## 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 N	ame RACE TRACK	Candidate or Committee's Tre	BOWMAN		
Political Party (for candidate)	tes)	Treasurer's Mailing Address (Street, Route or P.O. Box)			
Office Sought (for candida	tes) District/Division	City, State, Zip Code WEIKTON WUZGOO	Daytime Phone #		
Election Cycle Primary - First Report Due March 29-April 4, 2014  General - First Report Due September 22-26, 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	You must also check box of appropriate		
		rt Due In Calendar Year urday in March or within 6 er	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.		\$55.10				
Total Contributions (from Page 2)	2.	+ ~~~				
Subtotal (lines 1+2)	3.	= 55./0				
Total Expenditures (from Page 2)	4.	- No.00				
Ending Balance (lines 3-4)		= 35,10				
*Cannot have a negative ending balance						

TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)
0
TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)
180.00

## **CONTRIBUTORS OF:**

\$250 or Less

More than \$250

\$250 or Less More					ore than \$250		
Date	Full Name	Amount	Date				Amount
				Full Name: Address:			
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)			
				Full Name: Address:			<del> </del>
				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)			
Check if additional pages (add both columns)  Total Contributions: (add both columns)							
	ITEMIZED EXPENDITU	RES (Itemi	ze 3r	d party expenditu	res/reimburser	ments)	
Date	Full name, residence address (if person	n); business ac	ldress (	(if firm)	Purpose		Amount
JULY HANCOUR GOUTY SAVINES BANK			4NC	BANK MAINTCANCE	ર્દ્ય ક	7.00	
1st 204						5	
1014 1014	(				5		5
56 N 2014						\$	
	(						<del></del> _
MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.				Total Expendit	tures: 2	10.00	
		OATH OF	RAFF	IRMATION	<del></del>		
, Kathryn A Bowman, 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.							
7	Athryn a Bawn April 4, 2017.	nan		Signature	e of Candidate,	Agent, or	Treasurer
Date			THE Office Use Only				
	11:SIM9 OI A9A FIOS						
	Received By						

Muss Pene

WEST VIRGIUM SECRETARY OF STAT 4 Mlesson (W) 25305

1/100

500