LOPEZ	25			

Total Contributions: (add both columns) \$ 725

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount

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Total Expenditures:

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Robert G. Astorg

Signature of Candidate, Agent, or Treasurer

Date March 31, 2016

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
6/5/15	GAYLE E. MCCROSKEY	\$ 25		Full Name: Address:	
6/5/15	CHERYL F. MCKINNEY	25		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
6/5/15	WADE S. NEWELL	25		Full Name: Address:	
6/5/15	CHRISTOPHER S. NICE	25		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
6/5/15	THADDEUS P. OBECNY	25		Full Name: Address:	
6/5/15	BRADFORD E. RITCHIE	25		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
6/5/15	STEVEN S. ROBEY	50		Full Name: Address:	
6/5/15	JACK ROSSI	100		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: \$ 300
(add both columns)

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.

Total Expenditures:

OATH OR AFFIRMATION

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Robert G. Astorc Signature of Candidate, Agent, or Treasurer

Date March 31, ~~2015~~ 2016

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CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
6/5/15	SAMUEL SOMMERVILLE	\$ 25		Full Name: Address:	
8/7/15	JAMES R. HERVEY	25		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/7/15	EDWARD G. SLOANE JR	25		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)	

Total Contributions: (add both columns) \$ 75

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.

Total Expenditures:

OATH OR AFFIRMATION

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Robert G. Astorg

Date March 31, 2016

Signature of Candidate, Agent, or Treasurer

SECRETARY OF STATE
2016 APR - 1 PM 2:22
RECEIVED
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Received By: _____

storg Jones
Certified Public Accountants

Avery Street, Suite 9000
Parkersburg, WV 26101

Handwritten signature

BUILDING 1
1900 KANAWHA BLVD E
BLDG 1
CHARLESTON WV 25305 - 8750

P: **YELLOW S: R009**
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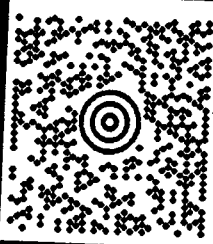
COURTNEY DAWSON
304-422-6660
ASTORG & JONES CPAS, A.C.
501 AVERY ST STE 9000
PARKERSBURG WV 26101

1 LBS

1 OF 1

SHIP TO:

WEST VIRGINIA SECRETARY OF STATE
8667678636
1900 KANAWHA BLVD, EAST
BUILDING 1, SUITE 157-K
CHARLESTON WV 25305

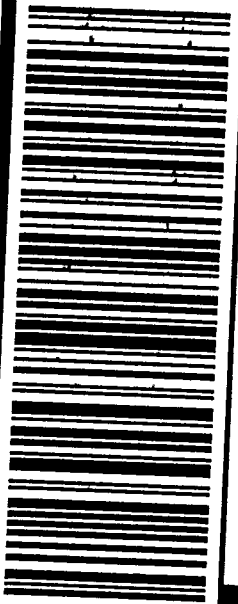


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