State of West Virginia Campaign Financial Statement (Short Form) in Relation to the 20/0 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 N		Candidate or Committee's Treasurer		
Jefferson C	EA-PAC	Marsha Young		
Political Party (for candida	Political Party (for candidates)		et, Route or P.O. Box)	
		72 McDonald Dr.		
Office Sought (for candida	tes) District/Division	City, State, Zip Code	Daytime Phone #304-870-194	
		Shenherdstown	WU	
	e Reporting Period (che	eck one):	Check if Applicable:	
Primary - First Report Due March 27-April 2,2010	Pre-primary Report Due April 26-30, 2010	Post-primary Report Due May 24-June 23, 2010	Amended Report You must also check	
		Post-general Report Due Nov 15-Dec 15, 2010	box of appropriate reporting period	
		ort Due In Calendar Year urday in March or within 6 ter	Final Report Zero balance required. PAC must also file Form F-6 Dissolution	
		DODT TOTAL C		

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report) 1.	5,543'98			
Total Contributions (from Page 2) 2.	+ 0 .			
Subtotal (lines 1+2) 3.	= 5,543,98			
Total Expenditures (from Page 2) 4.	- 0			
Ending Balance (lines 3-4)	= 5, 5 43 , 98			
*Cannot have a negative ending balance				

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

3,304 164

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

9	50	עט .	

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)			
		1		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 (add both columns) Total Contributions: (add both columns)							
	ITEMIZED EXPENDITU	RES (Item	ize 3ı	rd pary expenditures/ reimbursements)			
Date	Full name, residence address (if perso	n); business a	ddress	(if firm) Purpose	Amount		
<u> </u>							
	AS MANY COPIES IS PAGE AS YOU NEED.			Total Expenditures:			
	IO TAGE AG TOG NEED.	OATH O	R AFI	FIRMATION			
	3.7						
I,_ <i>N</i>	larsha Young		, sv	vear or affirm that the attached statement is insactions occurring within the period covere	true and		
correct states	ct, to the best of my knowledge, o ment, as required by West Virginia (t all financ Code §3-8-	ial tra ·5a.	insactions occurring within the period covere	ed by this		
		•					
	Marsha young			Signature of Candidate, Agent, or	Treasurer		
Date_	Marsha Young 25 20/0						
	V	Office Use Only			İ		
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