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?

Candidate or Committee Na	WELL CASINO	Treasurer's Mailing Address (Street	Route or P.O. Box)
Office Sought (for candidat	es) District/Division	City, State, Zip Code WEITON WV 26062	Daytime Phone # 304-723-14-79
Primary - First Report Due March 26 - April 1, 2016 General - First Report Due September 26 - 30, 2016	Pre-General Report Due October 24 - 28, 2016	Due May 23 - June 21, 2016 Post-General Report	Check if Applicable: Amended Report You must also check box of appropriate reporting period
Non-Election Cycle Reporting Period:	Annual Rep Due last Sa days therea	oort Due InCalendar Year aturday in March or within 6 after	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) 1.			35.10	ТОТА
Total Contributions (from Page 2)		+	0	ELECT (Add li
Subtotal (lines 1+2)	3.	=	35,10	
Total Expenditures (from Page 2)		-	0	ELECT (Add li
Ending Balance (lines 3-4)		=	35.10	
*Cannot have a n				

	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)
	0
-	

CONTRIBUTORS OF:

	\$250 or Less			More tha	II \$250		
Date	Full Name	Amount	Date			Amount	
				Full Name: Address:			
				Contributor's job: (Individual) Where contributor works: (Individ Affiliation: (Political committee)	dual)		
				Full Name: Address:			
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)			
				Full Name: Address:			
				Contributor's job: (Individual) Where contributor works: (Indivi Affiliation: (Political committee)			
				Full Name: Address:			
				Contributor's job: (Individual) Where contributor works: (Indivi Affiliation: (Political committee)			
	·	·		Total Contribu (add both colu	tions:		
	·						
	ITEMIZED EXPEN	DITURES (Item	ize 3ı	rd party expenditures/re	imbursements)		
Date	Full name, residence address (if person); business a	address	(if firm)	Purpose	Amount	
	AS MANY COPIES IS PAGE AS YOU NEED.	-		Total	Expenditures:		
		OATH O	R AF	FIRMATION			
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l, /\	athryn A Bowman	ge, of all finance	, social tra	wear or affirm that the at ansactions occurring with	tached statement in the period cove	is true and ered by this	
stater	ment, as required by west virg	ginia Code 93-6	- ɔa .				
	Sathrum a XX	urman			andidate, Agent, o	r Treasurer	
Date_	Date Opril 4, 2017. Signature of Candidate, Agent, or Office Use Only						
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