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 to5. Have you or anyone else given an in-kin6. Has your committee given or received a	d contribution t								
Candidate or Committee Name WV CWA STATE	Candidate or Committee's Treasurer CASEY GREENE								
Political Party (for candidates)	Treasurer's Mailing Address (Street, Route or P.O. Box) 270 E MAIN ST								
Office Sought (for candidates) Distr	I	aytime Phone # 2.630/ 304-622-2011							
Election Cycle Reporting Primary - First Report Due March 27-April 2,2010 Pre-prim Due April 2 General - First Report Due Sept. 20-24, 2010 Pre-gene Due Oct. 1	Ck one): Post-primary F Due May 24-June Post-general F Due Nov 15-Dec	23, 2 010 2011 Report 15, 2010	Check if Applicable: Amended Report You must also check box of appropriate reporting period Final Report Zero balance required						
Non-Election Cycle Reporting Period:	Zero balance required. PAC must also file Form F-6 Dissolution								
CASH BALANCE SUMMARY Beginning Balance									
(ending balance from previous report) 1. Total Contributions (from Page 2) 2.	+	0	ELEC	TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)					
Subtotal (lines 1+2) 3.	=	0	ТОТ.	ALEXPENDITURES					
Total Expenditures (from Page 2) 4.	_	0	ELEC	FION YEAR-TO-DATE line 4 from all reports)					
Ending Balance (lines 3-4)	=	0	6						
*Cannot have a negativ									

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CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date				Amount			
				Full Name: Address:						
	 .			Contributor's job: (Individent Where contributor works Affiliation: (Political comm	ibutor's job: (Individual) e contributor works: (Individual) tion: (Political committee)					
				Full Name: Address:						
					ibutor's job: (Individual) e contributor works: (Individual) tion: (Political committee)					
	NA			Full Name: Address:						
				Contributor's job: (Individ Where contributor works Affiliation: (Political comr	ibutor's job: (Individual) e contributor works: (Individual) tion: (Political committee)					
				Full Name: Address:						
				Contributor's job: (Individ Where contributor works Affiliation: (Political comm	ibutor's job: (Individual) e contributor works: (Individual) tion: (Political committee)					
	Check if additional pages			Total Co (add bot	ntributions: h columns)	٥)			
Date	ITEMIZED EXPENDITURES (Itemize 3rd pary expenditures/ reimbursements) Full name, residence address (if person); business address (if firm) Purpose				sements)	Amount				
				<u> </u>						
	NA									
	I AS MANY COPIES IS PAGE AS YOU NEED.				Γotal Expen	ditures:	0			
		OATH O	R AF	FIRMATION						
I,, swear or affirm that the attached statement is true and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.										
	Jay Dreene 5/20 2011			Signatur	e of Candidate					
Date	Date \$/20 20 U									
_					Office Use Only 93 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	Received By:									
				Recei	ved By:					



CLARKSBURG WW 263 TE MAY ZIDE YAN SE

CHARLESTON WU 25305-0770 1900 KANAWHA BLUB EAST BLDG 1 SUITE 157-K SECRETARY OF STATE

CLARKSBURG WU 26301 CWA STATE COUNCIL 270 E MAIN ST