## 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                        |             |                                  | Candidate or Committee's Treasurer  |       |   |  |
|---|--|-------------|----------------------------------|---|-------|---|--|
|   | WV for Manufacturing Jobs PAC                      |             |                                  | Joe W. Gollehon   |       |   |  |
|   |  |             |                                  | Treasurer's Malling Address (Street, Route or P.O. Box) 118 Capito/Street |       |   |  |
|   |  |             |                                  |   |       |   |  |
|   | Office Sought (for candidate                       | es) Distr   | rict/Division                    | City, State, Zip Code   |       | Phone #   |  |
|   |  |             | 200                              | Charleston WV2530   | 1 304 | .345.1161   |  |
| Election Cycle Reporting Period (check one):  Primary - First Report Pre-Primary Report Post-Primary Report Check |  |             |                                  |   |       | ck if Applicable:   |  |
|   | Due March 26 - April 1, 2016                       | Due April 2 | 25 - 29, 2016                    | Due May 23 - June 21, 2016  |       | Amended Report  |  |
| Г   | General - First Report Due September 26 - 30, 2016 |             | eral Report<br>per 24 - 28, 2016 | Post-General Report<br>Due Nov. 21 - Dec. 19, 2016                        |       | You must also check box of appropriate reporting period                     |  |
|   | Non-Election Cycle<br>Reporting Period:            |             | •                                | rt Due In Calendar Year<br>urday in March or within 6<br>er               |       | Final Report 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**

| Beginning Balance (ending balance from previous report) 1. |   | 7372.70 |  |  |  |  |
|--|---|---------|--|--|--|--|
| Total Contributions (from Page 2) 2.                       | + | 100.00  |  |  |  |  |
| Subtotal<br>(lines 1+2) 3.                                 |   | 7472.70 |  |  |  |  |
| Total Expenditures (from Page 2) 4.                        |   |         |  |  |  |  |
| Ending Balance<br>(lines 3-4)                              | = | 7472.70 |  |  |  |  |
| *Cannot have a negative ending balance                     |   |         |  |  |  |  |

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

10,557.40

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

5,500,00

## **CONTRIBUTORS OF:**

\$250 or Less

More than \$250

| Date  | Full Name  | Amount        | Date                    |  |                            |             | Amount           |  |  |  |  |
|---|--|---------------|-------------------------|--|----------------------------|-------------|------------------|--|--|--|--|
| 11/09   | Leefeinberg  | 100.00        |                         | FullName:<br>Address:  |                            |             |                  |  |  |  |  |
|   |  |               |                         | Contributor's job: (Individual)<br>Where contributor works: (Individual)<br>Affiliation: (Political committee) |                            |             |                  |  |  |  |  |
|   | ·  |               |                         | Full Name:<br>Address:   |                            |             |                  |  |  |  |  |
|   |  |               |                         | Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)       |                            |             |                  |  |  |  |  |
|   |  |               |                         | Full Name:<br>Address:   |                            |             |                  |  |  |  |  |
|   |  |               |                         | Contributor's job: (Individual)<br>Where contributor works: (Individual)<br>Affiliation: (Political committee) |                            |             |                  |  |  |  |  |
|   |  |               |                         | Full Name:<br>Address:   |                            |             |                  |  |  |  |  |
|   |  |               |                         | Contributor's job: (Individ<br>Where contributor works<br>Affiliation: (Political comm                         |                            |             |                  |  |  |  |  |
|   |  |               |                         | Total Cor<br>(add boti   | ntributions:<br>n columns) | 1000        | <u> </u>         |  |  |  |  |
|   |  |               |                         |  |                            |             |                  |  |  |  |  |
| Date  | ITEMIZED EXPENDITU   |               | 'es/reimburs<br>Purpose | Amount   |                            |             |                  |  |  |  |  |
|   | Full name, residence address (if person); business address (if firm) |               |                         |  | 1 dipose                   |             | Amount           |  |  |  |  |
|   |  |               |                         |  |                            |             |                  |  |  |  |  |
|   |  |               |                         |  |                            |             |                  |  |  |  |  |
|   |  |               |                         |  |                            |             |                  |  |  |  |  |
|   |  |               |                         |  |                            |             |                  |  |  |  |  |
|   |  |               |                         |  |                            |             |                  |  |  |  |  |
|   |  |               |                         |  |                            |             | :                |  |  |  |  |
| MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.  Total Expe |  |               |                         |  |                            | ditures:    |                  |  |  |  |  |
|   |  | OATH OF       | R AF                    | IRMATION   |                            | <u></u>     |                  |  |  |  |  |
|   | <del>-</del>   |               |                         |  |                            |             |                  |  |  |  |  |
| -   | Soe Gollehon<br>ct, to the best of my knowledge, o                   | f all financi |                         | vear or affirm that t  |                            |             |                  |  |  |  |  |
|   | nent, as required by West Virginia (                                 |               |                         | ilisactions occurring  | within the p               | enou covere | au by iiis       |  |  |  |  |
| 12.41. 19.11.1  |  |               |                         |  |                            |             | I                |  |  |  |  |
|   | 7000 / 1/00  |               | Signature               | e of Candidate   |                            | Treasurer   |                  |  |  |  |  |
| Date_   | Dec. 9, 2016.  |               |                         | <u></u>  |                            | 2           |                  |  |  |  |  |
|   |  |               |                         |  | Office Use                 |             |                  |  |  |  |  |
|   |  |               |                         |  |                            | = -         | Printings out to |  |  |  |  |
|   |  |               |                         |  |                            | 22          | 50               |  |  |  |  |
|   |  |               | Receiv                  | ed By:   |                            |             |                  |  |  |  |  |



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