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?3. Have you received any miscellaneous receipts, such from a previous campaign?4. Do you have any unpaid bills?5. Have you or anyone else given an in-kind contribution		red funds		
MASON County PAC Candidate or Committee Name	Marybeth Puls Candidate or Committee's Treasurer R+ 1 Boy 493			
Political Party (for candidates) Office Sought (for candidates) District/Division	Treasurer's Mailing Address (Street, Route or P.O. Box) GALLIPOLIS FERRY, WU 25515 City, State, Zip Code 571, -7571 Daytime Phone #			
	eriod (check one)	aytime Phone #		
filed for old campaigns or year within 6 days the	days (Due 25 to 31 days after general or	Post-primary Report (Due 25 to 31days after primary election) Final Report (Zero balance required. PAC must also file Form F-6 Dissolution)		
ate reporting period	*post general may also be final	•		
REPC	ORT TOTALS	eporty o balance		
(Fill in totals after	you have completed page 2)			
Totals	for this period CASH BALANCE	SUMMARY		
RECEIPTS	A. Beginning Balance			
1. Total Contributions (Schedule 1A)	(ending balance from	10,100		
EXPENDITURES 2. Total Expenditures (Schedule 1B)	previous report	779		
2. Total Expenditures (Schedule 1B)	B. Total Receipts (Line 1)	000		
TOTAL RECEIPTS ELECTION YEAR-TO-DATE	C. Subtotal (Add lines A & B)	494 00		
(Add line B from all reports)	D.Total Expenditures (Line 2)	00		
TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line D from all reports)	E. Ending Balance (Subtract line D from line C) *Cannot be negative	49400		
3000				

CONTRIBUTIONS

\$250	٥r	loce
JEJU	UI.	1622

\$250 or more

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Date	Full Name	Amount	Date	F. J. Name		Amount
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	·	i:	 	Full Name: Address:		
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				<u> </u>	TOTAL	_
					(both columns)
Sched	lule 1B	ITEMIZED E	XPEN	DITURES		
Date	Full name, residence address (if person);	business address	(if firm)		Purpose	Amount
						
						
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	AS MANY COPIES IS PAGE AS YOU NEED.				TOTAL	
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correct	ct, to the best of my knowledge	, of all financ	, sv ial tra	nsactions occurring		red by this
	h			Signature	of Candidate, Agent, 5	
Date	Maryluth Pollo Dec 3, 2004			= 0.9/14.010		<u>.</u> % 2
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