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?

from a previous campaign? 4. Do you have any unpaid bills?	as refunds, checking account interest or transferred funds				
5. Have you or anyone else given an in-kind contribution Me Squal Party 4.5.A	to your campaign? W. V. Wildm				
Candidate or Committee Name	Candidate or Committee's Treasurer				
NA	317 Founds theet				
Political Party (for candidates)	Treasurer's Mailing Address (Street, Route or P.O. Box)				
NIA	New Mortinswille W. Va pone				
Office Sought (for candidates) District/Division	City, State, Zip Code 2 6 15 5 Daytime Phone #				
Reporting	Period (check one)				
within 6 days thereafter. This report within 6 days	Pre-primary Report (Due 10 to 17 days thereafter. This is the current election year (Due 10 to 17 days tion)				
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 Pre-general (Due 10 to 10 before gene special elections)	7 days (Due 25 to 31 days ral or PAC must also file)				
	r you have completed page 2)				
	cash Balance Summary				
RECEIPTS 1. Total Contributions (Schedule 1A) EXPENDITURES	A. Beginning Balance (ending balance from previous report				
2. Total Expenditures (Schedule 1B)	B. Total Receipts (Line 1)				
TOTAL RECEIPTS	C. Subtotal (Add lines A & B)				
ELECTION YEAR-TO-DATE (Add line B from all reports)	D.Total Expenditures (Line 2)				
TOTAL EXPENDITURES ELECTION YEAR-TO-DATE	E. Ending Balance (Subtract line D				
	i from line C)				
(Add line D from all reports)	from line C) *Cannot be negative balance				

CONTRIBUTIONS

\$250 or less

\$250 or more

Date	Full Name	Amount	Date		<u></u>		Amount		
	NONE			Full Name: Address:	•		hour		
				Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)					
				Full Name; Address:					
				Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)	(Individual) dividual) al committee)				
				Fuil Name: Address:	l Name: dress:				
				Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)					
				Full Name: Address:					
	J			Contributor's job: (Individual) Where works: (Individual Affiliation: (Political committee)	(Individual) dividual cal committee)				
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					(both columi	ns) [· ·		
Schedule 1B ITEMIZED EXPENDITURES									
Date	Eull parma conidence address (f) Leise and C						nount		
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	AS MANY COPIES S PAGE AS YOU NEED.				TOTAL	0	. U U		
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I, W. W. W. W. Statement is true and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this statement.									
1	V. W delanne			Signature of Ca	endidate Agent	or T	rescuror		
Date_	2 My 200 4			Signature of Ca	andidate, Agent,	OI I	, casulei		
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Secretary of State ELections Division: Capitol Building Charleston, WV 25305