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?

| Non-Election Cycle Reporting Period: | | rt Due In Calendar Year urday in March or within 6 ter | Zero balance required. PAC must also file Form | | | | |
|--|---|---|--|--|--|--|--|
| Primary - First Report Due March 31-April 6,2012 General - First Report Due Sept. 24-28, 2012 | Pre-general Report Due Oct. 22-26, 2012 | Post-general Report Due Nov 19-Dec 19, 2012 | | | | | |
| County Democratic Political Party (for candidate Office Sought (for candidate | | Treasurer's Mailing Address (Street, Route or P.O. Box) HCLI Box 15A City, State, Zip Code HWHONSVILLE WV 304-339-2439 | | | | | |
| Candidate or Committee Na | ame Randolph | Candidate or Committee's Treasurer | | | | | |

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

| Beginning Balance (ending balance from previous report) | 1. | | 3567.57 | | | |
|---|----|---|---------|--|--|--|
| Total Contributions (from Page 2) | | + | 0 | | | |
| Subtotal (lines 1+2) | 3. | = | 3567.57 | | | |
| Total Expenditures (from Page 2) | 4. | - | 0 | | | |
| Ending Balance (lines 3-4) | | = | 3567.57 | | | |
| *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 | <u> </u> | | | | | |
|---|-------------------------------------|---------------|--|--|-------------|--------------|--|--|--|
| | | | 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: (Individ Where contributor works: Affiliation: (Political comn | ntributor's job: (Individual) ere contributor works: (Individual) liation: (Political committee) | | | | | |
| | | | Full Name: Address: | ame: | | | | | |
| | | | Contributor's job: (Individ Where contributor works: Affiliation: (Political comn | ntributor's job: (Individual) ere contributor works: (Individual) liation: (Political committee) | | | | | |
| Check if additional pages have Total Contributions: (add both columns) | | | | | | -0- | | | |
| ITEMIZED EXPENDITURES (Itemize 3rd pary expenditures/ reimbursements) | | | | | | | | | |
| Date Full name, residence | e address (if person); business add | iress (if | firm) | Purpose | | Amount | | | |
| | | | | | | | | | |
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| MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED |). | | | Total Expend | ditures: | -0- | | | |
| | OATH O | R AFI | FIRMATION | | | | | | |
| 1. Cheryl So | 00, | | oweer or offirm t | that the attac | had state | ment 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 | vvest virginia Code 93-8 | - ɔ a. | | | | | | | |
| Cheryl / | See | | Signatur | e of Candidat | e, Agent, | or Treasurer | | | |
| Date \sqrt{au} . 19 ,20/2. | | | | SIAIE OF WEST VIRGINA | | | | | |
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Hudtorsville, WV

W Secretary of State
Building 1, Suite 157-4
1900 Kanawha Bind, East
Charleston, wr
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