State of West Virginia Campaign Financial Statement (Short Form) in Relation to 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 <u>Hancolk County Fed of Tolus</u> Political Party (for candidates)	Candidate or Committee's Treasurer Treasurer's Malling Address (Street, Ro	oute or P.O. Box)
Office Sought (for candidates) District/Division	City, State, Zip Code Di	aytime Phone # 7) 304-397-2363
	Post-primary Report (Due 13 days after Primary election s days) or within 4 business days) Post-general Report (Due 13 days after Primary election s days) or within 4 business days) The Due In Calendar Year urday in March or within 6	You must also check box of appropriate

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report) 1.	224.90	TOTALCON
Total Contributions (from Page 2) 2.	+ 0	ELECTIONY (Add line 2 fr
Subtotal (lines 1+2) 3.	= 224.90	TOTALEXI
Total Expenditures (from Page 2) 4.	- 0	ELECTION Y (Add line 4 fr
Ending Balance (lines 3-4)	= 224.90	
*Cannot have a negativ	ve ending balance	

	TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE
	(Add line 2 from all reports)

_	special in the street product of the street street in the street
	TOTALEXPENDITURES
]	ELECTION YEAR-TO-DATE
	(Add line 4 from all reports)

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date			Amount
				Full Name: Address:		
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)		
	A TOTAL CONTRACTOR OF THE PARTY			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)	A STATE OF THE STA	
	eck if additional pages			Total Contributions: (add both columns)		**************************************
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				d pary expenditures/ reimbure	sements)	
Date	Full name, residence address (i	f person); business a	ddress	(if firm) Purpose		Amount
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OF THIS	PAGE AS YOU NEED.			rotai Expeni	ultures:	
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ı			en.	vear or affirm that the attached	statement is	true and
correct,	to the best of my knowled	ge, of all financ	ial tra	nsactions occurring within the p	eriod covere	ed by this
stateme	ent, as required by West Virg	jinia Code §3-8-	5a.			
				Signature of Candidat	e Agent or	Treasurer
Data				NBUN ANDERS)
Date	., 20			Office Wise On	ıly	
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