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?

	Wist County Democrate Exec Com			Candidate or Committee's Treasurer Delbje Henren			
				Treasurer's Mailing Address (Street, Route or P.O. Box)			
				88 SARBHLAVE			
	Office Sought (for candidate	es) Dist	rict/Division	City, State, Zip Code		•	Phone #
				Elizobeth 1	W26143	3	01-588-2941
Election Cycle Reporting Period (check one): Primary - First Report Pre-Primary Report							
_	Due March 26 - April 1, 2016		25 - 29, 2016	Due May 23 - June 2			Amended Report You must also check
	General - First Report Due September 26 - 30, 2016		eral Report per 24 - 28, 2016	Post-General Re Due Nov. 21 - Dec. 1	•		box of appropriate reporting period
	Non-Election Cycle Reporting Period:		•	Due In Calendar Year rday in March or within 6 r			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.	556,00
Total Contributions (from Page 2)	2.	+ Ø
Subtotal (lines 1+2)	3.	= 556,00
Total Expenditures (from Page 2)	4.	- Ø
Ending Balance (lines 3-4)		= 556,00
*Cannot have a n	tive ending balance	

TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)
TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date				Amount	
				Full Name: Address:	*			
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)				
				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 comm				
				Full Name: Address:				
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)			<u> </u>	
	Total Contributions:							
Date	ITEMIZED EXPENDITURE Full name, residence address (if person				res/reimburs Purpose	ements)	Amount	
Date	i dii fidifie, l'esidence address (il persoi	ij, busiliess at	Jule35 (ruipose		Amount	
					! 			
	AS MANY COPIES S PAGE AS YOU NEED.	•			Total Expend	litures:	Ø	
		OATH OF	RAFF	IRMATION				
	t, to the best of my knowledge, of nent, as required by West Virginia C	all financi	al trai	rear or affirm that t nsactions occurring	he attached s within the pe	statement is eriod covere	true and ed by this	
	Jelboron Henren			Signature	e of Candidate	e, Agent, or	Treasurer	
Date_	5/24 . 20/10		- 4	ri i	JE WEST WHOM	איייייייייייייייייייייייייייייייייייי		
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Elizabeth, LW
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