## State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2010 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?

Candidate or Committee Na Republican Exe	ective Committee	Candidate or Committee's Treasurer Robert W Jackson			
Political Party (for candidate	es)	Treasurer's Mailing Address (Street, Route or P.O. Box) $RRIBOX$			
Office Sought (for candidat	es) District/Division	City, State, Zip Code  Maylinton WV 24	-	Phone # -799-4235	
Election Cycle 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		ı	eck if Applicable: Amended Report You must also check box of appropriate reporting period	
Non-Election Cycle Reporting Period:		t Due In Calendar Year rday in March or within 6 er		Final Report Zero balance require 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.	180.20			
Total Contributions (from Page 2)	2.	+ -			
Subtotal (lines 1+2)	3.	= 180,20			
Total Expenditures (from Page 2)	4.	·			
Ending Balance (lines 3-4)		= 180,20			
*Cannot have a negative ending balance					

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

529,25

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

840,71

## CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date Full Name	Amount	Date		Amount
			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			Total Contributions: (add both columns)	0
have been atached.	NOITHDES //to-	: 2-	ad many averaged forward value by the constant	
Date Full name, residence addres			rd pary expenditures/ reimbursements (if firm) Purpose	Amount
		· · · · · · · · · · · · · · · · · · ·		
IAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.			Total Expenditures:	-0-
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correct, to the best of my knowledge tatement, as required by West V	acksow edge, of all finance firginia Gode §3-8-	cial tra	wear or affirm that the attached statement ansactions occurring within the period co	
Robert W.	ackson		Signature of Candidate, Agent	or Treasurer
Date 6/2/ 20_	<u>//_</u> .		SALED EMISSA	
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