State of West Virginia Campaign Financial Statement (Short Form) in Relation to the **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? No
- 2. Has your committee held any fundraisers? No
- 3. Has your committee received any miscellaneous receipts, such as refunds or checking account interest? ν
- 4. Does your committee have any unpaid bills? 10
 5. Have you or anyone else given an in-kind contribution to your campaign? 10

Candidate or Committee N Pocahatas Co. Dem Political Party (for candida	senatic Exective Com	Candidate or Committee's Treasurer William, Mc Mawn Treasurer's Mailing Address (Street, Route or P.O. Box) 1004 2nd Ave		
Office Sought (for candida	tes) District/Division	City, State, Zip Code Max inton, WW 24	Daytime	Phone #
Primary - First Report Due March 27-April 2,2010 General - First Report Due Sept. 20-24, 2010	Pre-general Report Due Oct. 18-22, 2010		16 Che	Amended Report You must also check box of appropriate reporting period
		rt Due In Calendar Year urday in March or within 6 er		Final Report 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. Total Contributions (from Page 2) 2.		345,62	ТОТ
		+ 0	ELEO (Ad
Subtotal (lines 1+2)	3.	= 0	TO
Total Expenditures (from Page 2)		_ 0	ELEC (Ad
Ending Balance (lines 3-4)		= 345,62	
*Cannot have a negative ending balance			Sec. A

TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)
O
TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)
0 .

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Amount
	1 per			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)
				Full Name: Address:
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)
	Check if additional pages have been atached.			Total Contributions: (add both columns)
	ITEMIZED EXPENDITU	RES (Item	ize 3ı	rd pary expenditures/ reimbursements)
Date	Full name, residence address (if pers	on); business a	ddress	(if firm) Purpose Amount
	AS MANY COPIES IS PAGE AS YOU NEED.			Total Expenditures:
		OATH O	R AFI	FIRMATION
correc	ct, to the best of my knowledge, onent, as required by West Virginia	of all financ	ial tra	wear or affirm that the attached statement is true ar ensactions occurring within the period covered by th
4	in proce		.	Signature of Candidate, Agent, or Treasure
Date_	May 27 20/1.			A SWE
	,			Office Use Only
				SOUTH ST PRINCE AND LINE
				Received By:

Pocahotos Co Democratic Ete. Como. max linton, wy 24954 William McMAWN 1004 And Ave

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West Viasivia Secretary of State Building 1, Suite 187-K 1900 Kanowha Blud, East Chralestu, WV 25305