State of West Virginia Campaign Financial Statement (Short Form) in Relation to the 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 Friends of Wheeling Islan		Candidate or Committee's Treasurer Floyd W. Shuler Treasurer's Mailing Address (Street, Route or P.O. Box) 1 Belle Fern Place			
Political Party (for candidate					
Office Sought (for candida	tes) District/Division	City, State, Zip Code Wheeling, WV 26003	Daytime Phone # 304-639-2144		
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 InCalendar Year urday in March or within 6 ter	Zero balance required. PAC must also file Form F-6 Dissolution		
		ODT TOTAL O			

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report) 1.		12,300.00			
Total Contributions (from Page 2) 2.		+ 0.00			
Subtotal (lines 1+2)	3.	= 12,300.00			
Total Expenditures (from Page 2) 4.		_ 0.00			
Ending Balance (lines 3-4)		= 12,300.00			
*Cannot have a negative ending balance					

TOTAL CONTRIBUTIONS	
ELECTION YEAR-TO-DATE (Add line 2 from all reports)	
).00	_
TOTAL EXPENDITURES	
ELECTION YEAR-TO-DATE	

(Add line 4 from all reports)

0.00

CONTRIBUTORS OF:

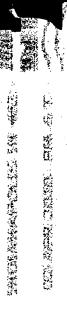
\$250 or Less

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:			
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				Full Name: Address:			
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				Full Name: Address:			
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	Check if additional pages			Total Cor	ntributions: n columns)	0.00	
	ave been atached.			(add boti	t columno,		
	ITEMIZED EXPENDIT	URES (Item	ize 3	rd pary expenditur	es/ reimbur	sements)	
Date	Full name, residence address (if pe				Purpose		Amount
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	AS MANY COPIES S PAGE AS YOU NEED.			•	Total Expen	ditures:	0.00
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correc	ct, to the best of my knowledge, nent, as required by West Virgini	of all finan	cial tra	ansactions occurring	g within the p	period cov	ered by this
State	ment, as required by viegit virgini	a 0000 30 c	ou.				
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Received By:_

Long Wales



(V) CAPSA W AS 205 Secretary of State
Exections Divisions - Finance
State Caitor
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1900 Manage 134d East