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?

TOTAL EXPENDITURES

ELECTION YEAR-TO-DATE

(Add line D from all reports)

109.16

- 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?

Kanawha County Young Repu	Charles Bolen				
Candidate or Committee Name	Candidate or Committee's Treasurer 834 Walters Road				
Political Party (for candidates)	Treasurer's Mailing Address (Street, Route or P.O. Box)				
		Charleston, WV 25314 City, State, Zip Code		304-421-5674 Daytime Phone #	
	Division	riod (check one)		Dayume Priorie #	
ed for old campaigns or year firs	hin 6 days the	reafter. This is the be	Due 10 to 17 days efore primary elec- on)	(Due 25 to 31da) after primary elec	
Due first Saturday in September or within 6 days thereafter) Imended Report (check if applicable)	Post-general Report (Due 25 to 31 days or after general or special election)		Final Report (Zero balance requested PAC must also file F-6 Dissolution)		
You must also check box of appropri- te reporting period			general may also be find	al report if "0"balar	
(Fill in		RT TOTALS ou have completed page 2	2)		
	Totals	for this period C	ASH BALANC	E SUMMARY	
Total Contributions (Schedule 1 A) TOTAL CONTRIBUTIONS (Schedule 1 A)	0	(er	Beginning Balance ading balance from revious report	79.11	
Total Expenditures (Schedule 1B)	0		Total Receipts ine 1)	0.00	
TOTAL RECEIPTS		Subtotal Add lines A & B)	79.11		
ELECTION YEAR-TO-DA (Add line B from all reports) 45.00		D.' (I	Total Expenditures Line 2)	0.00	
		Tr.	Ending Balance		

(Subtract line D

*Cannot be negative balance

from line C)

CONTRIBUTIONS

\$250 or less

\$250 or more

Date	Full Name	Amount	Date			Amount				
				Full Name: Address:						
				Contributor's job: (Individ Where works: (Individual) Affiliation: (Political comm	ual) nittee)					
				Fuil Name: Address:						
				Centributor's job: (Individ Where works: (Individual Affiliation: (Political comn	ual)) nittee)					
				Full Name: Address:	,					
				Contributor's job: (Individ Where works: (Individual) Affiliation: (Political comn						
				Full Name: Address:						
				Contributor's job: (Individual Where works: (Individual Affiliation: (Political com	ontributor's job: (Individual) Mere works: (Individual Affiliation: (Political committee)					
					TOTA	VL 0.00				
					(both column	s)				
Schedule 1B ITEMIZED EXPENDITURES										
Date	Full name, residence address (if person);	business address	(if firm)		Purpose	Amount				
		·								
										
						-				
MAKE	AS MANY COPIES	 				0.00				
OF THI	S PAGE AS YOU NEED.				TOTAL	0.00				
	,	OATH O	R AFF	IRMATION						
I, Sole , swear or affirm that the attached statement is true and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this										
staten	nent.	, OI all Illiaisci	iai tra	nsactions occurring		ered by tills				
	Much R					eranorità j				
	Mans 10	<i></i>		Signature	e of Candidate, Agent,	or Treasurer				
Date_	12-21 20004					Committee Commit				
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