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?

*Cannot have a negative ending balance

6. Has your committee given or received a	a transfer of exc	ess campaign funds?				
Candidate or Committee Name	Candidate or Committee's Treasurer					
Political Party (for candidates)	Treasurer's Mailing Address (Street, Route or P.O. Box)					
		115 Spr		ret		
Office Sought (for candidates) Dist	City, State, Zip Code Daytime Phone #					
		Charles ton 343-8250				
	Period (che nary Report 26-30, 2010	Post-primary Report Due May 24-June 23, 2010		Check if Applicable: Amended Report You must also check		
General - First Report Due Sept. 20-24, 2010 Pre-gen Due Oct.	Post-general Report Due Nov 15-Dec 15, 2010		box of appropriate reporting period			
Non-Election Cycle	Annual Report Due last Satu days thereaft	rday in March or within 6		Final Report Zero balance required PAC must also file Form F-6 Dissolution		
CASH BALANCE Beginning Balance	SUMMAR	Y				
(ending balance from previous report) 1.			TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)			
Total Contributions (from Page 2) 2.	+ 8	45.00				
Subtotal (lines 1+2) 3.	= 84	5.00	тот	ALEXPENDITURES		
Total Expenditures (from Page 2) 4.	_		ELECTION YEAR-TO-DATE (Add line 4 from all reports)			
Ending Balance (lines 3-4)	= 84	5.00				

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date			Amount		
999	Member Contabutor	825.00)	Full Name: Address:				
9/22	Member Contributions Member Contributions	20.00	5	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)				
	Check if additional pages nave been atached.			Total Contributions: (add both columns)	845.0	<u> </u>		
 	ITEMIZED EXPENDITUR	RES (Itemi	ze 3ı	d pary expenditures/ reimburs	sements)			
Date	Full name, residence address (if persor	n); business a	ddress	if firm) Purpose		Amount		
		>	<			:		
	AS MANY COPIES IS PAGE AS YOU NEED.			Total Expend	ditures:			
		OATH O	R AF	FIRMATION				
l,	Brian K Stanley		, s\	vear or affirm that the attached s	statement	is true and		
	ct, to the best of my knowledge, of nent, as required by West Virginia C			nsactions occurring within the po	eriod cove	red by this		
18	Pas L Manh			Signature of Candidate	e, Agent, o	r Treasurer		
Date	ate /0/20/10 20							
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				Since Med OS LOUINIZ				
					**** 3			
				Received By:	<u> </u>			