State of West Virginia Campaign Financial Statement (Short Form) in Relation to 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 WV for Manufacturing	Jobs PAC	Candidate or Committee's Treasur Joe.W.Gollehon	er		
Political Party (for candidates)		Treasurer's Mailing Address (Street, Route or P.O. Box) 118 Capital Street			
Office Sought (for candidates) D	istrict/Division	City, State, Zip Code Charleston WU 2 530		345.116	
Due March 29-April 4, 2014 Due April General - First Report Pre-G	ng Period (chec rimary Report oril 28-May 2, 2014 eneral Report ctober 20-24, 2014	Post-Primary Report Due May 26-June 23, 2014 Post-General Report Due Nov. 17-Dec. 15, 2014	Che	eck if Applicable: Amended Report You must also check box of appropriate reporting period Final Report	
		t Due In Calendar Year urday in March or within 6 er		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

		•
1.	\mathscr{Q}	TOTAL CONTRIBUTIONS
2.	+	ELECTION YEAR-TO-DATE (Add line 2 from all reports)
3.	_	
<u>.</u>	=	TOTAL EXPENDITURES
4.	_	ELECTION YEAR-TO-DATE (Add line 4 from all reports)
	=	
ega	tive ending balance	
	 3. 4. 	2. + 3. =

CONTRIBUTORS OF:

\$250 or Less

More than \$250

	\$230 01 Less			IVIC	ore than \$250						
Date	Full Name	Amount	Date			Amount					
				Full Name: Address:							
				Contributor's job: (Individ Where contributor works Affiliation: (Political comm							
				Full Name: Address:							
				Contributor's job: (Individ Where contributor works Affiliation: (Political comn							
				Full Name: Address:							
				Contributor's job: (Individ Where contributor works Affiliation: (Political comm							
				Full Name: Address:							
				Contributor's job: (Individ Where contributor works Affiliation: (Political comn							
	Check if additional pages Total Contributions:										
	have been atached.			(aud bot	ii columns)						
	ITEMIZED EXPENDI	TURES (Item	nize 3	rd parv expenditur	es/reimbursements)	<u> </u>					
Date	Full name, residence address (if pe				Purpose	Amount					
			$\overline{}$								
		/				 					
MAKE	AS MANY COPIES										
	IS PAGE AS YOU NEED.			•	Total Expenditures:						
		OATH O	R AFI	FIRMATION							
	t, to the best of my knowledge nent, as required by West Virgini	, of all financ	ial tra	wear or affirm that t insactions occurring	the attached statement in the period cove	is true and red by this					
Date_	June 17, 20, 14	eli-		Signatur	Ryte Be, etablibnaD to e	r Treasurer					
/	/				Office Use Only	ın7					
	01:1 H9 ES HUL 1105										
					SECEIMEN	1					
				Pacais	red By:						