

# 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?

|   |  |
|---|--|
| <b>Candidate or Committee Name</b><br><i>RACE TRACK FRIENDS OF MOUNTAINEER CASINO</i> | <b>Candidate or Committee's Treasurer</b><br><i>KATHRYN A. BOWMAN</i>                      |
| <b>Political Party (for candidates)</b><br><i>[Signature]</i>                         | <b>Treasurer's Mailing Address (Street, Route or P.O. Box)</b><br><i>243 MILLS RD.</i>     |
| <b>Office Sought (for candidates)</b> <b>District/Division</b><br><i>[Signature]</i>  | <b>City, State, Zip Code</b> <b>Daytime Phone #</b><br><i>WEAVER WV 26062 304-723-1479</i> |

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

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> <b>Primary - First Report</b><br>Due March 26 - April 1, 2016 | <input type="checkbox"/> <b>Pre-Primary Report</b><br>Due April 25 - 29, 2016   | <input type="checkbox"/> <b>Post-Primary Report</b><br>Due May 23 - June 21, 2016  |
| <input type="checkbox"/> <b>General - First Report</b><br>Due September 26 - 30, 2016             | <input type="checkbox"/> <b>Pre-General Report</b><br>Due October 24 - 28, 2016 | <input type="checkbox"/> <b>Post-General Report</b><br>Due Nov. 21 - Dec. 19, 2016 |

**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><br>(ending balance from previous report) 1. |   |  | <i>35.10</i> |
| <b>Total Contributions</b><br>(from Page 2) 2.                       | + |  | <i>0</i>     |
| <b>Subtotal</b><br>(lines 1+2) 3.                                    | = |  | <i>35.10</i> |
| <b>Total Expenditures</b><br>(from Page 2) 4.                        | - |  | <i>0</i>     |
| <b>Ending Balance</b><br>(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)**

0

**CONTRIBUTORS OF:**

**\$250 or Less**

**More than \$250**

| Date | Full Name | Amount | Date | Full Name:<br>Address:<br>Contributor's job: (Individual)<br>Where contributor works: (Individual)<br>Affiliation: (Political committee) | Amount |
|------|-----------|--------|------|--|--------|
|      |           |        |      | Full Name:<br>Address:<br>Contributor's job: (Individual)<br>Where contributor works: (Individual)<br>Affiliation: (Political committee) |        |
|      |           |        |      | Full Name:<br>Address:<br>Contributor's job: (Individual)<br>Where contributor works: (Individual)<br>Affiliation: (Political committee) |        |
|      |           |        |      | Full Name:<br>Address:<br>Contributor's job: (Individual)<br>Where contributor works: (Individual)<br>Affiliation: (Political committee) |        |
|      |           |        |      | Full Name:<br>Address:<br>Contributor's job: (Individual)<br>Where contributor works: (Individual)<br>Affiliation: (Political committee) |        |
|      |           |        |      | Full Name:<br>Address:<br>Contributor's job: (Individual)<br>Where contributor works: (Individual)<br>Affiliation: (Political committee) |        |

**Total Contributions:  
(add both columns)**

|  |
|--|
|  |
|--|

**ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)**

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

**MAKE AS MANY COPIES  
OF THIS PAGE AS YOU NEED.**

**Total Expenditures:**

|  |
|--|
|  |
|--|

**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.

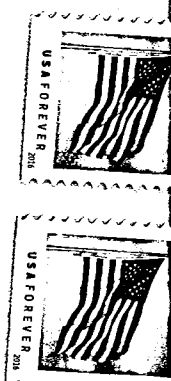
Kathryn A Bowman

Signature of Candidate, Agent, or Treasurer

Date April 4, 2017

|   |
|---|
| OFFICE USE ONLY<br>STATE OF WEST VIRGINIA<br>RECEIVED<br>APR 10 2017 PM 12:11<br>Received By: _____ |
|---|

WILSON DRIVE  
WV 26062



WEST VIRGINIA SECRETARY OF STATE  
STATE CAPITOL  
CHARLESTON WV 25305

WV 26062

55Y

