## State of West Virginia Campaign Financial Statement (Short Form) in Relation to ZOOH 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 co  | ntribution to your campaigr   | ?   |  |
|---|---|---|--|
| Candidate or Committee Name  Political Party (for candidates)   | 6020  | Committee's Treasurer  Add Color of Street, Route   | or P.O. Box)   |
| Office Sought (for candidates) District/D   |   | Code Code   | Daytime Phone #  |
| Annual ReportCalendar Year  (Due last Saturday in March or within 6 days thereafter. This report filed for old campaigns or year  First   | orting Period (check of Primary elast Saturday in March or n 6 days thereafter. This is to report for current election year | Pre-primary Report (Due 10 to 17 days he before primary elec-                                       | Post-primary Report (Due 25 to 31days after primary election |
| following most recent election)  First General Report (Due first Saturday in September or within 6 days thereafter)  Amended Report (check if applicable) You must also check box of appropriate reporting period | Post-general Report (Due 25 to 31 days after general or special election)  *post general may also be fin                    | Final Report (Zero balance require PAC must also file For F-6 Dissolution) and report if "0"balance |  |
|   | REPORT TOTAL otals after you have completed Totals for this period  |   | E SUMMARY  |
| RECEIPTS 1. Total Contributions (Schedule 1A)  EXPENDITURES   | - 0-  | A. Beginning Balance<br>(ending balance from<br>previous report                                     | 3450.69  |
| 2. Total Expenditures (Schedule 1B)   | _ 0-  | B. Total Receipts (Line 1)  | -0-  |
| TOTAL RECEIPTS ELECTION YEAR-TO-DAT   | C. Subtotal<br>(Add lines A & B)  | -0-   |  |
| (Add line B from all reports)   | ]   | D.Total Expenditures (Line 2)   | - 0-   |
| TOTAL EXPENDITURES ELECTION YEAR-TO-DAT (Add line D from all reports)   | · ·   | E. Ending Balance<br>(Subtract line D<br>from line C)   | 3450.6   |
| - 0-  |   | *Cannot be neg  | ative balance  |

## **CONTRIBUTIONS**

\$250 or less

\$250 or more

|  | \$250 Of 1622                                    |              |           | •  | ≱∠ou or more            |              |  |  |
|--|--|--------------|-----------|--|-------------------------|--------------|--|--|
| Date                                     | Full Name  | Amount       | Date      |  |                         | Amount       |  |  |
| İ  | -0-  |              |           | Full Name:<br>Address:   |                         |              |  |  |
|  |  | <u>'</u>     | 1         | Contributor's job: (Individual<br>Where works: (Individual<br>Affiliation: (Political comi     |                         |              |  |  |
|  |  |              | <u> </u>  | Full Name:   | mittee)                 |              |  |  |
|  |  |              |           | Address:   |                         |              |  |  |
|  |  |              |           | Contributor's job: (Individual Where works: (Individual Affiliation: (Political communication) | dual)<br>  )<br>mittee) |              |  |  |
|  |  |              |           | Full Name:<br>Address:   |                         |              |  |  |
|  |  |              | ,         | Contributor's job: (Individual<br>Where works: (Individual<br>Affiliation: (Political comm     |                         |              |  |  |
|  |  |              |           | Full Name:<br>Address:   |                         |              |  |  |
|  |  |              |           | Contributor's job: (Individual<br>Where works: (Individual<br>Affiliation: (Political com      |                         |              |  |  |
|  |  |              |           |  | TOTA                    |              |  |  |
|  |  |              |           |  | (both columns           | ;)           |  |  |
| School                                   | lule 1B  | -WZED E      | VDEN      | DITUDEO  |                         |              |  |  |
| Date                                     | Full name, residence address (if person); busing |              |           | DITURES  |                         |              |  |  |
| Date                                     | T di riame, residence address (ii person); pusi  | ness adoress | (II simi) |  | Purpose                 | Amount       |  |  |
|  | -0-  |              |           |  |                         |              |  |  |
|  |  |              |           |  |                         |              |  |  |
|  |  | - 44         |           |  |                         |              |  |  |
|  |  |              |           |  |                         |              |  |  |
|  |  |              |           | V T T T & I C  |                         |              |  |  |
|  |  |              |           |  |                         |              |  |  |
| MAKE                                     | AC MANY CODIEC                                   |              |           |  |                         |              |  |  |
|  | AS MANY COPIES<br>S PAGE AS YOU NEED.            |              |           |  | TOTAL                   | -0-          |  |  |
| OATH OR AFFIRMATION                      |  |              |           |  |                         |              |  |  |
|  |  | (            |           |  | •                       |              |  |  |
| ١١                                       | OHun L. Clen                                     | ent          | NS 👱      | ear or affirm that t   | the attached statement  | is true and  |  |  |
| correct<br>statem                        | t, to the best of my knowledge, of               | all financi  | ial trai  | nsactions occurring  | within the period cover | red by this  |  |  |
| 0.000                                    |  |              |           | •  |                         |              |  |  |
|  | The Ment   |              |           | Signatura  | of Candidata Agant a    | * T****      |  |  |
| D-4- 1                                   | 11. 71- 121                                      |              |           | Signature  | of Candidate, Agent, o  | r i reasurer |  |  |
| Date_                                    | <u>M. K.O.</u> 200 <u>.</u> .                    |              |           |  | RECEIVED                |              |  |  |
|  |  |              |           |  |                         |              |  |  |
| APR 3 0 2004                             |  |              |           |  |                         |              |  |  |
| JOE MANCHIN III<br>WV SECRETARY OF STATE |  |              |           |  |                         |              |  |  |