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 Na | me | Candidate or Committee's Treasurer | | |
|---|--|--|---------|---|
| 11)10+ COFVE | or Committee | Debble Hennen | \ | |
| Political Party (for candidate | | Treasurer's Mailing Address (Street, Route or P.O. Box) | | |
| | | 88 Soroh Lane | | |
| Office Sought (for candidat | es) District/Division | City, State, Zip Code, W2 | Daytime | Phone # \$ \$88-294 |
| Primary - First Report Due March 29-April 4, 2014 General - First Report Due September 22-26, 2014 | Pre-General Report Due October 20-24, 2014 | Post-General Report Due Nov. 17-Dec. 15, 2014 | Che | Amended Report You must also check box of appropriate reporting period Final Report |
| Non-Election Cycle Reporting Period: | Annual Repo Due last Sat days thereaft | rt Due In Calendar Year urday in March or within 6 ter | | 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. | 556.00 | TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE | | |
|--|----------|--|--|--|
| Total Contributions (from Page 2) 2. | + Ø | (Add line 2 from all reports) | | |
| Subtotal (lines 1+2) 3. | = 556.00 | TOTAL EXPENDITURES | | |
| Total Expenditures (from Page 2) 4. | - Ø | ELECTION YEAR-TO-DATE (Add line 4 from all reports) | | |
| Ending Balance (lines 3-4) | = 556.CU | | | |
| *Cannot have a neg | | | | |

CONTRIBUTORS OF:

\$250 or Less

More than \$250

| Date | Full Name | Amount | Date | | | Amount | | |
|----------------|---|--|-----------------|--|---|----------------|--|--|
| | | | | Full Name: Address: | | | | |
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| | | | | Full Name: Address: | | | | |
| | | Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) | | | | | | |
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| | ITEMIZED EXPENDIT | URES (Item | ize 3ı | rd party expenditui | es/reimbursements |) | | |
| Date | Full name, residence address (if per | rson); business a | ddress | (if firm) | Purpose | Amount | | |
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| | AS MANY COPIES S PAGE AS YOU NEED. | - | | • | Total Expenditures: | 0 | | |
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| 1, | Jobardh Hennen | · | , sı | wear or affirm that t | he attached stateme | nt is true and | | |
| correct | t, to the best of my knowledge, ent, as required by West Virginia | of all financ -Code §3-8 | ial tra ·5a. | ansactions occurring | within the period co | overed by this | | |
| otatom | 1 0 04 11 | | | | | | | |
| | Diporon Henren | | | Signature | e of Candidate, Agent | . ^ | | |
| Date_ | 11/19/14 | | | | IE Of MEDI | 10 | | |
| | | | | | Office Use Only | 720 | | |
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