State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2011 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?

Primary - First Report Due March 26-April 1,2011 General - First Report Due Aug. 22-26, 2011 Pre-general Report Due Sept. 19-23, 2011	11 Due May 27-June 28, 2011	Amended Report You must also check box of appropriate reporting period Final Report
MONETECTION OVCIENCE IN 1	eport Due In Calendar Year Saturday in March or within 6 reafter	Zero balance required. PAC must also file Form

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	1. 3.334.23	TOTAL CONTRIBUTIONS		
Total Contributions (from Page 2)		ELECTION YEAR-TO-DATE (Add line 2 from all reports)		
Subtotal	2. + 210.00	4, 880.00		
(lines 1+2)	3. = 3.5 44. 23	TOTAL EXPENDITURES		
Total Expenditures (from Page 2)	4 ()	ELECTION YEAR-TO-DAT (Add line 4 from all reports)		
Ending Balance (lines 3-4)	= 3,544. 23	2,435.99		
*Cannot have a ne				

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Amount				
4/11	Elgine Mc Cardle	210		Full Name: Address: Contributor's job: (Individual)				
	<u> </u>			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 have been atached. Total Contributions: 210.0								
	ITEMIZED EXPENDITU	RES (Item	ize 3	rd pary expenditur	es/ reimburs	ements)		
Date	Full name, residence address (if person)	; business add	dress (if	firm)	Purpose		Amount	
MAKE	AS MANY COPIES				Total Expend	ditures:		
OF TH	OF THIS PAGE AS YOU NEED. Total Expenditures:							
		OATH O	RAF	FIRMATION				
I, Sally W. Ezell , swear or affirm that the attached statement is true								
and c	orrect, to the best of my knowledge	, of all fina	ncial	transactions occurri	ng within the	period cove	ered by this	
stater	ment, as required by West Virginia	Code §3-8	-5a.					
4	Sally W. One			Signatur	e of Candidat	te. Agent. o	r Treasurer	
Data	N-42				00.00	.c,, .g, c		
Date_	, 20			, 5. di 1. di	Office Use	Only		
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	51 DIN Z-116 100							
				Rece	ived Bv:			

Ms. Sally Ezell
62 Greenwood Ave
Wheeling, WV 26003

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West Virginia benetaly of State's Office Building!, duit 157-12 1900 Kanawha Blud- Each