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 Name 3/7 FAE FAC Political Party (for candidates)		Candidate or Committee's Treasurer 7247 Treasurer's Mailing Address (Street, Route or P.O. Box)			
Office Sought (for candida		55 Dogwood Ro City, State, Zip Code	Daytime Phone #		
Election Cycl 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-General Report Due Nov. 17-Dec. 15, 2014	Check if Applicable: Amended Report You must also check box of appropriate reporting period		
Non-Election Cycle Reporting Period:	Annual Repo	ort Due In Calendar Year turday in March or within 6	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)			304.15
Total Contributions (from Page 2)	2.	+	31.00
Subtotal (lines 1+2)	3.	=	335.15
Total Expenditures (from Page 2)	4.	_	82
Ending Balance (lines 3-4)		=	335.15
*Cannot have a r	nega	tive	ending balance

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

31.00

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
5/20/	CHAS. PROFOSSIONAL	00		Full Name: Address:	
6/10/14 E-1	CHAS. PROFESSIONAL FALEFAGITURS LOCAL 317	20.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
//7	1 12 (1 10 11 12) Last 3/1	11.00		Full Name: Address:	
				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:	
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
	eck if additional pages e been atached.			Total Contributions: 3/	. 00
	ITEMIZED EXPENDITUR	RES (Item	ize 3	rd party expenditures/reimbursements)
Date	Full name, residence address (if persor	n); business a	ddress	(if firm) Purpose	Amount
	MAKE AS MANY COPIES Total Expenditures:				
OF THIS F	AGE AS TOO NEED.	OATUO	DAF	FIRMATION	
		ook all finance	, so	wear or affirm that the attached statements	
	Siff. Stu	11	-	Signature of Candidate, Agent	, or Treasure
Date	7/5/ 20_14.			Office Use Only 1038	S
				170L -9 PM I2: 33	201
				Received By:	-

Brian & Toni Stiltner 55 Dogwood Road Saint Albans, WV 25177 OFFILE OF SECRETARY OF STATE
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CHARLESTON WV 25305-0770