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?

Vaniel Doyle	
10 By 100	A
City, State, Zip Code CkH11 WV 25901	304-573-1798
ck one):	Check if Applicable:
Due May 23 - June 21, 2016	Amended Report You must also check
Post-General Report Due Nov. 21 - Dec. 19, 2016	box of appropriate reporting period
rt Due In Calendar Year urday in March or within 6 er	Final Report Zero balance required. PAC must also file Form F-6 Dissolution
_	City, State, Zip Code Ck One): Post-Primary Report Due May 23 - June 21, 2016 Post-General Report Due Nov. 21 - Dec. 19, 2016 The Due In Calendar Year Urday in March or within 6

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	1.		514. ⁵²	
Total Contributions (from Page 2)	2.	+	0,00	
Subtotal (lines 1+2)	3.	11	514, ⁵²	
Total Expenditures (from Page 2)	4.		0.00	
Ending Balance (lines 3-4)		=	514,52	
*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)

0,	00		
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CONTRIBUTORS OF:

\$250 or Less

More than \$250

	<u> </u>						
Date	Full Name	Amount	Date				Amount
				FullName: Address:			
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)			
			1	Full Name: Address:			
				Contributor's job: (Individ Where contributor works Affiliation: (Political comm	ual) : (Individual) iittee)		
				Full Name: Address:	······································		
			-	Contributor's job: (Individ Where contributor works Affiliation: (Political comm	ual) : (Individual) nittee)		
				Full Name: Address:			
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L				<u> </u>	ntributions:	0	.00
				(add bott			
	ITEMIZED EXPEND	ITURES (Item	nize 3ı	rd party expenditu	res/reimburs	ements)	
Date	Full name, residence address (if	person); business	address	(if firm)	Purpose		Amount
							
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	AS MANY COPIES IS PAGE AS YOU NEED.				Total Expend	ditures:	0.00
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correc	ct, to the best of my knowledg nent, as required by West Virg	je, ot all tinan inia Code 83-8	ciai tra 3-5a.	ansactions occurring	g within the p	enou covi	sied by this
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	ann o tyle	<u> </u>		Signatur	re of Candidate OE MEST NIBGIN	e, Agent, d	or Treasure
Data	Apr. 10 , 20, 16				•		
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	James!	3 Doyle	_	Book	CEINE	HE	

GERMI WU 25901 Deniel Dorth Forest PAC Forest Fav Show PAC PO Box 715

CHARLESTON WW. 250 CHARLES SON THE SO Miss, Kinder Campaign Finance Office 5005 Building I Suite 187-K 1900 Kanaska Blud, Eart 1900 Kanaska Blud, Eart Charleston WU Charleston MU Charleston MU

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