

# 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 <i>RACE TRACK FRIENDS OF MOUNTAIN CASINO</i>		Candidate or Committee's Treasurer <i>KATHRYN A. BOWMAN</i>	
Political Party (for candidates) <i>N.A.</i>		Treasurer's Mailing Address (Street, Route or P.O. Box) <i>243 Millersy Dr.</i>	
Office Sought (for candidates) <i>N.A.</i>	District/Division	City, State, Zip Code <i>WEIETON WV 26062</i>	Daytime Phone # <i>304-723-1479</i>

**Election Cycle Reporting Period (check one):**

- |                                                                               |                                                                                   |                                                                           |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Primary - First Report<br>Due March 29-April 4, 2014 | <input type="checkbox"/> Pre-Primary Report<br>Due April 28-May 2, 2014           | <input type="checkbox"/> Post-Primary Report<br>Due May 26-June 23, 2014  |
| <input type="checkbox"/> General - First Report<br>Due September 22-26, 2014  | <input checked="" type="checkbox"/> Pre-General Report<br>Due October 20-24, 2014 | <input type="checkbox"/> Post-General Report<br>Due Nov. 17-Dec. 15, 2014 |

**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

**Non-Election Cycle Reporting Period:**

- Annual Report Due In \_\_\_\_ Calendar Year  
Due last Saturday in March or within 6 days thereafter

## REPORT TOTALS

(Fill in totals after you have completed page 2)

### CASH BALANCE SUMMARY

<b>Beginning Balance</b> (ending balance from previous report) 1.			<i>\$ 35.10</i>
<b>Total Contributions</b> (from Page 2) 2.		+	<i>~~~~~</i>
<b>Subtotal</b> (lines 1+2) 3.		=	<i>35.10</i>
<b>Total Expenditures</b> (from Page 2) 4.		-	<i>0</i>
<b>Ending Balance</b> (lines 3-4)		=	<i>35.10</i>
<b>*Cannot have a negative ending balance</b>			

**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

Date	Full Name	Amount	Date	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	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:**  
(add both columns)

Check if additional pages have been attached.

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount

**Total Expenditures:**

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.

OATH OR AFFIRMATION

I, 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.

Kathryn A Bowman Signature of Candidate, Agent, or Treasurer

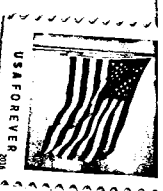
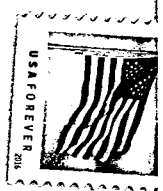
Date April 4, 2017.

OFFICE OF THE SECRETARY OF STATE  
STATE OF WEST VIRGINIA

2017 APR 10 PM 12:11

Received By: \_\_\_\_\_

WILSON DRIVE  
WV 26062



WEST VIRGINIA SECRETARY OF STATE  
STATE CAPITAL  
CHARLESTON WV 25305

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