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 N	ame	Candidate or Committee's Treasurer			
Political Party (for candidates)		Treasurer's Mailing Address (Street, Route or P.O. Box)			
Office Sought (for candidate	tes) 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, 2014	Pre-General Report Due October 20-24, 2014	Post-Primary Report Due May 26-June 23, 2014 Post-General Report Due Nov. 17-Dec. 15, 2014	Check if Applicable: Amended Report You must also check box of appropriate reporting period		
		rt Due In Calendar Year urday in March or within 6 er	Final Report Zero balance required PAC must also file Form F-6 Dissolution		

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

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: (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)	ributor's job: (Individual) re contributor works: (Individual) ation: (Political committee)		
				Full Name: Address:			
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)			
	Check if additional pages ave been atached.			Total Contribution (add both columns	S:		
	ITEMIZED EXPENDITU	RES (Itemi	ize 3r	d party expenditures/reimbu	rsements)		
Date	Full name, residence address (if perso	n); business a	ddress	(if firm) Purpo	e	Amount	
	AS MANY COPIES S PAGE AS YOU NEED.			Total Exp	enditures:		
		OATH O	R AFI	FIRMATION			
	t, to the best of my knowledge, or nent, as required by West Virginia (all financ	ial tra	vear or affirm that the attache nsactions occurring within the			
				Signature of Candid	ate, Agent, o	r Treasurer	
Date_				Office U	e Only		
				Office 0	e Only		
				Received By:			