

# 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?

Candidate or Committee Name <b>Democratic Women's Club of Cabell Co.</b>		Candidate or Committee's Treasurer <b>Betty J Stepp</b>	
Political Party (for candidates)		Treasurer's Mailing Address (Street, Route or P.O. Box) <b>152 Jefferson Park Drive</b>	
Office Sought (for candidates)	District/Division	City, State, Zip Code <b>Huntington WV 25705</b>	Daytime Phone # <b>-304-733-2730</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 checked="" 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 \_\_\_\_\_ 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

<b>Beginning Balance</b> (ending balance from previous report) 1.	0
<b>Total Contributions</b> (from Page 2) 2.	+ 65.00
<b>Subtotal</b> (lines 1+2) 3.	= 65.00
<b>Total Expenditures</b> (from Page 2) 4.	- 0
<b>Ending Balance</b> (lines 3-4)	= 65.00
<b>*Cannot have a negative ending balance</b>	

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

65.00

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

0

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
5/21	Flo Williams	5.00			
5/21	Kitty Kelly Smoot	5.00			
5/21	Nancy Eplin	5.00			
5/21	Betty Stepp	5.00			
5/21	Betty McClure	5.00			
5/21	Carol Polan	5.00			
5/21	Monika Rowe	5.00			
5/21	Deborah Chapman	5.00			

attached sheet 25.00

Total Contributions:  
(add both columns)

65.00

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.

Total Expenditures:

0

OATH OR AFFIRMATION

I, Susan Hubbard, 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 Hubbard Signature of Candidate Chair (Agent) or Treasurer

Date June 21 2016.

Office Use Only  
STATE OF WEST VIRGINIA  
SECRETARY OF STATE  
Received By: PH 19 14  
2016 JUN 23 PM 19 14  
RECEIVED

**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
5/21	Shelia K. Hauser	5.00			
5/21	Jeanette Rowsey	5.00			
5/21	Raine Klover	5.00			
5/21	Susan Hubbard	5.00			
5/21	Robert Nelson	5.00			

**Total Contributions:**  
(add both columns)

65.00

**ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)**

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount

MAKE AS MANY COPIES  
OF THIS PAGE AS YOU NEED.

**Total Expenditures:**

**OATH OR AFFIRMATION**

I, \_\_\_\_\_, 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.

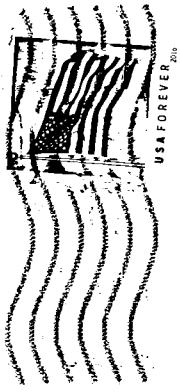
\_\_\_\_\_  
Signature of Candidate, Agent, or Treasurer

Date \_\_\_\_\_, 20\_\_\_\_.

Office Use Only
Received By: _____



Honorable Susan Hubbard  
6287 Division Rd  
Huntington, WV 25705-2407



CHARLESTON WV 250  
21 JUN 2015 PM 1 L

Office of Secretary of State  
Bldg. 1 - Suite 157-K  
1900 Kanawha Blvd. East  
Charleston, WV 25305

25305-077099