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 N BROOKE COUNTY REPUBLI	ame LAN EXECUTIVE COMMITT	Treasurer's Mailing Address (Street, Route or P.O. Box)			
Political Party (for candida	•				
Office Sought (for candida	les) District/Division	City, State, Zip Code WELLS BURG, W 2607.	304-7 57 · 0133		
Election Cycle Primary - First Report Due March 29-April 4, 2014 General - First Report Due September 22-26, 2014	Pre-Primary Report Due April 28-May 2, 2014 Pre-General Report Due October 20-24, 2014	Post-Primary Report Due May 26-June 23, 2014 Post-General Report	Check if Applicable: Amended Report You must also check box of appropriate reporting period Final Report		
Non-Election Cycle Reporting Period:		port Due In Calendar Year aturday in March or within 6 after	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)			662.93		
Total Contributions (from Page 2)		+	D		
Subtotal (lines 1+2)	3.	=	662.93		
Total Expenditures (from Page 2)		_	Ò		
Ending Balance (lines 3-4)		=	662.93		
*Cannot have a negative ending balance					

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

712.00

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

250.00

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date Full Name	Amount	Date		Amount	
			FullName: Address:		
N/A			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:		
			Full Name: Address:		
	Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)				
Check if additional page have been atached.	s		Total Contributions: (add both columns)		
	PENDITURES (Item	nize 3	rd pary expenditures/reimbursements		
	dress (if person); business a			Amount	
		•			
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1 7					
		 			
MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.			Total Expenditures	:	
	OATH O	RAF	FIRMATION		
L F.LYNN DAVIS		es	wear or affirm that the attached statem	ent is true and	
correct, to the best of my kno	wledge, of all finance	si cial tra	insactions occurring within the period of	covered by this	
statement, as required by Wes					
Thomas	his				
()			Signature of Candidate, Ager	nt, of Treasurer	
Date APPIL 29 2	10 <u>14</u> .			·	
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			EZ:IIHA 1-YAM71	50	
			Received By:		
	4	2	SECENTED		

BROOKE COUNTY REPUBLICAN PARTY

PAR BUSTON

USA FOREVER

Ex RD 1

Ms. Lynn Davis
Surer
444 Woodland Dr
Wellsburg, WV 26070-2281 70-9712

W.VA. SECRETARY OF STATE
BUILDING 1, SUITE 157-K
1900 KANAWHA BLVD., EAST
CHARLESTON, NV 25305

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