State of West Virginia Campaign Financial Statement (Long Form) in Relation to the 2010 Election Year

Candidate or Committee Name HEEN MARTIN - 13TH HOUSE HEEN L. MARTIN						
Political Party (for candidates)	Treasurer's Mailing Address (Street, Route or P.O. Box) P.O. Dox 513					
Office Sought (for candidates) Dis	strict/Division	City, State,		aytime P	hone# 5- 70/8	
Election Cycle Reporting Primary - First Report Due March 27-April 2, 2010 General - First Report Due Sept. 20-24;2010 Due Oct.			Check if Applicable: Amended Report You must also check box of appropriate reporting period Final Report Zero balance required. PAC must also file Form F-8 Dissolution			
Non-Election Cycle Reporting Period:	t Due in Calendar Year irday in March or within 6 Cr					
		RT TOTA				
RECEIPTS OF FUNDS:	Fill in totals at the Totals for this	-	CASH BALAI	NCE S	UMMARY	
Contributions (Page 3) Monetary Contributions from all Fund-Raising Events (Page 4)	<u>7356.</u> + –	00	Beginning Balance (ending balance from previous report)		4351.27	7
Receipt of a Transfer of Excess Funds (Page 8)	+ -	□ r	Total Monetary Contributions		+7350. PO	
	- 7350. + -		Total Other Income		+ —	
	- 7350.	00_	Subtotal:	а.	=11,701.2	7
Otherincome (Page 5)	_	[Total Expenditures (4600.7	7
Loans Received (Page 6)	+ -		Total Disbursements of Excess Funds (Page		+ -	H
Total Other Income:	=		Repayment of Loans	(Page 6)	+ -	
OUTSTANDING LOANS &	DEBTS:		Subtotal:	b.	= 4600.	77
Unpaid Bills (Page 9)						
Outstanding Loans (Page 6)	+ -	.	Ending Balance (Subtotal a Subto			
Total Debts:	= _/		*Cannot be negative bala	•	=7100.5	٥
TOTAL CONTRIBU ELECTION YEAR-TO (Add total contributions fro		TOTAL EXPE ELECTION YI (Add total expenditu	CAR-T	O-DATE	:	
15,550. 8449.50						

ge 2.	CONTRIBUTIONS \$250.00 OR LESS	k if additional pages been attached.
	CONTRIBUTOR'S FULL NAME OR COMMITTEE'S NAME	AMOUNT
DATE //Lo	Comm. to elect DALE MARTIN	50. ºº
-5	CONTRIBUTOR'S FULL NAME OR COMMITTEE'S NAME COMM. to elect DALE MARTIN JEFFREY MARTIN	50 ∞
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1	·	
<u> </u>		
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	AS MANY COPIES Subtotal of contributions of \$250.00 or less	100-

and the second second second

CONTRIBUTIONS Check if additional pages Page 3. l have been attached. \$250.00 OR MORE **AMOUNT** INDIVIDUAL CONTRIBUTOR OR COMMITTEE'S NAME DATE 2012 Full Name: WY App. LABORER'S DIST. COUNCIL 5-25 Address: (residential and mailing if they are different)

ONE UNION SS. 5417E S CHAS WV. 25302.

Contributor's job: (Individual contributor only) Where contributor works: (individual contributor only) \$1000°° Affiliation: (political committee only) Full Name: WV AFL- CIO 8.27 Address: (residential and mailing if they are different)
501 LEON SULLIVAN Way
Contributor's Job: (individual contributor only) CHAS. WV. 25301 Where contributor works: (individual contributor only) \$ 1000° £ Affiliation: (political committee only) CoPE Full Name: WV LAWPAC 9-5 Address: (residential and mailing if they are different) P.D COV. 3968 CHAS. WV・25339 Contributor's Job: (individual contributor only) Where contributor works: (individual contributor only) \$1000 ° Affiliation: (political committee only) LAWYELS POL. ACT. Comm.
Full Name: AFT - WV AFL CIU COMM ON POL ED. 9.5 Address: (residential and mailing if they are different) ルルロ WASA シュ. と. ろ. 200 Contributor's job: (individual contributor only) CHAS WV. 25311 Where contributor works: (individual contributor only) 100000 Affiliation: (political committee only) COHM ON POL. ED. Full Name: Bldg. = CONST. TRADES 9-5 Address: (residential and mailing if they are different)

LOCO LEON SULLIVAN WAY CHAS WV. 25301

Contributor's Job: (individual contributor only) Where contributor works: (individual contributor only) 10000 Affiliation: (political committee only) Full Name: OPEC 9.5 Address: (residential and mailing if they are different)
P. O. COX LOTO
Contributor's job: (individual contributor only) CHAS. WV. 25302 Where contributor works: (individual contributor only) 250°° Affiliation: (political committee only) OPER . POL ED. COMM. Subtotal of all contributions of \$250 or more **MAKE AS MANY COPIES** OF THIS PAGE AS YOU NEED Subtotal of all contributions of less than \$250 (From page 2) Total Contributions: |=

Page 3.	CONTRIBUTIONS \$250.00 OR MORE Check if accepted have been	lditional pages attached.
DATE 2012	INDIVIDUAL CONTRIBUTOR OR COMMITTEE'S NAME	AMOUNT
9-20	Full Name: MASON - JACKSON - ROANE LABOR COLINCIL Address: (residential and mailing if they are different) O DOX 182 MIONCEPORT, O Mio 45760 Where contributor works: (individual contributor only)	
	Affiliation: Inclinical committee only Ca.	\$1000°
9- 20	Full Name: WV REG. COUNCIL OF CARPENTERS Address: (residential and mailing if they are different) 1812 GARFIELD AVE. PARKELSBULL, WV. 24101 Contributor's job: (individual contributor only)	
	Where contributor works: (individual contributor only) Affiliation: (political committee only) Pac	\$1000 €
	Full Name: Address: (residential and mailing if they are different) Contributor's Job: (individual contributor only) Where contributor works: (individual contributor only)	
	Affiliation: (political committee only) Full Name: Address: (residential and mailing if they are different) Contributor's job: (individual contributor only) Where contributor works: (individual contributor only)	
	Affiliation: (political committee only) Full Name: Address: (residential and mailing if they are different)	
	Contributor's job: (individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only) Full Name:	
	Address: (residential and mailing if they are different) Contributor's job: (individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only)	

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OF THIS PAGE AS YOU NEED

Subtotal of all contributions of \$250 or more

Subtotal of all contributions of less than \$250 (From page 2)

100 00

Total Contributions: =

= 73

Page 7.

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/ reimbursements)

Check if additional pages have been attached.

Date)	Name of Person or Vendor and Address	Purpose	Amount
5-21	HELEN. MARTIN P.U. DON 513 POCK. WV 25159	MILEAGE CAMPAIGN	8054
5.24	JCDW. Clo Joyce Creel. Po Box 24 Cottageville WV-25239	AD	100. ⁶⁰
5·ZL -	PUT. LIVE. COM 1940 JANDY RO. GALIBAN DTIS. GALAVANT FELLY SC. 29544	AD	100 99
5.29	WAHAMA ATL. BOOSTERS *1 WHITE FALCON DR. MASON. WV. 25240	AD	1000
<i>5</i> .29	ALT OF TINT 3502 WINAELD Rd. WINFIELD WV. 25213	MAGNETIC	4240
4-8	P. MART 101 Great TEAYS Blyd. Scott DEAT WV. 25568	PARADE	94.67
4-14	POCA POSTMASTER POCA, WV. 25159	POSTAGE	12.24
7-3	WAL-MARTI 100 NITRO MKT. PLACE CROSS LANES. WY. 25313	PARADE Supplies	66.42
7-12	Pt. Pleasant Reg. 16354 Coll. Ct. Dr. CHICAGO, II 60693	Jus.	35.24
7-12	PULIC. POCA WY. 25159	Y.B3.	50 €
7-12	PUTNAM CO. FAIR ELECTOR, WV 25070	FAIR BOOTH TICKE15	3000
7-29	Helen MAKTIN RO COX 513 POCA WV 25159	MILEAGE - FAIR- PARADES.	204.14
7-30	WAL MART 190 DITE MET. PL. NTRO. NV. 25143.	parade Pl. Ples.	34,64
7.30	JANIS CLUB. J. Chas. WV.	parade Supplies	34.36
MAKE AS MA	NY COPIES SE AS YOU NEED.	Total Expenditures:	see next

Page 7.

ITEMIZED EXPENDITURES

Check if additional pages have been attached.

(itemize 3rd party expenditures/ reimbursements)

	(Itemize 3rd party expenditures/Telliburs Name of Person or Vendor and Address	Purpose	Amount
Date 2012			
-13	HERN MARTIN POCA WV 25159	MILEAGE PARADE-FAIR	7533
	Poca WV 25159	THEHOO- THE	
. 13	DOLLAL GENERAL	CONTAINER	7.42
	Poca, WV, 25159	for Supplies	
8-36	PATRIUTIC PROMUTIONS	PROMOTIONAL	17/12 26
	2210 WASH. OT. E. CHAS. WV. 25311		1393.29
1-9	FAMILY DOLLAR PO. BOX 243 ELEGNOT, WV. 25159	Put. Co.	1000
•	ROOSEVELT AVE PO. BOX 45	HOMECULING_	67.67
	HEIEL MARTIN	MILENGE- Rally- Parade	
9-20	130 BOX 513 1004 WV. 25159	Kally- taracte	73.30
	DAIS I STRATEGIES	BILL BUARDS	100-
9-20	P. & Box 11847 CHAS. WV. 25339	D.L. (55.1.436	1993.07
	CHAS. WV. 23339		
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1			- 111 - 20 0
MAKEA	S MANY COPIES PAGE AS YOU NEED.	Total Expenditure	35: 4400. 1

Page 9.		UNPAID BILLS	Check if additional pages have been attached.		
Date	Owed to Whom	Affiliated with what Company or Group	Purpose	Amount	
					
			,-		
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				<u> </u>	
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		Total Ur	npaid Bills:		
		OATH OR AFFIRMATION			
ام ال		•••			
statement	EN L. HAR- is true and correct, to	the best of my knowledge, for all financial tr	, swear or affirm ansactions occurrin	n that the attache ig within the perio	
covered by	this statement, as re	equired by West Virginia Code §3-8-5a.			
Oda	Lew of m	yartin)	Signature of Cand		
		Date <u>9- 24</u>	Agent or Ta	reasurer	
			042_		
			TE OF VEST VIRGINIA	رن 	
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			EP 25 AM 9:59	3 8	

From: MARTIN

CHARLESTON WAY 250

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