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?

Non-Election Cycle Reporting Period:	Due last Sati days thereaft	rt Due InCalendar Year urday in March or within 6 ter	Final Report Zero balance required. PAC must also file Form F-6 Dissolution
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	Post-general Report Due Nov 15-Dec 15, 2010	Check if Applicable: Amended Report You must also check box of appropriate reporting period
Political Party (for candida Office Sought (for candida	tes)	Treasurer's Mailing Address (Street, HC77 KOX 50C City, State, Zip Code Hinton, WU2595)	Daytime Phone #
Candidate or Committee N SUMMEPS (ampred of Teachers	Candidate or Committee's Treasure	d

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report) 1.	205,00	TOTAL CONTRIBUTIONS		
Total Contributions (from Page 2) 2	. +	ELECTION YEAR-TO-DATE (Add line 2 from all reports)		
Subtotal (lines 1+2) 3.	= 205.00	TOTALEXPENDITURES		
Total Expenditures (from Page 2) 4	- 0	ELECTION YEAR-TO-DATE (Add line 4 from all reports)		
Ending Balance (lines 3-4)	= 205,00			
*Cannot have a nega				

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date				Amount
				Full Name: Address:			
				Contributor's job: (Individu Where contributor works: Affiliation: (Political commi	al) (Individual) ttee)		
			1	Full Name: Address:			
				Contributor's job: (Individent Where contributor works Affiliation: (Political comm	ual) : (Individual) ittee)		
				Full Name: Address:	Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) Full Name:		
				Contributor's job: (Individent Where contributor works Affiliation: (Political comm			
				Full Name: Address:			
				Contributor's job: (Individ Where contributor works Affiliation: (Political comm			
1 1	eck if additional pages			Total Cor (add bot	ntributions:		
hay	ve been atached.						
	ITEMIZED EXPENDI				es/ reimburs	ements)	Amount
Date	Full name, residence address (if	person); business	address	(if firm)	Fulpose		Amount
	S MANY COPIES PAGE AS YOU NEED.	-			Total Expend	ditures:	
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correct,	anet Richm to the best of my knowledg	je, of all finar	ncial tr	swear or affirm that ansactions occurring	the attached g within the p	statement eriod cove	is true and ered by this
stateme	ent, as required by West Virgi	inia Code §3-	8-5a.				
ga	met Richmon	rd		Signatur	e of Candidat	e, Agent, c	or Treasure
Date	6-28 2011)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	124	<u></u>
Date	,,	 •			Office Use Or	ıly - IS	
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AFT-West Virginia E. 1610 Washington St. E. Suite 200 ww charleston, wy charleston, wassin Attn: Bobbi

PECEIVER!