## State of West Virginia Campaign F **Relating to Elections**

Short Form

(Supply all information requested. It is required by WV Code §3-8-5a.)

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. Have you made or accepted any loans to your campaign?
- 2. Have you had any fundraisers?
- 3. Have you received any miscellaneous receipts, such as refunds, checking account interest or transferred funds from a previous campaign?

<ul><li>4. Do you have any unpaid bills?</li><li>5. Have you or anyone else given an</li></ul>	in-kind contribution to y	our campaign?		
First or Annual  Due last Saturday in March or within 15 days thereafter.	Reporting Period ( Pre-Primary Due 7 - 10 days bef a primary election.	☐ Post-prir	0 days after	Final Report (Campaign has zero balance, no loans or outstanding bills.
First General Report  Due last Saturday in September or within 15 days thereafter preceding a general election.	Due 7 - 10 days before a Due		neral 0 days after special election.	Political committees must also file Statement of Dissolution (Form F-6). with this report.)
Candidate or Committee Name  Political Party (for candidates)	Treasurer Treasurer	_	<u>r</u>	
Office (for candidates)  District/Circuit/Division (for candidates)	Hunt	SOX 9096  INSTON WU  's Daytime Phone #	25704 51	
(Con			COL	UMN B
Fleceipts 1. Total Contributions (Schedule 1A)		0	H 1385	<b>0</b> 0
Expenditures 2. Total Expenses (Schedule 1B)	1000	). 00	\$ 2250	00
CASH BALANC (For information about the Cash E	_ +	3.)	report's Column A figures from the pr first report of the e	rs for Column B, add this figures to Column B evious report. If this is the election cycle, Column B unber as Column A.
3. Beginning Balance (from previous r	eport) 2755,	63		
4. Total Contributions (from line 1)	0		TATE OF THE STATE	338

3. Beginning Balance (from previous report)	2755, 83	
4. Total Contributions (from line 1)	٥	OFFICE OF FEST VARIABLE
5. Subtotal (add lines 3 and 4)	2755.83	
6. Total Expenses (from line 2)	1000.00	WECEIVED
7. Ending Balance (subtract line 6 from line 5) (This number is incorrect if it reflects a negative balance.)	1755-83	BECEINED

## **CONTRIBUTIONS**

\$250 or less

\$250 or more

Date	Full Name	Amount	Date		Amount
				Full Name: Address:	
				Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)	
	**************************************			Full Name: Address:	
				Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)	
				Full Name: Address:	
				Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)	
				Full Name: Address:	
			-	Contributor's job: (Individual) Where works: (Individual Affiliation: (Political committee)	
			<del></del>	TOTA	AL
				(both column	ne\

Schedule 1B

## **ITEMIZED EXPENDITURES**

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
4/20	RMY Keener PO Box 1746 CHARleston, WJ 25326	Contribution	100.00
4/20	W. Richard STATON PO BOX 357 Mwllens WU 25882	(1	100.00
4/20	Bonnie Brown 2328 woodland A-ve 50 Charleston wu 25303	ir	100.00
4/20	Walt Helmicic 1105 10 th Ave Marlington, WU 24954	"	2500.00
4/20	JOHN R. Mitchell JIZ 205 Capital ST, Chas. WU 25301		200.00
	AS MANY COPIES S PAGE AS YOU NEED.	ТОТА	60

State of West Virginia, County of ARECL

I, HARLICE State of West Virginia, County of ARECL

I, HARLICE Statement is fine and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this statement.

Signature of Capadidate, Agent, or Treasurer

Subscribed and sworn to before me this 13 Tu day of MAY , 200 7.

OFFICIAL SEAL NOTARY PUBLIC STATE OF WEST VIRGINIA My Commission—Expires

Notary Seal



Signature of Notary Public

Note: <u>All</u> notaries <u>must</u> use a rubber stamp or seal when notarizing any document. Failure to do so may lead to the revocation of the notary's commission.

## CONTRIBUTIONS

\$250 or less			\$	250 or more		
Date Full Name	Amount	Date				Amount
			Full Name: Address:			
			Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political comm	ual) nitt <del>ee</del> )		
			Full Name: Address:			
			Contributor's job: (Individe Where works: (Individual Affiliation: (Political comm	ual) ) hittee)		
			Full Name: Address:			
			Contributor's job: (Individi Where works: (Individual) Affiliation: (Political comm	ual) nittee)		
			Full Name: Address:			
		Contributor's job: (Ind Where works: (Individent Affiliation: (Political of		dividual) dual committee)		
		<b>.</b>			TOTA	\L
				(both	column	s)
chedule 1B	ITEMIZED E	XPEN	DITURES			
Date Full name, residence address (i		(if firm)		Purpose		Amount
1/20 Leonary Ander	250N 25951			Contribu	hon	15D. 60
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OF THIS PAGE AS YOU NEED.					TOTAL	1000.
state of West Virginia, County of		<del></del> .			•	
nowledge, of all financial transaction	ns occurring within the pe	or affirr riod co	n that the attached state evered by this statement	ement is true and	correct, to	the best of n
			Signa	ture of Candidate	e, Agent, o	r Treasurer
subscribed and sworn to before me	thisday of	-	, 200	•		
				·		
3				My Commiss	sion Expire	es
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