

State of West Virginia Campaign Financial (Short Form) in Relation to 2012 Election

IF YOUR ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES," YOU CANNOT
MUST USE THE LONG FORM (FORM F-7) TO FILE YOUR CAMPAIGN FINANCIAL

1. Has your committee received any loans? *NO*
2. Has your committee held any fundraisers? *NO*
3. Has your committee received any miscellaneous receipts, such as refunds or checking account?
4. Does your committee have any unpaid bills? *NO*
5. Have you or anyone else given an in-kind contribution to your campaign? *NO*
6. Has your committee given or received a transfer of excess campaign funds? *NO*

Candidate or Committee Name <i>Mid-Atlantic Regional Cncl of Carpenters</i>		Candidate or Committee's Treasurer <i>Rick Eppard</i>	
Political Party (for candidates)		Treasurer's Mailing Address (Street, Route & Box) <i>3801 Jefferson Davis Hwy</i>	
Office Sought (for candidates)	District/Division	City, State, Zip Code	Daytime Phone
		<i>Richmond Va 23234</i>	<i>804 74</i>

Election Cycle Reporting Period (check one):

- | | | |
|---|--|--|
| ☐ Primary - First Report
Due March 31-April 6, 2012 | ☐ Pre-primary Report
Due April 23-27, 2012 | ☐ Post-primary Report
Due May 21-June 19, 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 |

Non-Election Cycle Re-
porting Period:



Annual Report Due In 13 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.	<i>2000</i>
Total Contributions (from Page 2) 2.	+ <i>0</i>
Subtotal (lines 1+2) 3.	= <i>2000</i>
Total Expenditures (from Page 2) 4.	- <i>-</i>
Ending Balance (lines 3-4)	= <i>2000</i>
<i>*Cannot have a negative ending balance</i>	

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

MAKE AS MANY COPIES
OF THIS PAGE AS YOU NEED.

Total

OATH OR AFFIRMATION

I, Richard W Eppard, swear or affirm that the
and correct, to the best of my knowledge, of all financial transactions occurring within
statement, as required by West Virginia Code §3-8-5a.

Richard W. Eppard Signature of Candidate
Date 3/20

2013 APR -3 AM 11:50

RECEIVED

Office Use

Received By: _____

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? *NO*
2. Has your committee held any fundraisers? *NO*
3. Has your committee received any miscellaneous receipts, such as refunds or checking account interest? *NO*
4. Does your committee have any unpaid bills? *NO*
5. Have you or anyone else given an in-kind contribution to your campaign? *NO*
6. Has your committee given or received a transfer of excess campaign funds? *NO*

Candidate or Committee Name <i>Mid-Atlantic Regional Cncl of Carpenters</i>		Candidate or Committee's Treasurer <i>Rick Eppard</i>	
Political Party (for candidates)		Treasurer's Mailing Address (Street, Route or P.O. Box) <i>3801 Jefferson Davis Hwy</i>	
Office Sought (for candidates)	District/Division	City, State, Zip Code <i>Richmond Va 23234</i>	Daytime Phone # <i>804 743-7458</i>

Election Cycle Reporting Period (check one):

- | | | |
|--|---|---|
| ☐ Primary - First Report
Due March 31-April 6, 2012 | ☐ Pre-primary Report
Due April 23-27, 2012 | ☐ Post-primary Report
Due May 21-June 19, 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 |

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 13 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.	<i>2000</i>
Total Contributions (from Page 2) 2.	+ <i>0</i>
Subtotal (lines 1+2) 3.	= <i>2000</i>
Total Expenditures (from Page 2) 4.	- <i>-</i>
Ending Balance (lines 3-4)	= <i>2000</i>
*Cannot have a negative ending balance	

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

2.000

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

0

Page 2

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)	

Total Contributions:
(add both columns)

0

☐ Check if additional pages have
been attached.

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/ reimbursements)

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

Total Expenditures:

0

MAKE AS MANY COPIES
OF THIS PAGE AS YOU NEED.

OATH OR AFFIRMATION

I, Richard W. Eppard, 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.

Richard W. Eppard Signature of Candidate, Agent, or Treasurer
Date 3/20 2015

Office Use Only

Received By: _____



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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