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

IF YOUR ANSWER TO ANY OF THE FOLLOWING QUESTHE LONG FORM (FORM F-7) 1. Has your committee received any loans? 2. Has your committee held any fundraisers? 3. Has your committee received any miscellaneous rec. 4. Does your committee have any unpaid bills? 5. Have you or anyone else given an in-kind contribution. 6. Has your committee given or received a transfer of expenses.	to your campaign? cess campaign funds?
Candidate or Committee Name Monroe County Education Assoc PAC Political Party (for candidates) Office Sought (for candidates) District/Division	Candidate or Committee's Treasurer Wayne D. Spangler Treasurer's Mailing Address (Street, Route or P.O. Box) HC 81, Box 43 City, State, Zip Code Daytime Phone # Ballard WV 24918-9425 (304) 753-9253
Election Cycle Reporting Period (che Due March 25- 31, 2006 Pre-primary Report Due April 22- 29, 2 General - First Report Due Sept. 2- 8, 2006 Pre-general Report Due Oct. 21- 28, 2 Non-Election Cycle Reporting Period: Annual Report Due last Sawithin 6 day	Check if Applicable: Check if Applicable: Check if Applicable: Amended Report You must also check box of appropriate reporting period Post-general Report Due Dec 2- 8, 2006 The Check if Applicable: Amended Report You must also check box of appropriate reporting period Final Report Zero balance required. PAC must also file
(Fill in totals a	PORT TOTALS ter you have completed page 2) RY
Beginning Balance (ending balance from previous report) 1. Total Contributions (from Page 2) 2. + \$	TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)
	72.92 TOTAL EXPENDITURES ELECTION YEAR-TO-DATE
Total Expenditures (from Page 2) 4 # Ending Balance _ #	0.00 (Add line 4 from all reports) 672.92

Ending Balance (lines 3-4)

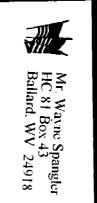
*Cannot have a negative ending balance

CONTRIBUTIONS

\$250 or less

\$250 or more

			Date	Í			Amount
				Full Name: Address:			AMOUNT
				Contributor's job: (Individual Where works: (Individual Affiliation: (Political con	dual) al) mittee)		
				Full Name: Address:			
				Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)			
				Full Name: Address:			
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Check	if additional pages		1	Total Co	ntributions:		$\overline{}$
have be	een atached.				i columns) L		
		ITEMIZED EX	XPEN	DITURES	<u> </u>		
Date	Full name, residence address (if	person); business ad	idress (i	f firm)	Purpose		Amount
							
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Secretary of State's Office Attn. Elections Kurissian Building 1, Suite 157-K 1900 Kahawka Bonlevard East

Charleston, Mr

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