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?

Treasurer's Mailing Address (Street				
Treasurer's Mailing Address (Street, Route or P.O. Box)				
City, State, Zip Code HUNTIN G TO N, WV 25704	Daytime Phone # 304-634-75分			
Post-general Report Due Oct.17- Nov.15, 2011	Check if Applicable: Amended Report You must also check box of appropriate reporting period			
ort Due In Calendar Year turday in March or within 6 fter	Final Report Zero balance required. PAC must also file Forr			
	City, State, Zip Code HUNTIN G TO N, W V 25704 eck one): Post-primary Report Due May 27-June 28, 2011 Post-general Report Due Oct.17- Nov.15, 2011 ort Due In Calendar Year turday in March or within 6			

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	1.		199.36			
Total Contributions (from Page 2)	2.	+	0			
Subtotal (lines 1+2)	3.	=	199,36			
Total Expenditures (from Page 2)	4.	_	0			
Ending Balance (lines 3-4)		=	199.36			
*Cannot have a negative ending balance						

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

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Amount			
				Full Name: Address:			
				Contributor's job: (Individual)			
				Where contributor works: (Individua	1)		
				Affiliation: (Political committee)			
	100000000000000000000000000000000000000			Full Name:			
]	Address: Contributor's job: (Individual)			
			l	Where contributor works: (Individua	1)		
				Affiliation: (Political committee)			
				Full Name: Address:			
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				Where contributor works: (Individual	i)		
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				Address:			1
				Contributor's job: (Individual)	n.		
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				<u> </u>	tributions:		^
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	ITEMIZED EXPEND	DITURES (Item	ize 3	rd pary expenditure	es/ reimburs	ements)	
Date	Full name, residence address (if p	erson); business add	dress (if	firm)	Purpose		Amount
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and co	orrect to the best of my knowle	edge of all fina	ncial	, swear or amount transactions occurring	na within the	period cov	ered by this
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	Mary 31 , 20 1.	J. T.W					
	Cours Sope of	- Joseph		Signatur	e of Candida	te, Agent, c	or Treasurer
	CM 11 21) 11712	
Date_	// 31 , 20 1,	<u>/</u>		·			
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West Virgnis Luctury of State
Building! Luite 15-7-15
1900 Houseld Goulevary East
Chileton, WV 25-305