## State of West Virginia Campaign Financial Statement

(Supply all information requested. It is required by WV Code §3-8-5a.)										
(Supply all Information (Suppl	IG QUESTIONS IS "YES," YO LE YOUR CAMPAIGN FINAN ur campaign?	ICE REPORT. WV SECRETARY OF OT								
a previous campaign? 4. Do you have any unpaid bills? 5. Have you or anyone else given an in-kind cor	or of the second	account interest or transferred funds non-								
Reporting Period (check one)										
	·	-primary								
	7 - 10 days before Due 25	- 30 days after paign has zero ry election. balance, no loans or outstanding bills. Political committees								
Due last Saturday in September Due 7	A CONTRACTOR OF THE CONTRACTOR									
Candidate or Committee Name	Treasurer /	P								
Political Party (for candidates)	Treasurer's Mailing Address	Main St								
Office (for candidates)		1.1/1.2/25//								
District/Circuit/Division	ton WU26354									
(for candidates)	2655664									
REPORT SUMMARY										
(Complete page )	2 before entering totals on the Re  COLUMN A  Totals for this reporting period	COLUMN B Totals for election cycle*								
Receipts I. Total Contributions (Schedule 1A)										
Expenditures P. Total Expenses (Schedule 1B)	$\bigcirc$									
CASH BALANCE SUMN (For information about the Cash Balance Summ	*To get the numbers for Column B, add this report's Column A figures to Column B figures from the previous report. If this is the first report of the election cycle, Column B will be the same number as Column A.									
B. Beginning Balance (from previous report)	3657.39	. 49 02								
. Total Contributions (from line 1)										
. Subtotal (add lines 3 and 4)	3657.39	7 28 W								
. Total Expenses (from line 2)		2								
. Ending Balance (subtract line 6 from line 5)- This number is incorrect if it reflects a negative balance.)	3657.39									

Official Form F-7A

Issued by the WV State Election Commission (WV Code §3-8-5)

## **CONTRIBUTIONS**

\$250 or less

## \$250 or more

Date	Full Name	Amount	Date	Γ		Amount
			:	Full Name: Address:		
			╬	Contributor's job: (Individ Where works: (Individual		
			· 	Affiliation: (Political comm		
				Full Name: Address:		
			-{	Contributor's job: (Individ - Where works: (Individual Affiliation: (Political comm		
-			-			
		Full Name: Address:				
	Contributar's job: (Inc - Where works: (Individual Contribution Contri			Contributor's job: (Individual Where works: (Individual Affiliation: (Political comm	ividual) taal) traniitee)	
	· · · · · · · · · · · · · · · · · · ·			Full Name:		
+			┨	Contributor's job: (Individual Where works: (Individual Affiliation: (Political com	}	
			<u> </u>	Affiliation: (Political com		
					TOT (bo <del>th-colum</del>	
					(DOUT COM	ilis)
Schedu	ile 1B	ITEMIZED E	XPEN	IDITURES		
Date	Full name, residence address (if person			<del></del>	Purpose	Amount
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OF THIS	PAGE AS YOU NEED.				10174	
	7	1	OR AF	FIRMATION		
State of	West Virginia, County of	14/or				
l,	Linda Koya	<u>€</u> , swear	or affin	m that the attached state	ement is true and correct,	to the best of my
knowled	ge, of all financial transactions/occu	irring within the pe	eriod co	vered by this statement	l , l	1
				$-\tilde{A}$	inda No	sixe
	,	75	01	tober, 200	ture of Candidate, Agent,	or Treasurer
Subscrib	ed and swom to before me this	day of	UL	100EY, 200	<u>_</u> .	
		AL SEAL		111/	7/10/1/3.6	2003
_	STATE OF W	Y PUBLIC EST VIRGUAL	My Commission Expires //			
Notary Seal	017 LUZA	J. SPRING ST.				
otary		, WV 26364 pires March 3, 2003		Man	nela to	Sprin
Z	***************************************				Signature of Notary F	<sup>2</sup> utdic //

Note: All notaries <u>must</u> use a rubber stamp or seal when notarizing any document. Fallure to do so may lead to the revocation of the notary's commission.