State of West Virginia Campaign Financial Statement (Short Form) in Relation to the 2014 Election Year

USE THE LONG FORM (FORM F-7 1. Has your committee received any loans? 2. Has your committee held any fundraisers?	xcess campaign funds?
Candidate or Committee Name	Candidate or Committee's Treasurer Friends of Metz
George Anthony Metz, Jr.	Friends of Metz
Political Party (for candidates) Republican	Treasurer's Mailing Address (Street, Route or P.O. Box)
Office Sought (for candidates) District/Division County Commission (Kanawha Co.	8 Cherokee Trail City, State, Zip Code Daytime Phone # Elkview, WV 25071 (304)549-3461
thereafter	Post-primary Report Due 13 days following primary election or within 20 business days thereafter. Post-general Report Due 13 days following general election or within 20 dusiness days thereafter. Due 13 days following general election or within 20 dusiness days thereafter. Due In Calendar Year turday in March or within 6 days Check if Applicable Amended Report You must also check box of appropriate reporting period Final Report Zero balance required PAC must also file Following F-6 Dissolution
	PORT TOTALS Iter you have completed page 2) RY
Beginning Balance (ending balance from previous report) 1.	හ
Total Contributions 2,759	ELECTIONIVE AD TO DATE
(from Page 2) 2. + 500	.80 (PERSONAL SPENDING TION YEAR-TO-DATE (Add line 2 from all reports)
Subtotal	<u> </u>
(lines 1+2) 3. $= 500$.	rō'
Total Expenditures (from Page 2) 4. 2,759	ELECTION YEAR-TO-DATE (Add line 4 from all reports)
Ending Balance (lines 3-4) = 500	
*Cannot have a negative ending b	oalance S
	1,5

\$250 or Less

More than \$250

Date	Full Name	Amount	Date		Amount
04/	Joseph H. Deacon II Paula A. Deacon	250.00		Full Name: Address: N/A	
04/	4 Troy Sommerville	250.00	, ./-	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:	
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

XX Check if additional pages have been atached.

Total Contributions: (add both columns)

500.00

ITEMIZED EXPENDITURES (Itemize 3rd pary expenditures/ reimbursements)

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
03/31	Dunbar Printing, 1310 Ohio Ave., Dunbar, WV 25064	Signs	104.94
04/10	Facebook, 1601 S. California Ave., Palo Alto, CA 94304	Advertising	252.15
04/15	Sign Depot, 1813 E. Colonial, Orlando, FL 32803	Signs	300.00
04/25	WV Radio, 1111 Virginia St., E., Charleston, WV 25301	Radio Advertising	1,980.00
	MANY COPIES AGE AS YOU NEED	Total Expenditures:	NEXT PAC

OATH OR AFFIRMATION

correct, t	o the best of m	Anthony Mete y knowledge, of y West Virginia Co	all financial transac	or affirm that the attached statement is true and ctions occurring within the period covered by this	d s
Date	May 1	20 14	1.	Signature of Candidate, Agent, or Treasure	;r
				Office Use Only	
				Received By:	

Page 2 OF 3 CONTRIBUTORS OF:

CANREP 14 602

rage z	\$250 or Less	00.00		Mo	re than \$250		
ate	Full Name	Amount	Date				Amount
-	N/A			Full Name: Address:	N/A		
				Contributor's job: (Individu Where contributor works: Affiliation: (Political comm			Ì
				Affiliation: (Political comm	ittee)		
				Full Name: Address:			
				Contributor's job: (Individent Where contributor works Affiliation: (Political comm	ual) : (Individual) ittee)		
				Full Name: Address:			
			1	Contributor's job: (Individ Where contributor works Affiliation: (Political comn	ual)		
			├—	Affiliation: (Political comn			
				Address:			
				Contributor's job: (Individ Where contributor works Affiliation: (Political comm	ual) : (Individual) iittee)		
	kifadditional pages have			Total Cor (add boti	ntributions:		
XX been	atached.			•	_		
	ITEMIZED EXPEN	DITURES (Itemi	ize 3ı	rd pary expenditur	es/ reimbur	sements)	
Date	Full name, residence address				Purpose	<u>·</u>	Amount
04/15	Walmart, 702 S 72716	w 8th st.,	Ben	tonville, AR	Cell Ph	ones	122.7
	MANY COPIES AGE AS YOU NEED.			•	Total Expen	ditures:	2,759.8
		OATHO	DAE	FIRMATION			
\$		OATHO	KAL	FIRMATION			
	George Anthony	Metz, Jr.	•	waar or affirm that t	ho attached	atataman:	t is trus or
orrect. to	the best of my knowled	dge of all finance		wear or affirm that t			
	, as required by West Vir				, p	,0,,00	0.00 b, u.
100	uf I	May ,	1	Signatur	e of Candidat	e, Agent,	or Treasur
Note -	May 1 20_1	4					
Date	. 20_1	- /	/		Office Use Or	nly	 . — —
	•.					•	
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Received By:___