

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 Hall Leadership PAC		Candidate or Committee's Treasurer Lawrence A Pack	
Political Party (for candidates)		Treasurer's Mailing Address (Street, Route or P.O. Box) 2146 Presidential Drive	
Office Sought (for candidates)	District/Division WV	City, State, Zip Code Charleston, WV 25314	Daytime Phone # 304-343-1950

Election Cycle Reporting Period (check one):

- | | | |
|--|--|---|
| <input type="checkbox"/> Primary - First Report
Due March 31-April 6, 2012 | <input checked="" type="checkbox"/> Pre-primary Report
Due April 23-27, 2012 | <input type="checkbox"/> Post-primary Report
Due May 21-June 19, 2012 |
| <input type="checkbox"/> General - First Report
Due Sept. 24-28, 2012 | <input type="checkbox"/> Pre-general Report
Due Oct. 22-26, 2012 | <input type="checkbox"/> Post-general Report
Due Nov 19-Dec 19, 2012 |

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.		0	
Total Contributions (from Page 2) 2.	+	0	
Subtotal (lines 1+2) 3.	=	0	
Total Expenditures (from Page 2) 4.	-	0	
Ending Balance (lines 3-4)	=	0	
*Cannot have a negative ending balance			

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

0

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

0

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)	

☐ Check if additional pages have been attached.

Total Contributions:
(add both columns)

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/ reimbursements)

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

 MAKE AS MANY COPIES
OF THIS PAGE AS YOU NEED.

Total Expenditures:

OATH OR AFFIRMATION

I, Lawrence A. Pack, 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] Signature of Candidate, Agent, or Treasurer

Date April 24, 2012.

Office Use Only
Received By: <u>[Signature]</u>

Stonerise Healthcare
PO Box 18387
South Charleston, WV 25303



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