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?

Candidate or Committee Name WV ArchiPAC	Candidate or Committee's Treasu Nancy S. Tonkin	ırer
Political Party (for candidates)	Treasurer's Mailing Address (Stre 2110 Kanawha Blvd, E, Su	
Office Sought (for candidates) District/Divisio	n City, State, Zip Code	Daytime Phone #
	Charleston WV	(304) 345-6808
Election Cycle Reporting Period (comparing Perio	Post-primary Report Due May 21-June 19, 2012	Check if Applicable: Amended Report You must also check box of appropriate reporting period
ADII-FIECHOIL CACIE IVE-	eport Due In Calendar Year Saturday in March or within 6 reafter	Final Report Zero balance required. PAC must also file Form

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	1.	\$ 7,816.14	
Total Contributions (from Page 2)	2.	\$ 0.00 +	
Subtotal (lines 1+2)	3.	= \$ 7,816.14	
Total Expenditures (from Page 2)	4.	\$ 0.00 -	
Ending Balance (lines 3-4)		= \$ 7,816.14	
*Cannot have a negative ending balance			

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

\$	81	O.	00	
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TOTAL EXPENDITURES
ELECTION YEAR-TO-DATE
(Add line 4 from all reports)

\$ 169.86

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date Full Name	Amount	Date	Amount			
			Full Name: Address:			
			Contributor's job: (Individu Where contributor works: (Affiliation: (Political commi	al) (Individual) Itee)		
			Full Name: Address:			
		1	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: (Individu Where contributor works: Affiliation: (Political comm	ontributor's job: (Individual) here contributor works: (Individual) ffiliation: (Political committee)		
Check if additional pages have			Total Con	tributions: n columns)	\$ 0.00	
been atached.			(424.55			
ITEMIZED EXPEND	TURES (Ite	mize 3	rd parv expenditure	es/ reimburs	sements)	
Date Full name, residence address (if pe				Purpose		Amount
	-					
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MAKE AS MANY COPIES				Total Evnan	dituran	0.000
OF THIS PAGE AS YOU NEED.				Total Expen	aitures.	\$ 0.00
	OATH	OR AF	FIRMATION			
l. Nancy S. Tonkin			, swear or affirm t	hat the attac	ched state	ement is true
and correct, to the best of my knowle statement, as required by West Virgin	dge, of all fir nia Code §3	nancial	transactions occurring	ng within the	period co	overed by this
Nancy S Tankin	~		Signatur	e of Candida	te, Agent	, or Treasurei
Date 14-Jun 20 12			-			
Date, 20	_ ·			Office Use	e Only	
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				e in Miles	11 11 71	59.
			Recei	ved By:		-

SUITE 220 CHARLESTEN, WV 25311

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