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 Treasurer				
Carole Jones		Carole Jones				
Political Party (for candidates)		Treasurer's Mailing Address (Street, Route or P.O. Box)				
Republican		2702 Hampton Street				
Office Sought (for candidates)	District/Division	City, State, Zip Code Daytime Phone #				
Circuit Clerk Wo	od County	Parkersburg, WV	26101	304-424-1701		
	eporting Period (che Pre-Primary Report Due April 25 - 29, 2016 Pre-General Report Due October 24 - 28, 2016	ck one): Post-Primary Report Due May 23 - June 21, 201 Post-General Report Due Nov. 21 - Dec. 19, 201	6 [Check if Applicable: Amended Report You must also check box of appropriate reporting period		
Non-Election Cycle Reporting Period:	• •	t Due In Calendar Year Irday in March or within 6 er		Final Report Zero balance requir 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.		-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)
\$620.93
TOTAL EXPENDITURES
ELECTION YEAR-TO-DATE (Add line 4 from all reports)
\$620.93

Page 2

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date				Amount	
				Full Name: Address:				
	9			Contributor's job: (Individual) Where contributor works: (In Affiliation: (Political committe	s job: (Individual) ributor works: (Individual) Political committee)			
				Full Name: Address:				
		Ta .		Contributor's job: (Individual) Where contributor works: (I Affiliation: (Political committe	ob: (Individual) sutor works: (Individual) litical committee)			
				Full Name: Address:				
		107		Contributor's job: (Individual) Where contributor works: (I Affiliation: (Political committe	lame:			
				Full Name: Address:				
	-	Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)						
	¥			Total Contr (add both	ibutions: columns)	-0		
		•						
	ITEMIZED EXPENDITU	IRES (Item	ize 3	rd party expenditures	/reimburs	ements)		
Date	Full name, residence address (if pers	Full name, residence address (if person); business address (if firm)		(if firm)	Purpose		Amount	
		r 3			Accordance (Accordance of the Control of the Contro			
			63					
	9							
		14						
	AS MANY COPIES IS PAGE AS YOU NEED.			То	tal Expend	ditures:	-0-	
		OATHO	RAF	FIRMATION				
correc	Carole Jones ot, to the best of my knowledge, onent, as required by West Virginia	of all financ	cial tra	wear or affirm that the ansactions occurring v	attached so vithin the p	statement eriod cove	is true and red by this	
Staten		0000 30 0	ou.					
·	Carole Jones			Signature o	of Candidate	e, Agent, o	r Treasurer	
Date apr. 25 , 2016 .				*	Office Use (Only		
							=	
				Receive	d By:			