

# State of West Virginia Campaign Financial Statement (Long Form) in Relation to the 2016 Election Year

Candidate or Committee Name <b>WV ArchiPAC</b>		Candidate or Committee's Treasurer <b>Jonathan A. Adler</b>	
Political Party (for candidates)		Treasurer's Mailing Address (Street, Route or P.O. Box) <b>223 Hale Street</b>	
Office Sought (for candidates)	District/Division	City, State, Zip Code <b>Charleston WV 25301</b>	Daytime Phone # <b>304/344-9872</b>

### Election Cycle Reporting Period (check one):

- |                                                                                        |                                                                                 |                                                                                    |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>Primary - First Report</b><br>Due March 26 - April 1, 2016 | <input type="checkbox"/> <b>Pre-primary Report</b><br>Due April 25 - 29, 2016   | <input type="checkbox"/> <b>Post-primary Report</b><br>Due May 23 - June 21, 2016  |
| <input type="checkbox"/> <b>General - First Report</b><br>Due September 26 - 30, 2016  | <input type="checkbox"/> <b>Pre-general Report</b><br>Due October 24 - 28, 2016 | <input type="checkbox"/> <b>Post-general Report</b><br>Due Nov. 21 - Dec. 19, 2016 |

### 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 2015 Calendar Year**  
Due last Saturday in March or within 6 days thereafter

## REPORT TOTALS

*Fill in totals at the completion of the report.*

### RECEIPTS OF FUNDS:

Totals for this Period

Contributions (Page 3)	
Monetary Contributions from all Fund-Raising Events (Page 4)	+
Receipt of a Transfer of Excess Funds (Page 8)	+
<b>Total Monetary Contributions:</b>	=
In-Kind Contributions (Page 5)	+
<b>Total Contributions:</b>	=

Other Income (Page 5)	
Loans Received (Page 6)	+
<b>Total Other Income:</b>	=

### OUTSTANDING LOANS & DEBTS:

Unpaid Bills (Page 9)	
Outstanding Loans (Page 6)	+
<b>Total Debts:</b>	=

**TOTAL CONTRIBUTIONS  
ELECTION YEAR-TO-DATE**  
(Add total contributions from all reports)

### CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	1194.45
Total Monetary Contributions	+
Total Other Income	+ 582. <sup>00</sup>
<b>Subtotal:</b>	<b>a. = 1776.45</b>

Total Expenditures (Page 7)	0
Total Disbursements of Excess Funds (Page 8)	+
Repayment of Loans (Page 6)	+
<b>Subtotal:</b>	<b>b. = 1776.45</b>

<b>Ending Balance:</b> (Subtotal a. - Subtotal b.) <i>*Cannot be negative balance</i>	= \$ 1776.45
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**TOTAL EXPENDITURES  
ELECTION YEAR-TO-DATE**  
(Add total expenditures from all reports)

0.<sup>00</sup>

**Contributors of  
More than \$250**

*Check if additional pages  
have been attached.*

DATE	INDIVIDUAL CONTRIBUTOR OR COMMITTEE'S NAME	AMOUNT
	Full Name: Address: (residential and mailing if they are different) Contributor's job: (individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only)	
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**MAKE AS MANY COPIES  
OF THIS PAGE AS YOU NEED**

**Subtotal of all contributors of more than \$250**

**Subtotal of all contributors of \$250 or less (From page 2)**

**Total Contributions:**

+	
=	

**OTHER INCOME: INTEREST, REFUNDS, MISCELLANEOUS RECEIPTS**

Date	Source of Income	Type of Receipt	Amount
1/31/2015	Undeposited Contributions		\$550 <sup>00</sup>
4/30/2015	Bank Fee reimbursement		\$16 <sup>00</sup>
7/31/2015	Bank fee reimbursement		\$16 <sup>00</sup>

Total Other Income:

\$582.<sup>00</sup>

Check if additional pages have been attached.

**IN-KIND CONTRIBUTIONS**

Date	Name and Contributor Information	Description of Contribution	Value

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Total In-Kind Contributions:

# ITEMIZED EXPENDITURES

(Itemize 3rd party expenditures/ reimbursements)

Check if additional pages have been attached.

Date	Name of Person or Vendor and Address	Purpose	Amount

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OF THIS PAGE AS YOU NEED.

Total Expenditures:

### UNPAID BILLS

Check if additional pages have been attached.

Date	Owed to Whom	Affiliated with what Company or Group	Purpose	Amount

Total Unpaid Bills:

#### OATH OR AFFIRMATION

I, Jonathan Adler, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Financial Agent or Treasurer

Date 3/31/2016, 2016

Office Use Only  
STATE OF WEST VIRGINIA  
SECRETARY OF STATE  
2016 MAR 31 PM 2:50  
RECEIVED  
Received By: \_\_\_\_\_