State of West Virginia Campaign Financial Statement (Short Form) in Relation to the 60/5 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's Treasurer			
Treasurer's Mailing Address (Street, Route or P.O. Box)			
■ NECE STATE OF THE STATE OF T	aytime Phone # 304 753 4910		
Post-primary Report Due May 24-June 23, 2010 Post-general Report Due Nov 15-Dec 15, 2010	Check if Applicable: Amended Report You must also check box of appropriate reporting period		
Non-Election Cycle Reporting Period: Annual Report Due In 1015 Calendar Year Due last Saturday in March or within 6 days thereafter			
	Treasurer's Mailing Address (Street, Ritc77, Box 417 City, State, Zip Code D BALALD WV 24918 ck one): Post-primary Report Due May 24-June 23, 2010 Post-general Report Due Nov 15-Dec 15, 2010 rt Due In 1015 Calendar Year urday in March or within 6		

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	1.	522.17		
Total Contributions (from Page 2)	2.	+ ()		
Subtotal (lines 1+2)	3.	= 522.77		
Total Expenditures (from Page 2)	4.	- 170 50		
Ending Balance (lines 3-4)		= 352,27		
*Cannot have a negative ending balance				

TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)	
(Add line 2 from all reports)	
TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)	
170,50	

CONTRIBUTORS OF:

\$250 or Less

More than \$250

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:							
	***			Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)							
	Chaok if additional pages			Total Co	ntributions:		0				
	Check if additional pages (add both columns) have been atached.										
	ITEMIZED EXPENDITURES (Itemize 3rd pary expenditures/ reimbursements)										
Date	Full name, residence address (if person				Purpose		Amount				
3/30	3/30 HETELSTOWN, WV				FUNGEL	= \$40,50					
3/34/5	3/34 INTERNAL REVENUE SELVICE REMOURESMENT					TAX I.D. \$1-					
				1							
		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2									
	AS MANY COPIES S PAGE AS YOU NEED.			1	Total Expend	litures:	10 50				
		OATH OF	RAFF	IRMATION							
swear or affirm that the attached statement is true and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.											
Signature of Candidate, Agent, or Treasure							Freasurer				
	HATS ON WATEROAS										
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				Receiv	ed By:	1					

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ORTHO-MCNEIL

ROANOKE WA 240



Ortho-McNeil Pharmaceutical, Inc. HC 77 Box 417 WN, Secretary of State Building 1, Site 157-K

Ballard, WV 24918