State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2006 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?

Candidate or Committee Name Mingo Co. Ex. Committee		Candidate or Committee's Treasurer Frances L. Crawford			
Political Party (for candidates)	_	Treasurer's Mailing Address (Street, Route or P.O. Box)			
Office Sought (for candidates)	District/Division	City, State, Zip Code Williamson WV;	Daytime Phone # 304 2564 155-8187		
Election Cycle Re Primary - First Report Due March 25- 31, 2006	porting Period (che Pre-primary Report Due April 22-29, 20	Post-primary Report	Check if Applicable: Amended Report You must also check		
General - First Report Due Sept. 2-8, 2006	Pre-general Report Due Oct. 21- 28, 20	Post-general Report Due Dec. 2-8, 2006	box of appropriate reporting period		
		t Due in Calendar Year ırday in March or within 6 er	Zero balance required. PAC must also file Form F-6 Dissolution		

REPORT TOTALS

. (Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report) 1.	343.28	TOTAL CONTRIBUTIONS		
Total Contributions (from Page 2) 2	+ -0-	ELECTION YEAR-TO-DATE (Add line 2 from all reports)		
Subtotal (lines 1+2) 3.	= 343.28	TOTAL EVDENDITUDES		
Total Expenditures (from Page 2) 4	0-	TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)		
Ending Balance (lines 3-4)	= 343.28	-0-		
*Cannot have a negat				

CONTRIBUTIONS

Less than \$250

\$250 or more

Date	Full Name	Amount	Date			Amount					
		·		Full Name: Address:							
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)							
				Full Name: Address:							
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)							
				Full Name: Address:							
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)							
				Full Name: Address:							
	,			Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)							
Check if additional pages (add both columns) Check if additional pages											
ITEMIZED EXPENDITURES											
Date	Full name, residence addre	ss (if person); business ad	Idress ((if firm) Purpose	<u> </u>	Amount					
\vdash											
											
					-						
MAKE	AS MANY COPIES										
	IS PAGE AS YOU NEED.			Total Expenditure	:s:						
		OATH OF	₹ĀFF	FIRMATION							
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, as required by West Virginia Code §3-8-5a.											
	:			Signature of Candidate, Age	∍nt, or	·Treasurer					
Date_	, 200)			- Named						
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				WV SECRETARY OF S	WV SECRETARY OF STATE						



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