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?

| Non-Election Cycle Reporting Period: | | Annual Repo | Annual Report Due In Calendar Year Due last Saturday in March or within 6 days thereafter | | Final Report Zero balance required. PAC must also file Form F-6 Dissolution | | |
|--------------------------------------|---|---|---|-----|---|--|--|
| | 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 | | You must also check box of appropriate reporting period | | |
| | Election Cyc Primary - First Report Due March 27-April 2,2010 | le Reporting Period (che Pre-primary Report Due April 26-30, 2010 | Post-primary Report Due May 24-June 23, 2010 | Che | eck if Applicable: | | |
| L | Office Sought (for candidate | ates) District/Division | City State, Zip Code Daytime Phone # | | | | |
| | Political Party (for candid | | Treasurer's Mailing Address (Street, Route or P.O. Box) | | | | |
| | Capididate or Committee I | Political Action | Candidate or Committee)s Treasure | | | | |

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

| Beginning Balance (ending balance from previous report) | 1. | 3444.81 | | | |
|---|----|-----------|--|--|--|
| Total Contributions (from Page 2) | 2. | + | | | |
| Subtotal (lines 1/2) | 3. | =3444.81 | | | |
| Total Expenditures (from Page 2) | 4. | 0 | | | |
| Ending Balance (lines 3-4) | | = 3444.81 | | | |
| *Cannot have a negative ending balance | | | | | |

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

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

CONTRIBUTORS OF:

\$250 or Less

More than \$250

| Date | Full Name | Amount | Date | | | Amount |
|-------|--|------------|-------------|--|---------------|-----------|
| | | | | Full Name: Address: | | |
| | | | 1 | 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 | | | Total Contributions: (add both_columns) | \mathcal{C} |) |
| | ave been atached. | | | (444 254) | | |
| | ITEMIZED EXPENDIT | URES (Item | ize 3ı | d pary expenditures/ reimburs | sements) | |
| Date | Full name, residence address (if pe | | | | | Amount |
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| MAKE | AS MANY COPIES | | | | | |
| | IS PAGE AS YOU NEED. | | | Total Expend | ditures: | |
| | | OATH O | RAF | FIRMATION | | |
| 1. | Linda Royce | | . S\ | wear or affirm that the attached s | statement is | true and |
| | ct, to the best of my knowledge nent, as required by West Virgini | | cial tra | insactions occurring within the po | | |
| , | Lunda Kana | 0 | | / • | | |
| -6 | Detal 18 10 | <u> </u> | | Signature of Candidate | e, Agent, or | Treasurer |
| Date_ | VMIVO 10, 20 10 | | | Office Use On | ly | |
| | | | | | 19,8 Ta | |
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CLARKSBURG SE URW

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Secretary of State
State Capitol
State Capitol
Suilding Suite 157t
1900 Kanawha Blvd, East
Charleston W.U Natalie Etennant