

State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2004 Election Year

For political committees, list the current election year. For candidates, list the current campaign or the year of an open past campaign.

Supply all information requested. It is required by WV Code §3-8-5a.

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. Have you made or accepted any loans to your campaign?
2. Have you had any fundraisers?
3. Have you received any miscellaneous receipts, such as refunds, checking account interest or transferred funds from a previous campaign?
4. Do you have any unpaid bills?
5. Have you or anyone else given an in-kind contribution to your campaign?

NASW Action Committee - NASW		Dennis Sutton	
Candidate or Committee Name		Candidate or Committee's Treasurer	
		1230 Warren Ct	
Political Party (for candidates)		Treasurer's Mailing Address (Street, Route or P.O. Box)	
		Charleston, WV 25302	
Office Sought (for candidates)	District/Division	City, State, Zip Code	Daytime Phone #

Reporting Period (check one)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Annual Report <u>Calendar Year</u>
(Due last Saturday in March or within 6 days thereafter. This report filed for old campaigns or year following most recent election) | <input checked="" type="checkbox"/> First Primary
(Due last Saturday in March or within 6 days thereafter. This is the first report for current election year reporting) | <input type="checkbox"/> Pre-primary Report
(Due 10 to 17 days before primary election) | <input type="checkbox"/> Post-primary Report
(Due 25 to 31 days after primary election) |
| <input type="checkbox"/> First General Report
(Due first Saturday in September or within 6 days thereafter) | <input type="checkbox"/> Pre-general Report
(Due 10 to 17 days before general or special election) | <input type="checkbox"/> Post-general Report
(Due 25 to 31 days after general or special election) | <input type="checkbox"/> Final Report
(Zero balance required. PAC must also file Form F-6 Dissolution) |
- ☐ **Amended Report** (check if applicable)
You must also check box of appropriate reporting period
- *post general may also be final report if "0" balance*

REPORT TOTALS

(Fill in totals after you have completed page 2)

Totals for this period

RECEIPTS	
1. Total Contributions (Schedule 1A)	2265.15
EXPENDITURES	
2. Total Expenditures (Schedule 1B)	500.00

**TOTAL RECEIPTS
ELECTION YEAR-TO-DATE**
(Add line B from all reports)

2265.15

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

500.00

CASH BALANCE SUMMARY

A. Beginning Balance (ending balance from previous report)	551.86
B. Total Receipts (Line 1)	2265.15
C. Subtotal (Add lines A & B)	2817.01
D. Total Expenditures (Line 2)	500.00
E. Ending Balance (Subtract line D from line C)	2317.01

**Cannot be negative balance*

SCHEDULE 1A

CONTRIBUTIONS

\$250 or less

\$250 or more

Date	Full Name	Amount	Date	Full Name: NATIONAL ASSN. of SOCIAL WORKERS Address: 750 First Ave., Suite 700 Washington, DC 20002 Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)	Amount
5/20	Allison-Noel Osborne	15.00	2/13		282.15
5/20	April Hager	15.00			
5/20	Barbara J. White	15.00	12/8	Full Name: NATIONAL ASSN. of SOCIAL WORKERS Address: WV CHAPTER 1608 Virginia St E Charleston, WV 25311 Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)	503.00
5/20	Barbara K. Staley	15.00			
5/20	Barry Locke	50.00		Full Name: Address: Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)	
5/20	Brenda S. Barrette	15.00			
5/20	C.W. King	15.00		Full Name: Address: Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)	
5/20	Carole Ergin	15.00			
TOTAL (both columns)					

Schedule 1B

ITEMIZED EXPENDITURES

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
6/2	Friends of Son Hunter 1265 4-H Camp Rd Morgantown, WV 26508		500.00
TOTAL			

MAKE AS MANY COPIES
OF THIS PAGE AS YOU NEED.

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this statement.

Signature of Candidate, Agent, or Treasurer

Date _____, 200____

Office Use Only

SCHEDULE 1A
CONTRIBUTIONS
\$250 or less
\$250 or more

Date	Full Name	Amount	Date	Full Name: Address: Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)	Amount
5/20	Carolyn Sheets	15.00			
5/20	Cheryl Walters	15.00			
5/20	Clara Fortier	10.00			
5/20	Debbra Kinder	15.00			
5/20	Deborah Roach	30.00			
1/16	Debra Beatty	65.00			
1/30	Dennis Sutton	65.00			
5/20	Eleanor Blakely	15.00			
TOTAL (both columns)					

Schedule 1B
ITEMIZED EXPENDITURES

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TOTAL			

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Date	Full Name	Amount	Date	Full Name: Address: Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)	Amount
5/20	Elizabeth Ann Smith	30.00			
5/20	Elizabeth Corder	30.00			
5/20	Elizabeth Cohen	30.00			
5/20	Elizabeth J Sampson	15.00			
5/20	Ellen R. Gricewich	15.00			
5/20	Gary Delligatti	15.00			
5/20	Hanna Kirk	15.00			
5/20	James Keresztury	15.00			
TOTAL (both columns)					

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Date	Full Name	Amount	Date	Full Name: Address: Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)	Amount
5/20	Janis Spade Augustine	15.00			
5/20	Jo-Anne O Johnson	8.00			
5/20	Joe Deegen	40.00			
12/8	John David Smith	67.00			
5/20	Jonna J Wilson	15.00			
5/20	Joyce Broglia	15.00			
5/20	Juanita D Bishop	15.00			
5/20	Karen Dotson	15.00			
TOTAL (both columns)					

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Date	Full Name	Amount	Date	Full Name: Address: Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)	Amount
5/20	Karen Fletcher	30.00			
5/20	Karen Nethkin	10.00			
5/20	Kathleen Gastinger	15.00			
5/20	L Dechant	15.00			
5/20	L Hagerty	15.00			
12/8	Larry Beckett	40.00			
5/20	Maureen Runyon	65.00			
12/8	Margaret Ann Rossi	40.00			
TOTAL (both columns)					

Schedule 1B

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TOTAL			

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\$250 or more

Date	Full Name	Amount	Date	Full Name: Address: Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)	Amount
5/20	Margaret Beard	25.00			
5/20	Margaret Bishop	30.00			
12/8	Michael Williams	35.00			
5/20	Mike Cahill	15.00			
5/20	Mike Toothman	15.00			
5/20	Missy Cottrell	15.00			
12/8	Sam Hickman	100.00			
5/20	Stephanie Mendelson	15.00			
TOTAL (both columns)					

Schedule 1B

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\$250 or more

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	Terril Bunner	15.00			
	Timmica Lewis-Tolliver	15.00			
	Tracie Fitzwater	10.00			
	Virginia A. Chryssikos	15.00			
	Virginia Majewski	15.00			
	Wanda Cox	15.00			
	Warren B Galbreath	15.00			
	William Brackett	15.00			
TOTAL (both columns)					

Schedule 1B

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SCHEDULE 1A

CONTRIBUTIONS

\$250 or less

\$250 or more

Date	Full Name	Amount	Date	Full Name: Address: Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)	Amount
12/8	Ruth Gustedt	50.00			
12/8	Francis Ann Riddell	20.00			
12/8	Shannon Bell	25.00			
12/8	Barbara Heasley	25.00			
12/8	Judy Kremer	25.00			
TOTAL					226.00

(both columns)

Schedule 1B

ITEMIZED EXPENDITURES

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
TOTAL			500.00

MAKE AS MANY COPIES
OF THIS PAGE AS YOU NEED.

OATH OR AFFIRMATION

I, Dennis Sutton, swear or affirm that the attached statement is true and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this statement.

Dennis Sutton Signature of Candidate, Agent, or Treasurer

Date 3-25, 2004

Office Use Only
