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?

IAOH-FIECHON CACIE II		port Due In Calendar Year aturday in March or within 6 after	Final Report Zero balance required PAC must also file Form F-6 Dissolution	
Primary - First Report Due March 27-April 2,2010 General - First Report Due Sept. 20-24, 2010	le Reporting Period (che Pre-primary Report Due April 26-30, 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	
Office Sought (for candida	ates) District/Division	City, State, Zip Code Hurricane wu zs	` Daytime Phone # ちこし	
Political Party (for candida	,	Treasurer's Mailing Address (Street, Route or P.O. Box) 15 Deer Valley Drive		
Candidate or Committee M	łame	Candidate or Committee's Treasurer Troy Andes		

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report) Total Contributions (from Page 2)		\$0	TOTAL	
		+ \$0	ELECTIO (Add line	
Subtotal (lines 1+2)	3.	=	TOTALI	
Total Expenditures (from Page 2)	4.	- \$0	TOTAL F ELECTIO	
Ending Balance (lines 3-4)		= \$0		
*Cannot have a neg				

TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)	
† o	
TOTALEXPENDITURES	
ELECTION YEAR-TO-DATE (Add line 4 from all reports)	
	_

CONTRIBUTORS OF:

\$250 or Less

More than \$250

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Date	Full Name	Amount	Date			Amount			
				Full Name: Address:	,				
				Contributor's job: (Individ Where contributor works Affiliation: (Political comm	ual) : (Individual) nittee)				
				Full Name: Address:					
				Contributor's job: (Individ Where contributor works Affiliation: (Political comn	ual) s: (Individual) nittee)				
				Full Name: Address:					
				Contributor's job: (Individ Where contributor-works Affiliation: (Political comr	· lual) s: (Individual) mittee)	i			
				Full Name: Address:					
			1	Contributor's job: (Individ Where contributor works Affiliation: (Political comn	lual) s: (Individual) nittee)				
	Check if additional pages (add both columns) Total Contributions: (add both columns)								
	ITEMIZED EXPENDITU	RES (Item	ize 3ı	d pary expenditur	res/ reimbursements)				
Date		•			Purpose	Amount			
			·						
		and the same of th							
	AS MANY COPIES IS PAGE AS YOU NEED.			-	Total Expenditures:				
		OATH O	R AFI	FIRMATION					
I, correc stater	ct, to the best of my knowledge, of ment, as required by West Virginia	of all financ Code §3-8-	, sv ial tra -5a.	vear or affirm that t nsactions occurring	the attached statement within the period cover	is true and ered by this			
	1 29 2010.				e of Candidate, Agent, c	A 14 1 1			
Date_	4/29 , 20 10 .				Office Use Only	jagat Ser Systematik Januar Sta			
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15 Deer Valley Drive Hurricane, WV 25526

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Secretary of State Bldg. 1, Suite 157-K 1900 Kanawha Blvd. East Charleston, WV 25305-0770