State of West Virginia Campaign Financial Statement Relating to Elections Held in

Short Form

(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?

| 5. Have you or anyone else given ar | in-kind contri | ibution to your carr | paign? | | |
|---|---|---|---|---|----------|
| | Reporting | Period (check | one) | | |
| First or Annual Due last Saturday in March or within 15 days thereafter. | imary Post-p 10 days before Due 25 | | nary O days after election. | Final Report (Campaign has zero balance, no loans or outstanding bills. | |
| First General Report Due last Saturday in September or within 15 days thereafter preceding a general election. | nerai 10 days before a or special election. | | n eral 10 days after special election. | Political committees must also file Statement of Dissolution (Form F-6). with this report.) | |
| Candidate or Committee Name 3410 CONTURE PUBLICAT | .16ve A | Treasurer V | TRIC | us A. Ca | LESSNIFR |
| Political Party (for candidates) | V CAC. CO | Treasurer's Mailin | g Address | 128 | NF30/ONK |
| Office (for candidates) | VALLEY GROVE, WV. 26060 | | | | |
| District/Circuit/Division (for candidates) | Treasurer's Daytime Phone # 304-547-9434 304-281-5397 | | | | |
| (Con | nplete page 2 t | PORT SUMMA before entering totals COLUMN A lotals for this reporting | on the Repo | COL | UMN B |
| Receipts 1. Total Contributions (Schedule 1A) | | _ 0 _ | | | |
| Expenditures 2. Total Expenses (Schedule 1B) | | 1887.8 | اگر | | |
| CASH BALANC (For information about the Cash E | *To get the numbers for Column B, add this report's Column A figures to Column B figures from the previous report. If this is the first report of the election cycle, Column B will be the same number as Column A. | | | | |
| 3. Beginning Balance (from previous | report) / | 0,035.2 | 26 | | EIVED |
| 4. Total Contributions (from line 1) | | | | OCT | 9 7 2004 |

| 3. Beginning Balance (from previous report) | 10,035.26 |
|---|-------------|
| 4. Total Contributions (from line 1) | |
| 5. Subtotal (add lines 3 and 4) | 10025,26 |
| 6. Total Expenses (from line 2) | 1887.82 |
| 7. Ending Balance (subtract line 6 from line 5) (This number is incorrect if it reflects a negative balance | es 8137, 44 |

ULI Z / 2004

JOE MANCHIN III WV SECRETARY OF STATE

CONTRIBUTIONS

\$250 or less

\$250 or more

| | | | | | \$250 OF 1110 | | | |
|--|------------------------------------|-----------------------|----------------|---|----------------|-----------------|----------------|--|
| Date | Full Name | Amount Date | | | | | Amount | |
| | | | | Full Name: Address: Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee) Full Name: Address: | | | | |
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| | | | | Contributor's Job: (Individual Where works: (Individual Affiliation: (Political com | | | | |
| | | | | Full Name: Address: | | | | |
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| | | | | Fuli Name: Address: | | | | |
| | | | | Contributor's job: (Individual Where works: (Individual Affiliation: (Political com | | | | |
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| | | | | | (b | oth column | s) | |
| Schedule 1 | В | ITEMIZED EX | XPEN | DITURES | | | | |
| | name, residence address (if perso | | (if firm) | | Purpose | | Amount | |
| I | 1BOIC -WHO | <u> </u> | | | RENT | | 50.00 | |
| | SEPH ROXBY | COMM. TO | ELEI | 2 T | CAMP. | CONT. | 500,00 | |
| DONALO GAUS II II II | | | | | u | 41 | 500.UU | |
| | FIRST USA, INC ST- CLAIRSVIILE, OF | | | | | 1/ | 500,00 | |
| | | | | | | MAGE | 16.11 | |
| SALLY EZELL - WHG WV | | | | | PARADE | Exp. | 191,88 | |
| OHID CON REGISTRATION - WHO WY | | | | | MARAD | ESAP | 25,52 | |
| <u> </u> | TD CO, 1(29/3) | MATOR | / - | UNG WV | DISC | (VOTING) | 04.37 | |
| AAKE AS MA | ANY CODIES | | | | | | | |
| MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED. | | | | | | TOTAL | 1887.82 | |
| | | OATH OF | RAFF | IRMATION | | | | |
| State of West | t Virginia, County of <i>OA</i> | 110 | | | | | | |
| PATRIC | CIA A. GLESS | ALER SWEARD | r affirm | that the attached state | ment ie true s | and correct to | the best of mu | |
| | f all financial transactions occ | urring within the per | iod cov | ered by this statement. | | and correct, to | the best of my | |
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| | 41378 43. | Strt | | Signat | ure of Candid | até, Agent, or | Treasurer | |
| Subscribed a | nd sworn to before me this 🚈 | oday of | | , 200 | · | | | |
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Note: <u>All</u> notaries <u>must</u> use a rubber stamp or seal when notarizing any document. Fallure to do so may lead to the revocation of the notary's commission.

Signature of Notary Public







Secretary by State Seas Swets 157-K 1900 Faramen Slevel. East Charleston, N.V., 0470

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