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 ADMICADME TO THE FYOM REAMPAIGN FINANCE REPORT.

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1. Has your committee received any loans?					
a the committee hold any fundraisers?		_			
3 Has your committee received any miscellaneous rece	aipts, such as refunds or checking acc	ount interest?			
A Door your committee have any unpaid bills?					
E Unio vou or anyone else given an in-kind contribution	to your campaign?				
6. Has your committee given or received a transfer of ex	cess campaign funds?				
	Candidate or Committee's Treasurer				
Political Party (for candidates)					
Republican	sers? scellaneous receipts, such as refunds or checking account interest? id bills? kind contribution to your campaign? d a transfer of excess campaign funds? Candidate or Committee's Treasurer Barbara f. Cracosta Treasurer Treasurer's Mailing Address (Street, Route or P.O. Box) Interest Division City, State, Zip Code Interest Division Continue Phone # (304) 119-4050 Check if Applicable: Check if Applicable: Check if Applicable: Amended Report You must also check box of appropriate reporting period Final Report Zero balance required. PAC must also file Form F-6 Dissolution				
	City, State, Zip Code	Daytime Phone #			
Osteon manager (100	maxfed for WI)	(304) 189-408			
Election Cycle Reporting Period (che	Check if Applicable:				
Primary - First Report Pre-primary Report		Amended Report			
	Due April 22- 29, 2006 Due June 3- 9, 2006				
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reputing retion. Within 6 days	: mereaner	2 20 5 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
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 Candidate or Committee's Treasurer Boeland A. Candosta Treasurer Political Party (for candidates) Treasurer's Mailing Address (Street, Route or P.O. Box) 1009 Acan 10th 40c Office Sought (for candidates) District/Division City, State, Zip Code Daytime Phone # 1044 An					

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

				
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*Cannot have a negative ending balance				
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CONTRIBUTIONS NYEAR-TO-DATE 2 from all reports)

EXPENDITURES NYEAR-TO-DATE 4 from all reports)

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\$250 or less

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