State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2014 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		Candidate or Committee's Treasurer			
Political Party (for candidate	es)	Treasurer's Mailing Address (Street, Route or P.O. Box)			
Office Sought (for candidate	es) District/Division	City, State, Zip Code	Daytime Phone #		
Election Cycle Primary - First Report Due March 29-April 4, 2014 General - First Report Due September 22-26, 2013	Pre-General Report Due October 20-24, 2014	Post-General Report Due Nov. 17-Dec. 15, 2014	Check if Applicable: Amended Report You must also check box of appropriate reporting period		
		ort Due In Calendar Year urday in March or within 6 ter	Final Report Zero balance require PAC must also file Form F-6 Dissolution		

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

		<u>-</u>		
Beginning Balance (ending balance from previous report) 1.		TOTAL CONTRIBUTIONS		
Total Contributions (from Page 2) 2.	+	ELECTION YEAR-TO-DATE (Add line 2 from all reports)		
Subtotal (lines 1+2) 3.	=	TOTAL EXPENDITURES		
Total Expenditures (from Page 2) 4.	_	ELECTION YEAR-TO-DATE (Add line 4 from all reports)		
Ending Balance (lines 3-4)	=			
*Cannot have a neg				

CONTRIBUTORS OF:

\$250 or Less More than \$250

Date	Full Name	Amount	Date			Amount	
				Full Name: Address:			
				Contributor's job: (Individu Where contributor works: Affiliation: (Political commi			
			_	Full Name: Address:			
				Contributor's job: (Individu Where contributor works: Affiliation: (Political comm			
				Full Name: Address:			
				Contributor's job: (Individu Where contributor works: Affiliation: (Political comm			
				Full Name: Address:			
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)			
	Check if additional pages			Total Cor (add both	ntributions:		
h	nave been atached.						
	ITEMIZED EXPENDITU	RES (Itemi	ze 3r	d pary expenditur	es/ reimbursemen	ts)	
Date	Full name, residence address (if person	on); business a	ddress	(if firm)	Purpose	Amount	
						_	
	AS MANY COPIES			7	Total Expenditures	3:	
OF TH	IS PAGE AS YOU NEED.	0.4711.01			·		
		OATHO	R AFI	FIRMATION			
1			C)	wear or affirm that the	he attached statem	ant is true and	
correc	ct, to the best of my knowledge, c						
staten	nent, as required by West Virginia	Code §3-8-	5a.				
				Signature	e of Candidate, Ager	nt, or Treasurer	
Date_					Office Hee Only		
					Office Use Only		
				Receiv	ed By:		