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?

Candidate or Committee Name Hamp, Co. Dem. Ex. Comm.	Candidate or Committee's Treasurer Harry N. Spaid Treasurer's Mailing Address (Street, Route or P.O. Box) P.O. Box # 72			
Political Party (for candidates)				
Office Sought (for candidates) District/Division	City, State, Zip Code Daytime Phone #			
Election Cycle Reporting Period (chect Primary - First Report (Due last Staurday in March or within 6 days thereafter) General - First Report (Due firstSaturday in September or within 6 days thereafter) Election Cycle Reporting Period (chect of the comparison of	Fore (Due 25 to 31 days after primary election) Post-general Report Post-general Report Post-general Report Post-general Report Post-general Report Post-general Report Post-general Report			
UII*LIEUUUI UVUIE	tCalendar Year rday in March or thereafter Zero balance required PAC must also file Form F-6 Dissolution			

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report) 1	724.73	TOTAL CONTRIBUTIONS			
Total Contributions (from Page 2) 2	. +	ELECTION YEAR-TO-DATE (Add line 2 from all reports)			
Subtotal (lines 1+2) 3	= <i>D</i>	TOTALEXPENDITURES			
Total Expenditures (from Page 2) 4	0	ELECTION YEAR-TO-DATE (Add line 4 from all reports)			
Ending Balance (lines 3-4)	= 0	0			
*Cannot have a nega					

LESS THAN 250

CONTRIBUTIONS

\$250 OR MORE

Date	Full Name	Amount	Date				Amount	
				Full Name: Address:				
				Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)				
				Full Name: Address:	Iress: Intributor's job: (Individual) ere works: (Individual) liation: (Political committee) Name: Iress: Intributor's job: (Individual) ere works: (Individual) liation: (Political committee)			
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Check if additional pages have been atached. Total Contribution (add both column)						0		
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Date	V	ce address (if person); business address (if firm) Purpose				Amount		
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OF TH	IS PAGE AS YOU NEED.				Total Expend	altures:	0	
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Date_	21/29 2001					71S		
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Secretary of State,

Building 1, Suite 157-K, 1900 Kanomer Boud, East,

Attention:

Missi Rinder

Charleston, WV 25305

PARALYZED VETERANS OF AMERICA * 2530540770

September 1997

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