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?

5. Have you or anyone else given an in-kind contribute.6. Has your committee given or received a transfer of		?							
Candidate or Committee Name CRANT Co. DEHOC. Greet, Corwin, Political Party (for candidates)	Treasurer's Mailing Ad	Candidate or Committee's Treasurer AND ROE Treasurer's Mailing Address (Street, Route or P.O. Box)							
Office Sought (for candidates) District/Division City, State, Zip Code Daytime Phone # CECTOWICG WV 26847 3047498133									
NDH-FIECHOH CACIE VE- I I .	Post-primary F Due May 21-June Post-general F Due Nov 19-Dec	Report 10 19, 2012 Report 20 20 20 20 20 20 20 20 20 20 20 20 20 2							
porting Period: Due last Saturday in March or within 6 days thereafter PAC must also file Form REPORT TOTALS (Fill in totals after you have completed page 2)									
Beginning Balance (ending balance from previous report) 1.		TOTAL CONTRIBUTIONS							
Total Contributions (from Page 2) 2. +	170.V5	TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)							
Subtotal (lines 1+2) 3. =	470.15	TOTAL EXPENDITURES							
Total Expenditures (from Page 2) 4		ELECTION YEAR-TO-DATE (Add line 4 from all reports)							
Ending Balance (lines 3-4)	470.25								

*Cannot have a negative ending balance

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: (Individ Where contributor works: Affiliation: (Political comn					
				Full Name: Address:					
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)					
Check if additional pages have (add both columns) Total Contributions: (add both columns)									
ITEMIZED EXPENDITURES (Itemize 3rd pary expenditures/ reimbursements)									
Date	Full name, residence address (if perso	on); business ad	dress (if	f firm) Purpose			Amount		
<u> </u>									
				······································					
	AS MANY COPIES				l Total Expenditur	es:	=		
OF TH	OF THIS PAGE AS YOU NEED.								
		OATH C	R AF	FIRMATION					
I,, 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.									
	Signature of Candidate, Agent, or Treasure								
Date 1-124 . 20 12 . Office Use Only									
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	10:HIW 92 May 7107								
				Recei	ved By:				



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