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 Name DEMOCRATS FOR A BEHER WVA	Candidate or Committee's Treasurer Robert W. Cox			
Political Party (for candidates)	Treasurer's Mailing Address (Street, Route or P.O. Box) 60 Old Orchard Drive			
Office Sought (for candidates) District/Division	City, State, Zip Code KEYSERGNV 21726	Daytime Phone # 813 - 304 - 6654		
Election Cycle Reporting Period (cl Primary - First Report Due March 27-April 2,2010 Pre-primary Report Due April 26-30, 2010 General - First Report Due Sept. 20-24, 2010 Pre-general Report Due Oct. 18-22, 2010	Post-general Report Due Nov 15-Dec 15, 2010	Check if Applicable: Amended Report You must also check box of appropriate reporting period Final Report		
	oort Due In Calendar Year aturday in March or within 6 after	Zero balance required. PAC must also file Form F-6 Dissolution		

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	1.	#1283.92				
Total Contributions (from Page 2)	2.	+ - 0 -				
Subtotal (lines 1+2)	3.	= 1283.92				
Total Expenditures (from Page 2)	4.	0 -				
Ending Balance (lines 3-4)		= \$1283.92				
*Cannot have a negative ending balance						

TOTAL CONTRIBUTION ELECTION YEAR-TO-DA (Add line 2 from all report	TE
_ 0	
TOTAL EXPENDITURE ELECTION YEAR-TO-DA (Add line 4 from all report	TE
- 0 -	

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date				Amount	
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		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)						
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han	ve been atached.					-		
	ITEMIZED EXPEND	ITURES (Item	nize 3	rd pary expenditur	es/ reimbur	sements)		
Date	Full name, residence address (if	person); business	address	(if firm)	Purpose		Amount	
MAKE A	S MANY COPIES				Total Expen	ditures: _	-0-	
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stateme	ent, as required by West Virg	inia Code §3-8	3-5a.					
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