

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 Wirt County Republican Women		Candidate or Committee's Treasurer Susan A. Baileys	
Political Party (for candidates) Na		Treasurer's Mailing Address (Street, Route or P.O. Box) 2856 Standing Stone Road	
Office Sought (for candidates) Na	District/Division	City, State, Zip Code Elizabeth, WV 26143	Daytime Phone # (304) 275-4369

Election Cycle Reporting Period (check one):

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Primary - First Report
Due March 29-April 4, 2014 | <input type="checkbox"/> Pre-Primary Report
Due April 28-May 2, 2014 | <input type="checkbox"/> Post-Primary Report
Due May 26-June 23, 2014 |
| <input type="checkbox"/> General - First Report
Due September 22-26, 2014 | <input type="checkbox"/> Pre-General Report
Due October 20-24, 2014 | <input type="checkbox"/> Post-General Report
Due Nov. 17-Dec. 15, 2014 |

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.				135.46
Total Contributions (from Page 2) 2.	+		0.00	
Subtotal (lines 1+2) 3.	=		135.46	
Total Expenditures (from Page 2) 4.	-		70.00	
Ending Balance (lines 3-4)	=		65.46	
*Cannot have a negative ending balance				

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

0.00

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

70.00

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	Amount
				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)	
				Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions:
(add both columns)

Check if additional pages
have been attached.

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
11/12	Wesbanco Bank Inc. P.O. Box 1427 Parkersburg, WV 26102	Dormant Account Charge	5.00
12/12	Wesbanco Bank Inc. P.O. Box 1427 Parkersburg, WV 26102	Dormant Account Charge	5.00
1/13	Wesbanco Bank Inc. P.O. Box 1427 Parkersburg, WV 26102	Dormant Account Charge	5.00
2/13	Wesbanco Bank Inc. P.O. Box 1427 Parkersburg, WV 26102	Dormant Account Charge	5.00
3/13	Wesbanco Bank Inc. P.O. Box 1427 Parkersburg, WV 26102	Dormant Account Charge	5.00

MAKE AS MANY COPIES
OF THIS PAGE AS YOU NEED.

Continued

Total Expenditures: 25.00

OATH OR AFFIRMATION

I, Susan Baileys, 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.

Susan Baileys Signature of Candidate, Agent, or Treasurer

Date April 2, 2014

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Full Name	Amount
				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)	
				Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: (add both columns)

Check if additional pages have been attached.

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
4/1/13	Wesbanco Bank Inc. P.O. Box 1427 Parkersburg, WV 26102	Dormant Account Charge	5.00
5/1/13	Wesbanco Bank Inc. P.O. Box 1427 Parkersburg, WV 26102	Dormant Account Charge	5.00
6/3/13	Wesbanco Bank Inc. P.O. Box 1427 Parkersburg, WV 26102	Dormant Account Charge	5.00
7/1/13	Wesbanco Bank Inc. P.O. Box 1427 Parkersburg, WV 26102	Dormant Account Charge	5.00
8/1/13	Wesbanco Bank Inc. P.O. Box 1427 Parkersburg, WV 26102	Dormant Account Charge	5.00

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.

Continued

Total Expenditures: 25.00

OATH OR AFFIRMATION

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Susan Baileys Signature of Candidate, Agent, or Treasurer

Date April 2 20 14

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	Amount
				Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
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				Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: (add both columns)

Check if additional pages have been attached.

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
9/3/13	Wesbanco Bank Inc. P.O. Box 1427 Parkersburg WV 26102	Dormant Account Charge	5.00
10/1/13	Wesbanco Bank Inc. P.O. Box 1427 Parkersburg WV 26102	Dormant Account Charge	5.00
11/1/13	Wesbanco Bank Inc. P.O. Box 1427 Parkersburg WV 26102	Dormant Account Charge	5.00
12/2/13	Wesbanco Bank Inc. P.O. Box 1427 Parkersburg WV 26102	Dormant Account Charge	5.00
		Total sheet ^{this}	20.00

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.

Total all sheets

Total Expenditures:

70.00

OATH OR AFFIRMATION

I, Susan Baileys, 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.

Susan Baileys

Signature of Candidate, Agent, or Treasurer

Date April 2 20 14

Office Use Only

2014 APR -7 PM 1:37

RECEIVED

Received By: _____