State of West Virginia Campaign Financial Statement (Short Form) in Relation to the 2008 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 WEST VIRGINIANS FOR A BRIGHTER TOMORROW	Candidate or Committee's Treasurer CHARLES S. SMITH		
Political Party (for candidates)	Treasurer's Mailing Address (Street, Route or P.O. Box) 405 CAPITOL STREET, SUITE 908		
Office Sought (for candidates) District/Division	City, State, Zip Code CHARLESTON, WV 25301	Daytime Phone # 304-345-1151	
	2008 Post-primary Report Due May 26 - 30, 2008 Post-general Report	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-6 Dissolution	

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	1.	\$3,809.24		
Total Contributions (from Page 2)	2.	+ \$0.00		
Subtotal (lines 1+2)	3.	= 3809.24		
Total Expenditures (from Page 2)	4.	0.00		
Ending Balance (lines 3-4)		= 3809.24		
*Cannot have a negative ending balance				

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

2,000.00

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

\$1,500.00

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)			
	O		Full Name: Address:			
			Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)			
			Full Name: Address:			
	100000000000000000000000000000000000000		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)			
Check if additional pages (add both columns) Total Contributions: (add both columns)						
ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/ reimbursements)						
Date Full name, residence	e address (if person); business ac	ddress	(if firm) Purpose	Amount		
	- PAPARA MANAGAMAN					
MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.			Total Expenditures	s:		
OF THIS PAGE AS TOU NEED.						
	OATHO	RAFI	FIRMATION			
1, Charles S. Sm'th swear or affirm that the attached statement is true and						
I, <u>Clocks of my knowledge, for all financial transactions occurring within the period covered by this</u>						
statement, as required by V				·		
Signature of Candidate, Agent, or Treas						
Date_///20						
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			Received By:	_		

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H, COCHRAN & HICKS, P.L.L.C.

SMITH, COCHRAN & HICKS, P.L.L.C. CERTIFIED PUBLIC ACCOUNTANTS 405 CAPITOL STREET, SUITE 908 CHARLESTON, WEST VIRGINIA 25301

To: ELECTIONS DIVISION
WV SECRETARY OF STATE
BLDG. 1, SUITE 157-K
1900 KANAWHA BLVD., EAST
CHARLESTON, WV 25305-0770