

# State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2011 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<br><u>Pleasant Co. Republican Ex Com</u> |                   | Candidate or Committee's Treasurer<br><u>Joyce Summers Treas</u>                  |                                     |
| Political Party (for candidates)                                     |                   | Treasurer's Mailing Address (Street, Route or P.O. Box)<br><u>101 Clay Street</u> |                                     |
| Office Sought (for candidates)                                       | District/Division | City, State, Zip Code<br><u>St. Marys, WV 26170</u>                               | Daytime Phone # <u>304 689-3729</u> |

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

- |                                                                                      |                                                                                |                                                                                            |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>Primary - First Report</b><br>Due March 26-April 1, 2011 | <input type="checkbox"/> <b>Pre-primary Report</b><br>Due April 29-May 3, 2011 | <input checked="" type="checkbox"/> <b>Post-primary Report</b><br>Due May 27-June 28, 2011 |
| <input type="checkbox"/> <b>General - First Report</b><br>Due Aug. 22-26, 2011       | <input type="checkbox"/> <b>Pre-general Report</b><br>Due Sept. 19-23, 2011    | <input type="checkbox"/> <b>Post-general Report</b><br>Due Oct. 17- Nov. 15, 2011          |

### Check if Applicable:

- ☐ **Amended Report**  
You must also check box of appropriate reporting period
- ☐ **Final Report**  
Zero balance required.  
PAC must also file Form

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. | <u>743.56</u>   |
| <b>Total Contributions</b><br>(from Page 2)                       | 2. | + <u>0</u>      |
| <b>Subtotal</b><br>(lines 1+2)                                    | 3. | = <u>743.56</u> |
| <b>Total Expenditures</b><br>(from Page 2)                        | 4. | - <u>0</u>      |
| <b>Ending Balance</b><br>(lines 3-4)                              |    | = <u>743.56</u> |
| *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)

0

## CONTRIBUTORS OF:

\$250 or Less

More than \$250

| Date | Full Name | Amount | Date                                                                                                                                     | 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) |        |
|      |           |        |                                                                                                                                          |        |
|      |           |        |                                                                                                                                          |        |
|      |           |        |                                                                                                                                          |        |

**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 |
|------|----------------------------------------------------------------------|---------|--------|
|      |                                                                      |         |        |
|      |                                                                      |         |        |
|      |                                                                      |         |        |
|      |                                                                      |         |        |
|      |                                                                      |         |        |
|      |                                                                      |         |        |

 MAKE AS MANY COPIES  
 OF THIS PAGE AS YOU NEED.

**Total Expenditures:**
☒

## OATH OR AFFIRMATION

 I, Joyce Summers, 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.

Joyce Summers, Treasurer  
 Date May 31, 2011.

Signature of Candidate, Agent, or Treasurer

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

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