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 N	ame	Candidate or Committee's Treasurer Susan Hofstetter Treasurer's Mailing Address (Street, Route or P.O. Box)				
WVHTA PAC						
Political Party (for candida	tes)					
N/A		P. O. Box 2391				
Office Sought (for candida	tes) District/Division	City, State, Zip Code	Daytime Phone #			
N/A		Charleston, WV 25328	(304) 345-1588			
Election Cycle Primary - First Report Due March 27-April 2,2010 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			
Non-Election Cycle Reporting Period:		rt Due In Calendar Year urday in March or within 6	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.		\$10,694.25	
Total Contributions (from Page 2)	2.	+	.00	
Subtotal (lines 1+2)	3.	=	\$10,694.25	
Total Expenditures (from Page 2)	4.		\$10,550.00	
Ending Balance (lines 3-4)		=	\$144.25	
*Cannot have a negative ending balance				

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

\$14,444.25

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

\$14,300.00

Page 2

CONTRIBUTORS OF:

ate Full Name	Amount	Date			Amount
ate Full Name	Amount	Date	Full Name:		7 111104111
			Address:	al)	
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			Full Name: Address:		
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	<u> </u>		Total Con	tributions:	.00
Check if additional pages have been atached.			(add both	columns)	
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				es/ reimbursements	
Date Full name, residence addre	.,,			Purpose	Amount
/8/10 John Doyle POE	ox 1607 Shephe	rdsto	own, WV 25443	Campaign Contribution	1,000.00
1/15/10 Danny Greathouse	: 150 Lafayette	e Cir	cle Weirton, WV 26062	Campaign Contribution	1,000.00
1/15/10 Truman Chafin P C) Box 1799 Wil]	Liams	on, WV 25661	Campaign	350.00
14/10 Ron Stollings P O Box 365 Madison, WV 25130				Campaign	500.00
1	Taple Road Char	clest	on, WV 25302	Campaign	250.00
4/15/10 Eric Wells 849 N			7	Total Expenditures:	3100.00
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MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED. Orrect, to the best of my know	rledge, of all finance	, si	FIRMATION wear or affirm that the standard occurring	he attached statement within the period co	vered by th

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	3rd pary expendit	ures/ reimbursements)
Date Full name, residence address (if person); business addres	ss (if firm)	Purpose	Amount
4/15/10 Ron Miller HC 34 Box 359 Lewisbu	urg, WV 24901	Campaign	\$ 250.0
4/14/10 Robert Beach P O Box 1620 Morgant	Campaign	500.00	
4/15/10 John Unger P O Box 2415 Martinsbu	rg, WV 25402	Campaign	1,000.00
4/15/10 Brooks McCabe 1223 Staunton Road	Campaign	350.00	
4/15/10 Ronnie James 113 Cleveland Road V	Weston 26062	Campaign	150.00
MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.		Total Expenditures:	2250.00
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correct, to the best of my knowledge, of all fine statement, as required by West Virginia Code §3	ancial transactions occurring within the period covered by this 3-8-5a.
	Signature of Candidate, Agent, or Treasure
Date 20	Office Use Only
	Received By:

Page 2

CONTRIBUTORS OF:

Date_______ 20_____.

Office Use Only

Received By:_

\$250 or Less		More than \$250				
\$250 or Less 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) Full Name:			Amount	
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Date Full name, residence address (if person	<u> </u>			Purpose	Amount	
/15/10 Randy Swartmiller 216 Heartwood Drive Chester, WV Campaign 26034				Campaign	250.00	
4/15/10 Ryan Fern 37 Jenna Way	15/10 Ryan Fern 37 Jenna Way Wheeling, WV 26003			Campaign	150.00	
4/15/10 Scott Varner 1214 Seco	tt Varner 1214 Second Street Moundsville, WV Campaign					
4/15/10 Dan Poling 1007 Star Av	enue Par	kersl	burg, WV 26101	Campaign	250.00	
4/15/10 Kevin Craig 34 Chestnu	t Drive	Hunt	ington, WV 25705	Campaign	250.00	
MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.			Т	otal Expenditures:	1150.00	
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\$250 or Less

More than \$250

Date	Full Name	Amount	Date		Amount
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CI	ak if additional pages			Total Contributions:	

Check if additional pages have been atached.

(add both columns)

ITEMIZED EXPENDITURES (Itemize 3rd pary expenditures/ reimbursements)

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
4/15	/10 Greg Butcher HC 74 Box 3220 Chapmanville, WV 25508	Campaign	250.00
4/15	/10 William Wooton P O Box 59 Beckley, WV 25802	Campaign	250.00
4/15	/10 Thomas Campbell P O Box 1126 Lewisburg, WV 24901	Campaign	250.00
4/15	/10 David Perry 330 East Martin Avenue Oak Hill WV 25901	Campaign	250.00
4/15	/10 Mark Hunt 901 Edgewood Drive Charleston, WV 25302	Campaign	500.00
	AS MANY COPIES S PAGE AS YOU NEED.	Total Expenditures:	1500.00

More .

OATH OR AFFIRMATION

correct, to the best of my knowledge, of all statement, as required by West Virginia Code	financial transactions occurring within the period covered by this §3-8-5a.
	Signature of Candidate, Agent, or Treasure
Date	Office Use Only
	Received By:

Page 2

CONTRIBUTORS OF:

\$250 or Less

More than \$250

\$250 or less		More than \$250			
ate	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)	
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ITEMIZED EXPENDITURES (Itemize 3rd pary expenditures/ reimbursements)

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
4/14/	10 Meshea Poore 1660 3rd Avenue Charleston, WV 25312	Campaign	150.00
4/15/	10 Joe Talbott 148 Webster Ave Webster Springs, WV 26288	Campaign	250.00
4/15,	10 Mike Caputo 310 Gaston Ave Fairmont, WV 26554	Campaign	250.00
4/15/	10 Tony Barill 937 Garrison Ave Morgantown, WV 26501	Campaign	150.00
4/15,	10 Charlene Marshall 1010 Ashton Drive Morgantown, WV	Campaign	250.00
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OATH OR AFFIRMATION

1,		, Swear or amini that the attached statement is the and
correct, to the best of mostatement, as required by		financial transactions occurring within the period covered by this §3-8-5a.
		Signature of Candidate, Agent, or Treasure
Date	20	Office Use Only
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\$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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	S-1977			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)	
				Total Contributions:	

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Total Contributions: | (add both columns)

ITEMIZED EXPENDITURES (Itemize 3rd pary expenditures/ reimbursements)

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount	
4/15	6/10 Barbara Fleischauer 235 High Street Morgantown, W	V Campaign	250.00	
4/15,	26505 '10 Tiffany Lawrence 19 Baltic Lane Ranson, WV 25438	Campaign	250.00	
4/14,	'10 Terry Walker 10179 Leetown Road Kerneysville, WV 25430	Campaign	250.00	
4/15	10 Clif Moore P O Box 67 Thorpe, WV 25888	Campaign	250.00	
4/15	/10 Ron Fragale 503 East Main Street Clarksburg, WV	Campaign	250.00	
MAKE AS MANY COPIES Total Expenditures:				

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OATH OR AFFIRMATION

I,	, swear or affirm that the attached statement is true and notial transactions occurring within the period covered by this 8-5a.
	Signature of Candidate, Agent, or Treasurer
Date 20	Office Use Only

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Date	Full Name	Amount	Date				Amount		
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Date	Full name, residence address (if perso	n); business a	ddress	(if firm)	Purpose		Amount		
4/1	4/14/10 Tim Miley 23 Valley View Road Bridgeport,				Campaign 2		250.00		
				20330					
									
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