State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2016 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 Treasure	er	
Political Party (for candidates)		Treasurer's Mailing Address (Street	, Route or P.O.	. Box)
Office Sought (for candidates)	District/Division	City, State, Zip Code	Daytime Pho	ne #
Election Cycle Report Primary - First Report Due March 26 - April 1, 2016 General - First Report		Post-Primary Report Due May 23 - June 21, 2016 Post-General Report Due Nov. 21 - Dec. 19, 2016	Ame You box repo	if Applicable: ended Report must also check of appropriate orting period
Non-Election Cycle Reporting Period:		t Due In Calendar Year urday in March or within 6 er	/ PAC	o balance required. C must also file m 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.		0	
Total Contributions (from Page 2)	2.	+	0	
Subtotal (lines 1+2)	3.	=	0	
Total Expenditures (from Page 2)	4.	_	0	
Ending Balance (lines 3-4)		=	0	
*Cannot have a negative ending balance				

TOTAL CONTRIBUTIONS
ELECTION YEAR-TO-DATE
(Add line 2 from all reports)
\$10.00

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

4	-200
(1000	
. 10.00	

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Amount

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:			
	<u> </u>			Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)			
	Total Contributions: (add both columns)						
			1	· ·			
	ITEMIZED EXPENDIT	URES (Iten	nize 3	d party expenditures/reimburseme	ents)		
Date	Full name, residence address (if pe	erson); business	address	if firm) Purpose	Amount		
	AS MANY COPIES IS PAGE AS YOU NEED.			Total Expenditu	ires:		
<u> </u>	IS PAGE AS TOO NEED.	OATH	OD 45	FIRMATION			
		OATH	JK AF	-IRWA HON			
4	It It flelow		, s	wear or affirm that the attached stat	tement is true and		
corre	ct, to the best of my knowledge	, of all finan	icial tr	ensactions occurring within the period	od covered by this		
state	ment, as required by West Virgin	ia Code §3-8	8-5a.				
h	legter & Bishow			Signature of Candidate, A	agent, or Treasurer		
	7/01.4						
Date ₋	7/8/16 , 20	- 1		Office Use Only			
				W.	VA.VOTERREGISTRATIO		
					JUL 0 8 2016		
				Received By:	JOE 0 0 2010		