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?

Candidate or Committee Name		Candidate or Committee's Treasurer			
Fayette County De	mocratic Exe. Com.	Merry Hanning			
Political Party (for candida	tes)	Treasurer's Mailing Address (Street, Route or P.O. Box) 744½ Summerlee Avenue			
Office Sought (for candida	ites) District/Division	City, State, Zip Code Oak Hill, WV 25901	Daytime Phone # 304–469–6017		
Election Cycl	D (: D : 1/.1.				
Frimary - First Report Due March 29-April 4, 2014 General - First Report Due September 22-26, 2014	e Reporting Period (che 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 Due Nov. 17-Dec. 15, 2014	Check if Applicable: Amended Report You must also check box of appropriate reporting period Final Report		

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	1.	\$8,157.35	
Total Contributions (from Page 2)	2.	+ Ø	
Subtotal (lines 1+2)	3.	= 8,157.35	
Total Expenditures (from Page 2)	4.	_ ø	
Ending Balance (lines 3-4)		= \$8,157.35	
*Cannot have a n	ega	ntive ending balance	

TOTAL CO	ONTRIBU	JTIONS
ELECTION	YEAR-T	O-DATE
(Add line 2	from all	reports)

\$500.00

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

\$143.93

CONTRIBUTORS OF:

\$250 or Less

More than \$250

	4200 0. 2000					
Date	Full Name	Amount	Date			Amount
				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)		
				Full Name: Address:		
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)		
	Total Contributions:					
	Check if additional pages nave been atached.			(add both columns)	· · · · · · · · · · · · · · · · · · ·	
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r				rd pary expenditures/reimburse	ments)	Amount
Date	Full name, residence address (if pe	rson); business a	aaress	(if firm) Purpose		Amount
					-	
	AS MANY COPIES IS PAGE AS YOU NEED.			Total Expend	litures:	Ø
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l,	Merry Hanning		, sv	vear or affirm that the attached s	statement i	s true and
correc	t, to the best of my knowledge,	of all financ	ial tra	nsactions occurring within the pe	eriod cover	ed by this
staten	nent, as required by West Virgini	a Code 93-8-	ъа.			
	Many Nguner	d		Signature of Candidate	e, Agent, or	Treasurer
	2b 1/	1		E OF WEST VIHGINIA		
Date_	(May 36 , 20 14)			JIAI Coffice nae C	अनेप्रि	
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Office of the Secretary of State Bldg. 1, Suite 157-K 1900 Kanawha Blvd. East Charleston, WV 25305-0770

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