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 Barbour County Education Asso	ociation	Candidate or Committee's Treasurer James Poling				
Political Party (for candidates)		Treasurer's Mailing Address (Street, Route or P.O. Box) Rt.1 Box 199				
Office Sought (for candidates)	District/Division	City, State, Zip Code Montrose WV	Daytime Phone # 283 (304) 591-2139			
Due March 31-April 6,2012 Due General - First Report Pre	rting Period (che e-primary Report April 23-27, 2012 e-general Report o Oct. 22-26, 2012	Post-primary Report Due May 21-June 19, 2012 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			
Non-Election Cycle Re- porting Period:	Annual Report Due In Calendar Year Due last Saturday in March or within 6 days thereafter		Zero balance required. PAC must also file For			
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REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report) 1.		\$ 660.61				
Total Contributions (from Page 2)		+\$ 0.00				
Subtotal (lines 1+2)	3.	_ \$ 660.61				
Total Expenditures (from Page 2)	4.	-\$ 0.00				
Ending Balance (lines 3-4)		= \$ 660.61				
*Cannot have a negative ending balance						

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CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Amount	-		
				Full Name: Address:			
			1	Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)			
			1	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 comm	ual) : (Individual) nittee)		
				Full Name: Address:			
	-			Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)			
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Date	Foir name, residence address (ii perso	m, business ac	JOI'ESS (II	шт	Purpose		Amount
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	rect, to the best of my knowledg						
stateme	ent, as required by West Virginia	a Code 93-8	5-5a.				
	Ones Palen			Signatur	e of Candidate	e Agent o	r Treasurer
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J. Polins At. 1 Seyves Montrove wy Jales

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FOREVER # *Justice*

Building 1, Suite 157-K 1900 Kanawha Blvd., East Charleston, West Virginia 25305 WV Secretary of State's Office

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