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 Nar MANNA AUT Political Party for candidate Office Sought (for candidates	Heathacher Cope	Candidate or Committee's Treasure Treasurer's Mailing Address (Street, City/State, Zip Code	The Adams !
Dye March 26-April 1,2014	Reporting Period (checomology) Pre-primary Report Due April 29-May 3, 2011 Pre-general Report Due Sept. 19-23, 2011	Yineville M/2487	Check if Applicable: Amended Report You must also check box of appropriate reporting period
Non-Election Cycle Reporting Period:	Annual Report Due last Satur days thereafte	t Due In Calendar Year rday in March or within 6 er	Final Report Zero balance required. PAC must also file Form
	REP	ORT TOTALS	

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	1.		\$ 1299.11	
Total Contributions (from Page 2)	2.	+	280.00	
Subtotal (lines 1+2)	3.	=	1599.11	
Total Expenditures (from Page 2) 4		_	700.00	
Ending Balance (lines 3-4)		=	# 879.11	
*Cannot have a negative ending balance				

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

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

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Amount Amount
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 				Address: Political Ed. 1610 Contributor's job: (Individual) W. Lb. and total
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				Affiliation: (Political committee)
				Full Name: Address:
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				Address:
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ļ			1	Contributor's job: (Individual)
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1/2	Full name, residence address (if	person); business addi	ress (if fil	m) Purpose I A
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correct,	to the best of my knowled	ge, of all financi	al tran	swear or affirm that the attached statement is true is actions occurring within the period covered by this
ement, a	s required by West Virgin	ia Code §3-8-5a	 1.	isdetions occurring within the period covered by this
1) +	, ,	/		
alr	LCLA CATH	3/		
(: 2)				——— Signature of Candidate, Agent, or Treasurer
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				Received By:

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