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

(Snort Form)	III Reia	tion to zora i			
Has your committee received any loans. Has your committee received any loans. Has your committee held any fundraisers. Has your committee received any misce. Does your committee have any unpaid b. Have you or anyone else given an in-kind. Has your committee given or received a first committee given or received a first committee.	(FORM F-7) T ? から ilaneous recei ills? から I contribution t	pts, such as refunds or one your campaign?	checking acco	APR 1 1 2014	
Candidate or Committee Name Feve MA Political Party (for candidates)	Candidate or Committee's Treasurer STEVE MAY Treasurer's Mailing Address (Street, Route or P.O. Box) SR Honey FAIM ROAD				
Election Cycle Reporting Primary - First Report Due March 29-April 4, 2014 General - First Report Pre-General - First Report Pre-General - First Report	ary Report 8-May 2, 2014 eral Report er 20-24, 2014 Annual Repo	Due May 26-June Post-General I Due Nov. 17-Dec.	Report 23,2014 Report 15,2014		
CASH BALA Beginning Balance (ending balance from previous report) 1.	REI (Fill in totals a	ter PORT TOTALS ifter you have completed p	oage 2)	Form F-6 Dissolution TAL CONTRIBUTIONS	
Total Contributions (from Page 2) 2.	+ 17	D	ELE	ELECTIONYEAR-TO-DATE (Add line 2 from all reports)	
(lines 1+2) 3. Total Expenditures (from Page 2) 4.	= \	10	TOTAL EXPENDITURES ELECTION YEAR-TO-DAT (Add line 4 from all reports		
Ending Balance (lines 3-4)	=	O	<u> </u>		
*Cannot have a neg	ative endii	ng palance	j		

CONTRIBUTORS OF:

CANREP

14 561

\$250 or Less

More than \$250

Date Full Name	Amount	Date			Amount		
		1	Full Name: Address:				
		1	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)				
			Fuli Name: Address:				
·			Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)				
Check if additional pages have been atached.			Total Contributions (add both columns)				
			d pary expenditures/reimbur	sements)			
Date Full name, residence address	(if person); business a	ddress	if firm) Purpose		Amount		
Filming Free	:	1 11 h			0.00		
V							
	 						
MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.			Total Expe	nditures:	0.00		
	OATH O	R AF	IRMATION				
MI C+ No.							
correct, to the best of my knowled statement, as required by West Virginia	ge, of all financ	ial tra	rear or affirm that the attached nsactions occurring within the	statement is period cover	true and ed by this		
LA C.	giilla Code 35-0-	-Ja.					
Dha Steve May			Signature of Candida	ite, Agent, or	Treasurer		
Date 4- 9 20 14	<u> </u>						
		Office Use Only					
			Received By:				