## State of West Virginia Campaign Financial Statement (Long Form) in Relation to the 2010 Election Year

| Candidate or Committee Name  William  Political Party (for candidates)                 | Candidate or Committee's Treasurer  RUTH KENN NOV  Treasurer's Mailing Address (Street, Route or P.O. Box)  |
|--|---|
| Office Sought (for candidates) District/Division                                       | City, State, Zip Code Daytime Phone #  HARLES TON, WV 343-4158  |
| Reporting Period:  Due last S days there   | Check if Applicable:  Post-primary Report Due May 24-Jun 23, 2010  Post-general Report Due Nov 15-Dec 15, 2010  Port Due In Calendar Year Caturday in March or within 6  Check if Applicable:  Amended Report You must also check box of appropriate reporting period  Final Report Zero balance required. PAC must also file |
| RECEIPTS OF FUNDS:  Fill in totals  Totals for t                                       | at the completion of the report.  CASH BALANCE SUMMARY  |
| Contributions (Page 3)  Monetary Contributions from all Fund-Raising Events (Page 4) + | Beginning Balance (ending balance from previous report)   |
| Receipt of a Transfer of Excess Funds (Page 8) +                                       | Total Monetary Contributions +  |
| Total Monetary Contributions: =  In-Kind Contributions (Page 5) +                      | → Total Other Income + 807, 79  |
| Total Contributions: =   | Subtotal: a. = 13,877,96  |
| OtherIncome (Page 5)  Loans Received (Page 6) +  | Total Expenditures (Page 7) 1,307, 79  Total Disbursements of Excess Funds (Page 8) +   |
| Total Other Income: $=801$ .   | Repayment of Loans (Page 6) +   |
| OUTSTANDING LOANS & DEBTS: Unpaid Bills (Page 9)                                       | Subtotal: $b. = 1307.79$  |
| Outstanding Loans (Page 6) +  Total Debts: =   | Ending Balance: (Subtotal a Subtotal b.) *Cannot be negative balance  |
| TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add total contributions from all repor      | TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add total expenditures from all reports)  |

| Page 3.     | Contributors of  More than \$250  Check if additional pages have been attached.  |        |  |  |  |
|-------------|--|--------|--|--|--|
| DATE        | INDIVIDUAL CONTRIBUTOR OR COMMITTEE'S NAME   | AMOUNT |  |  |  |
| 2/15/11     | Full Name: Comm, Hee To ELECT EARL RAY TONBLIN  Address: (residential and mailing if they are different)  Contributor's job: (individual contributor only)  Where contributor works: (individual contributor only) | 807.79 |  |  |  |
|             | Affiliation: (political committee only)  |        |  |  |  |
|             | Full Name:   |        |  |  |  |
|             | Address: (residential and mailing if they are different)   |        |  |  |  |
|             | Contributor's job: (individual contributor only)   |        |  |  |  |
|             | Where contributor works: (individual contributor only)   |        |  |  |  |
|             | Affiliation: (political committee only)  |        |  |  |  |
| ,           | Full Name:   |        |  |  |  |
|             | Address: (residential and mailing if they are different)   |        |  |  |  |
|             | Contributor's job: (individual contributor only)   |        |  |  |  |
|             | Where contributor works: (individual contributor only)   |        |  |  |  |
|             | Affiliation: (political committee only)  |        |  |  |  |
|             | Full Name:   |        |  |  |  |
|             | Address: (residential and mailing if they are different)   |        |  |  |  |
|             | Contributor's job: (individual contributor only)   |        |  |  |  |
|             | Where contributor works: (individual contributor only)   |        |  |  |  |
|             | Affiliation: (political committee only)  |        |  |  |  |
|             | Full Name:   |        |  |  |  |
|             | Address: (residential and mailing if they are different)   |        |  |  |  |
|             | Contributor's job: (individual contributor only)   |        |  |  |  |
|             | Where contributor works: (individual contributor only)   |        |  |  |  |
|             | Affiliation: (political committee only)  |        |  |  |  |
|             | Full Name:   |        |  |  |  |
|             | Address: (residential and mailing if they are different)   |        |  |  |  |
|             | Contributor's job: (individual contributor only)   |        |  |  |  |
|             | Where contributor works: (individual contributor only)   |        |  |  |  |
|             | Affiliation: (political committee only)  | 70     |  |  |  |
| MAKE AS MAI |  | 0011   |  |  |  |
| OF THIS PAG | E AS YOU NEED Subtotal of all contributors of \$250 or less (From page 2)  | 0-070  |  |  |  |
|             | Total Contributions:   | 001.19 |  |  |  |

Page 7.

## ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/ reimbursements)

| Chec | k if | additional  | pages |
|------|------|-------------|-------|
| have | beer | n attached. | ,     |

| Date                        | Name of Person or Vendor and Address  | Purpose             | Amount   |
|-----------------------------|---------------------------------------|---------------------|----------|
| 2/15/11                     | RYAN FERN FOR HOUSE                   | ELECTION            | \$520.00 |
| 9/15/11                     | Committee To ELECT<br>EARL RAYTOMBLIN | ELECTION BE Fund    | 807.79   |
|                             |                                       |                     |          |
|                             |                                       |                     |          |
|                             |                                       |                     |          |
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|                             |                                       |                     |          |
| MAKEAS MAN'<br>OF THIS PAGE | Y COPIES<br>AS YOU NEED.              | Total Expenditures: | 1307.79  |

| Page | 9. |
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## UNPAID BILLS

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| age 9.   |              | UNPAID BILLS   | have be                    | een attached.                       |
|--|--------------|--|----------------------------|-------------------------------------|
| Date   | Owed to Whom | Affiliated with what Company or Group  | Purpose                    | Amount                              |
|  |              |  |                            |                                     |
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| 1 M - 147- Print 19-14- 19-14 11- 18-18 Print 18 |              |  |                            |                                     |
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|  |              |  |                            |                                     |
|  |              |  |                            |                                     |
|  |              | :  |                            |                                     |
|  |              | Total Unp  | oaid Bills:                |                                     |
|  |              |  |                            |                                     |
|  | RUTH &       | OATH OR AFFIRMATION  |                            |                                     |
| I,   | Veceso F).   | 9  |                            | iffirm that the attach              |
|  |              | the best of my knowledge, for all financial transquired by West Virginia Code §3-8-5a. | nsactions occu             | urring within the peri              |
|  | $\sim$       | Date   | Signature of Ca<br>Agent o | andidate, Financial<br>or Treasurer |
|  |              | Date   | //_                        |                                     |

Office Use Only

Received By: