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

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. Has your committee received any loans?
- 2. Has your committee held any fundraisers?
- 3. Has your committee received any miscellaneous receipts, such as refunds or checking account interest?
- 4. Does your committee have any unpaid bills?
- 5. Have you or anyone else given an in-kind contribution to your campaign?

6. Has your committee given or received	a transfer of excess campaign funds	?			
Candidate or Committee Name Mingo Co. Ed., PA	C Candidate or Comm	Candidate or Committee's Treasurer			
Political Party (for candidates)	Treasurer's Mailing	Address (Street, Route or P.O. Box)			
	ctrict/Division City, State, Zip Code				
General - First Report Pre-	April 22- 29, 2006 General Report Oct 31, 33, 2006	Check if Applicable: Amended Report You must also check box of appropriate reporting period Final Report			
Reporting Period:	Due last Saturday in March or within days thereafter	in 6 PAC must also file			
CASH BALANCE Beginning Balance (ending balance from previous report) 1.	Porm F-8 Dissolution Porm F-8 Dissolution A Concept				
Total Contributions (from Page 2) 2.	+ \$,00	TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)			
Subtotal (lines 1+2) 3.	= 3864,18				
Total Expenditures (from Page 2) 4.	\$ 00	TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)			
Ending Balance (lines 3-4)	= 3864,18	\$.00			
*Cannot have a negativ	ve ending balance				

CONTRIBUTIONS

\$250 or more								
Date	Full Name	Amount	Date				Amount	
1				Full Name: Address:				
			'	Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)				
				Full Name: Address:			<u> </u>	
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)			·	
		 -	<u> </u>					
				Full Name: Address:				
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				Full Name: Address:	ull Name:			
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	Check if additional pages nave been atached.			Total Cor (add bot	ntributions: h columns)			
	ITE	MIZED EX	XPEN	DITURES				
Date	Full name, residence address (if person); business address (if firm) Purpose						Amount	
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<u>,_</u> _X	t, to the best of my knowledge, of		_, sw	ear or affirm that th	ne attached stat	ement is	true and	
orrect tatem	t, to the best of my knowledge, of nent, as required by West Virginia C	all financia ode §3-8-5	al trar ia.	sactions occurring	within the perio	d covered	d by this	
7	au Barried Oanse	.10						
	my Devine Juic	u		——— Signature	of Candidate, A	gent, or T	reasurer	
Date_	12-6-06 2006.							
	•				Office Use Only			
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	\$1.00 as as a	2002/04	N					
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Kay B. Jewell P.O. Box 404 Williamson, W.V. 25661

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Betty Ireland Secretary of State Buildingl, Suite 157-K 1900 Kanawha Boulevard East Charleston, WV 25305 25305+0003 COO1 hillininininininininininininininininini