State of West Virginia Campaign Financial Statement (Short Form) in Relation to the 2-14 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 ACLOGM & DOCTONS IS 1 WOLC Political Party (for candidates) Office Sought (for candidates) District/Division	Treasurer's Mailing Address (Street, Rout	ر حر ime Pl	
	Post-primary Report Due 13 days following primary election or within 20 business days thereafter. Post-general Report Due 13 days following general election	Che	eck 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

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	1.	828.84			
Total Contributions (from Page 2)	2.	+ υ, ω			
Subtotal (lines 1+2)	3.	= 828.84			
Total Expenditures (from Page 2)	4.	_ 0,			
Ending Balance (lines 3-4)		=828.84			
*Cannot have a negative 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)

750 =

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Data	Full Name	Amoust	Date				Amount			
Date	Full Name	Amount	Date	Full Name:		<u> </u>	Aillount			
			_	Address:						
	(V)	-		Contributor's job: (Individu Where contributor works: Affiliation: (Political comm	(Índividual) ittee)					
				FullName: Address:						
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				Full Name: Address:						
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,	s • Section 1995			Full Name: Address:						
47				Contributor's job: (Individent Where contributor works Affiliation: (Political communication)	ual) : (Individual) ittee)		ė			
	Check if additional pages have (add both columns) Check if additional pages have (add both columns)									
ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)										
Date	Full name, residence address (if persor	n); business	address	(if firm)	Purpose		Amount			
	0	<u>l</u>								
	AS MANY COPIES				Total Expend	ditures:				
OF THI	S PAGE AS YOU NEED.									
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.										
	In			Signature	e of Candidate	e, Agent, o	r Treasurer			
Day	4/23 ,20 15					MEZI NUCI				
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