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?

S. Has your committee given	of received a transfer of or			
Candidate or Committee Nar Putnam Co. Re	ne Women	Candidate or Committee's Treasurer Jane Ann Street B	reed	
Political Party (for candidate	4)	Treasurer's Mailing Address (Street, Route of 1101 501)		
Office Sought (for candidate		City, State, Zip Code WV 25528	20 4-389-063	
Election Cycle Primary - First Report Due March 26-April 1,2011 General - First Report Due Aug. 22-26, 2011	Reporting Period (che Pre-primary Report Due April 29-May 3, 2011 Pre-general Report Due Sept. 19-23, 2011	Post-primary Report Due May 27-June 28, 2011 Post-general Report Due Oct.17- Nov.15, 2011	Check if Applicable: Amended Report You must also check box of appropriate reporting period Final Report	
Non-Election Cycle Reporting Period:	Annual Repo Due last Sal days therea	ort Due InCalendar Year turday in March or within 6 fter	Zero balance required. PAC must also file Form	
	RE	PORT TOTALS		

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Cristi Billion			
Beginning Balance (ending balance from previous report) 1.	125.00	TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE	
Total Contributions		(Add line 2 from all reports)	
(from Page 2) 2.	+	25,00	
Subtotal (lines 1+2) 3.	=/25.00	TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)	
Total Expenditures (from Page 2) 4			
Ending Balance (lines 3-4)	= 125.00		
*Cannot have a nega	tive ending balance		

CONTRIBUTORS OF:

\$250 or Less

More than \$250

	\$250 or Less				
Date	Full Name	Amount	Date	Amount Full Name:	
			1	Address:	
		 	-	Contributor's job: (Individual) Where contributor works: (Individual)	
		1	1	Affiliation: (Political committee)	
		 	╁──	Full Name:	
			1	Address: Contributor's job: (Individual)	
			7	Where contributor works: (Individual)	
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				Affiliation: (Political committee)	
				Full Name:	Ì
			_	Address: Contributor's job: (Individual)	
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	ITEMIZED EXPENDIT	URES (Ite	mize :	3rd pary expenditures/ reimbursement	.5)
Date	Full name, residence address (if perso	n); business a	ddress	(if firm) Purpose	Amount
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MAKE	AS MANY COPIES			Total Expenditure	s:
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and	ment, as required by West Virgin	ia Code 8:	3-8-5a		
state	ment, as required by vvest virgin	/a 0000 31	0	•	
\bigcap	1 me de A	200.		Signature of Candidate, Ag	ent or Treasure
74	Siwwin !	120	<u>~</u>	Signature of Candidate, Ay	/10
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