State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2010 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 Nam TYTHE County Repub Political Party (for candidates	lican Executive Com	Candidate or Committee's Treasure e. Patricia A Bogo Treasurer's Mailing Address (Street	is, Treasurer
Office Sought (for candidates	b) District/Division	City, State, Zip Code Middlehourne W/20	Daytime Phone # . 149 (364) 75 8-4551
_	Reporting Period (che Pre-primary Report Due April 26-30, 2010 Pre-general Report Due Oct. 18-22, 2010	ck one): 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:		rt Due in Calendar Year urday in March or within 6 er	Final Report Zero balance required. PAC must also file Form F-6 Dissolution

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	1.		4,732.01				
Total Contributions (from Page 2)		+	.00				
Subtotal (lines 1+2)	3.	=	4,732.01				
Total Expenditures (from Page 2)			.00				
Ending Balance (lines 3-4)		=	4,732.01				
*Cannot have a negative ending balance							

TOTAL CONTRIBUTIONS ELECTIONYEAR-TO-DATE (Add line 2 from all reports)

100.00

TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)

1,213,24

CONTRIBUTORS OF:

\$250 or Less

More than \$250

	*				,		
Date	Full Name	Amount	Date	- U.S.I.			Amount
				Full Name: Address:			
				Contributor's job: (Individe Where contributor works Affiliation: (Political comm			
				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)					
	Check if additional pages			Total Co (add bot	ntributions: h columns)		
h	ave been atached.						
	ITEMIZED EXPENDITU	JRES (Item	ize 3	rd pary expenditur	es/ reimburs	ements)	
Date	Full name, residence address (if pers	son); business a	address	(if firm)	Purpose		Amount
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	 AS MANY COPIES S PAGE AS YOU NEED.				Total Expend	ditures:	
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I, L	atricia A Boggs tt, to the best of my knowledge,	of all finan	, s	wear or affirm that	the attached :	statement eriod cove	is true and
staten	nent, as required by West Virginia	Code §3-8	-5a.		, mam. a.o p	0.,04 00.0	, , , , , , , , , , , , , , , , , , , ,
	Turucu U Boggo J	reasure		———— Signatur	e of Candidate	e. Agent. o	r Treasure
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Date_	, 20 <u>10</u>				Office Use On	ly 15	
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Patricia A. Bogys / TCREC Pt. I Box 169 Middlebourne, WV

CLARKSBURG WV 263

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Charleston, WV 25305

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