

State of West Virginia Campaign Financial Statement (Long Form) in Relation to the 2014 Election Year

Candidate or Committee Name WV - COCA-COLA CONSOLIDATED EMPLOYEE COMMT. ON GOOD GOV		Candidate or Committee's Treasurer Alison Patient	
Political Party (for candidates)		Treasurer's Mailing Address (Street, Route or P.O. Box) 4100 Coca-Cola Plaza	
Office Sought (for candidates)	District/Division	City, State, Zip Code Charlotte, NC 28211	Daytime Phone # (704) 557-4508

Election Cycle Reporting Period (check one) :

- Primary - First Report** Due March 29-April 4, 2014
 Pre-primary Report Due April 28-May 2, 2014
 Post-primary Report Due May 26-Jun 23, 2014
 General - First Report Due Sep. 22-26, 2014
 Pre-general Report Due Oct. 20-24, 2014
 Post-general Report Due Nov 17-Dec 15, 2014

- Non-Election Cycle Reporting Period:**
 Annual Report _____ **Calendar Year**
 Due last Saturday in March or within 6 days thereafter

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

REPORT TOTALS

Fill in totals at the completion of the report.

RECEIPTS OF FUNDS:

Totals for this period

Contributions (Page 3)	0.00
Monetary Contributions from all Fund-Raising Events (Page 4)	+ 0.00
Receipt of a Transfer of Excess Funds (Page 8)	+ 0.00
Total Monetary Contributions:	= 0.00
In-Kind Contributions (Page 5)	+ 0.00
Total Contributions:	= 0.00

Other Income (Page 5)	0.00
Loans Received (Page 6)	+ 0.00
Total Other Income:	= 0.00

OUTSTANDING LOANS & DEBTS:

Unpaid Bills (Page 9)	0.00
Outstanding Loans (Page 6)	+ 0.00
Total Debts:	= 0.00

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	98.72
Total Monetary Contributions	+ 0.00
Total Other Income	+ 0.00
Subtotal: a.	= 98.72

Total Expenditures (Page 7)	0.00
Total Disbursements of Excess Funds (Page 8)	+ 0.00
Repayment of Loans (Page 6)	+ 0.00
Subtotal: b.	= 0.00

Ending Balance: (Subtotal a. - Subtotal b.)	= 98.72
<i>*Cannot be negative balance</i>	

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

0.00

**TOTAL EXPENDITURES
ELECTION YEAR-TO-DATE**
(Add total expenditures from all reports)

2,312.00

OATH OR AFFIRMATION

I, Roberta Bevell, 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.

[Handwritten Signature]

Signature of Candidate, Financial Agent or Treasurer

Date Oct. 23, 2014.

Office Use Only

Received By: _____

RECEIVED
2014 OCT 27 AM 11:34
SECRETARY OF STATE
STATE OF WEST VIRGINIA

PRESS FIRMLY TO SEAL

PRESS FIRMLY TO SEAL

1007

00113984-21



ASHVILLE, TN
37228
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EP13F July 2013 OD: 12.5 X 9.5



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WRITE FIRMLY TO MAKE ALL COPIES LEGIBLE.

CUSTOMER USE ONLY

FROM: (PLEASE PRINT)

PHONE: () - -

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

- SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases Return Receipt service. If the box is not checked, the Postal Service may file the addressee's final receipt(s) at other secure location without attempting to obtain the addressee's signature or delivery.
- No Saturday Delivery (delivered next business day)
- Sunday/Holiday Delivery Required (additional fee, where available)
- 10:30 AM Delivery Required (additional fee, where available)
- Refer to USPS.com® or local Post Office® for availability.

TC: (in case print)

PHONE: () - -

Zip: (U.S. ADDRESSES ONLY)

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
- \$1



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ORIGIN (POSTAL SERVICE USE ONLY)

1 Day 2 Day Military DPO

PO ZIP Code Scheduled Delivery Date (MM/DD/YY) Postage \$

Date Accepted (MM/DD/YY) Scheduled Delivery Time Insurance Fee \$ COD Fee \$

Time Accepted AM PM 10:30 AM 12 NOON 3:00 PM Live Animal Transportation Fee \$

Weight Flat Rate Sundry/Holiday Premium Fee Return Receipt Fee Total Postage & Fees \$

lbs ozs Acceptance Employee Initials \$

DELIVERY (POSTAL SERVICE USE ONLY) Delivery Attempt (MM/DD/YY) Time Employee Signature \$

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Delivery Attempt (MM/DD/YY) Time Employee Signature \$

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