State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2012 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?

Wirt County Republican Women	Candidate or Committee's Treasurer Susan A. Baileys
Political Party (for candidates) N/A	Treasurer's Mailing Address (Street, Route or P.O. Box) Rt. 2 Box 123
Office Sought (for candidates) Distric	/Division City, State, Zip Code Daytime Phone #
N/A	Elizabeth, WV WV 26143 (304) 275-4369
Election Cycle Reporting Porting Porting Porting Porting Port Due March 31-April 6,2012	Report 7, 2012 Post-primary Report Due May 21-June 19, 2012 Report 6, 2012 Post-general Report Due Nov 19-Dec 19, 2012 Check if Applicable: Amended Report You must also check box of appropriate reporting period
porting Period:	Final Report Zero balance re- quired. PAC must also file For

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	1.	\$ 135.46				
Total Contributions (from Page 2)		\$ 0.00 +				
Subtotal (lines 1+2)	3.	= \$ 135.46				
Total Expenditures (from Page 2)	4.	\$ 0.00 -				
Ending Balance (lines 3-4)		= \$ 135.46				
*Cannot have a negative ending balance						

TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)	
\$ 0.00	Secondary Second
TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)	
\$ 0.00	

CONTRIBUTORS OF:

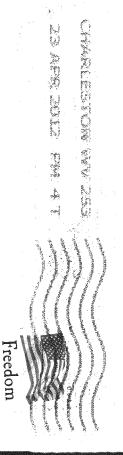
\$250 or Less

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)						
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ITEMIZED EXPENDITURES (Itemize 3rd pary expenditures/ reimbursements)										
Date		ame, residence address (if person); business address (if firm) Purpose				Amount				
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	S PAGE AS YOU NEED.				Total Expen	ditures:	\$ 0.00			
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Sus	an Baileys			Ff* 5	l 6 Al AA	همد اسمال				
^)	orrect, to the best of my knowle	edge, of all fin	ancial t	, swear or affirm t transactions occurrir	mat the attac ng within the	ned stat period co	overed by this			
staten	nent, as required by West Virgi	inia Code §3-	8-5a.							
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Date_	Date_23-Apr12									
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Received By:										

Susan Baileys
R+2 Box103
Elizabeth wr 26143



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WV Secretary of State's Office State Capitol Building 1, Swite 157k 1900 Kanawna Blvd., East Charleston, WV 25306

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