

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 <i>WV Association of REALTORS®</i>		Candidate or Committee's Treasurer <i>Kelly A. Gobel</i>	
Political Party (for candidates)		Treasurer's Mailing Address (Street, Route or P.O. Box) <i>2110 Kanawha Blvd. East</i>	
Office Sought (for candidates)	District/Division	City, State, Zip Code <i>Charleston, WV 25311</i>	Daytime Phone # <i>304-342-7600</i>

Election Cycle Reporting Period (check one):

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

Beginning Balance (ending balance from previous report)	1.	<i>\$ 29,549.52</i>
Total Contributions (from Page 2)	2.	<i>+ \$ 3,170.00</i>
Subtotal (lines 1+2)	3.	<i>= \$ 32,719.52</i>
Total Expenditures (from Page 2)	4.	<i>- \$ 600.00</i>
Ending Balance (lines 3-4)		<i>= \$ 32,119.52</i>
<i>*Cannot have a negative ending balance</i>		

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

\$ 34,253.19

**TOTAL EXPENDITURES
ELECTION YEAR-TO-DATE
(Add line 4 from all reports)**

\$ 15,628.90

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)
				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)

See attached

See attached

Check if additional pages have been attached.

Total Contributions: (add both columns) \$3170.⁰⁰

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/ reimbursements)

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

See attached

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.

Total Expenditures: \$600.⁰⁰

OATH OR AFFIRMATION

I, Kelly A. Gobel, 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.

Kelly A. Gobel Signature of Candidate, Agent, or Treasurer

Date 9/19, 2011.

Office Use Only

2011 SEP 20 AM 9:59

Received By: _____

\$250.00 or less

Last Name	First Name	Contrib Date	Amount
Anderson	Kim	9/16/2011	30.00
Highlander	Robin	9/16/2011	30.00
KRB Kaufman Properties		9/9/2011	200.00
Leonard	Robert	9/16/2011	30.00
Morgan	Kim	9/16/2011	30.00
Walker	Mark	9/16/2011	30.00
Total:			\$350.00

ITEMIZED EXPENDITURES

Date	Full Name, residence address (if person); business address (if firm)	Purpose	Amount
8/24/2011	NAR/PAF, 430 North Michigan Avenue, Chicago, IL	Transfer to NAR	300.00
8/25/2011	NAR/PAF, 430 North Michigan Avenue, Chicago, IL	Transfer to NAR	300.00
			600.00



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