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 Nam	ne	Candidate or Committee's Treasurer Box boxe Co. Educ. Assoc. PAC				
Political Party (for candidates	3)	Treasurer's Mailing Address (Street, Route or P.O. Box) R+. 2 Box 125-A				
Office Sought (for candidate	s) District/Division	Philippi, WV 20	Daytime Phone # 304 457 - 5014			
Election Cycle Reporting Period (check one):			Check if Applicable:			
Primary - First Report Due March 25- 31, 2006	Pre-primary Report Due April 22- 29, 20	Post-primary Report Due June 3- 9, 2006	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			
Non-Election Cycle Reporting Period:		tCalendar Year irday in March or thereafter	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)	515.96		
Total Contributions (from Page 2)	2.	+ 0	
Subtotal (lines 1-2)	3.	= 515.96	
Total Expenditures (from Page 2)	4.	_ Ø	
Ending Balance (lines 3-4)		= 515.96	
*Cannot have a ne	gati	ve ending balance	

TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)

380.41

TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)

329.19

CONTRIBUTIONS

\$250 or less

\$250 or more

Date	Full Name	Amount	Date				Amount
				Full Name: Address:			
				Contributor's job: (Individu Where works: (Individual) Affiliation: (Political comm	al) ittee)		
				Full Name: Address:			
	Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)						
				Full Name: Address:			
		Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)					
				Full Name: Address:			
		Contributor's job: (Individual) Where works: (Individual Affiliation: (Political committee)					
	Check if additional pages have been atached.			Total Cor (add bott	atributions:		
		TEMIZED E	EXPE	NDITURES			
Date	Full name, residence address (if pe	rson); business	address	(if firm)	Purpose		Amount
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correct states	ct, to the best of my knowledge ment, as required by West Virgini	, or all finan ia Code §3-8	iciai tr 3-5a.	ansactions occurring	y withing the t	penoa cove	sicu by time
>	Susan Do Lo	ng		Signatur	e of Candida	te, Agent, c	or Treasuré
Date ⁽	June 3 , 200 6			·			
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Susan DeLong RR 2 Box 125A Philippi, WV 26416

CLARKSBURG WV 269

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Charleston, WV 25305-0770

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