State of West Virginia Campaign Financial Statement (Short Form) in Relation to the 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 t 6. Has your committee given or received a transfer of exc 	to your campaign?			
Candidate or Committee Name	Candidate or Committee's Treasurer			
Democrat Exet Com. og Summure Co. Political Party (for candidates)	Pauline & mean	lows		
Political Party (for candidates)	Treasurer's Mailing Address (St	reet, Route or	P.O. Box)	
	Po Boy 10			
Office Sought (for candidates) District/Division	City, State, Zip Code	Daytime	Phone #	
	nemety WU	304-46	6-1603	
	Post-primary Report Due May 24-June 23, 2010 Post-general Report Due Nov 15-Dec 15, 2010 Touchert Due In Calendar Year urday in March or within 6	Che	Amended Report You must also check box of appropriate reporting period Final Report Zero balance required. PAC must also file Form F-6 Dissolution	
	PORT TOTALS er you have completed page 2)			
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CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	1.	1926.96			
Total Contributions (from Page 2)	2.	+ 6			
Subtotal (lines 1+2)	3.	= 1924.96			
Total Expenditures (from Page 2)	4.				
Ending Balance (lines 3-4)		= 1926.96			
*Cannot have a negative ending balance					

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

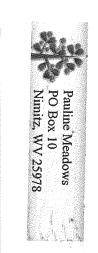
TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)

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CONTRIBUTORS OF:

More than \$250

\$250 or Les	The second secon				Amount
Full Name	Amount	Date	Full Name:		Account of the Control of the Contro
			Address:	vidual)	
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			Full Name: Address:		HERON MANAGEMENT OF THE PARTY O
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			Full Name: Address:		NAMES PROPERTY OF THE PROPERTY
			Contributor's job: (Inc Where contributor w Affiliation: (Political c	dividual) orks: (Individual) ommittee)	
			Total	Contributions:	0
Check if additional	pages		(add	both columns)	
have been atached.					
ITEMIZE	ED EXPENDITURES (Ite	mize	3rd pary expend	litures/ reimburse	ments)
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Date Full name, resi	Jence address (ii keresi)	8-7-1-10-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
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statement, as require	a by vvcst virginia control				
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Date <u>4- 29</u>	J. meadows			Office Use Or	nly and and
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