## State of West Virginia Campaign Financial Statement (Short Form) in Relation to the 2008 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?

Due Sept. 22 - 26, 2008 Due Oct. 20 - 24, 2008 Due Nov. 17 -				
General - First Report Pre-general Report Post-general	Report box of appropriate			
Election Cycle Reporting Period (check one):  Primary - First Report Due March 29 - April 4, 2008  Pre-primary Report Due April 28 - May 2, 2008  Post-primary Due May 26 -				
	768 304-652-2601			
Office Sought (for candidates)  District/Division  City, State, Zip Code	LS St.  Daytime Phone #			
Tyler County Educational Assoc, PAC Mary Lynn R.	Candidate or Committee's Treasurer  Mary Lynn Rouse  Treasurer's Mailing Address (Street, Route or P.O. Box)			

## REPORT TOTALS

(Fill in totals after you have completed page 2)

## CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	1.	2278.06	TO'
Total Contributions (from Page 2)	2.		ELE (Ad
Subtotal (lines 1+2)	3.	= 2691.06	<u> </u>
Total Expenditures (from Page 2)	4.	- 0	TO' ELE (Ad
Ending Balance (lines 3-4)		= 2691.06	
*Cannot have a neg	zativ	ve ending balance	

TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)	
949.76	
TOTALEXPENDITURES	
ELECTION YEAR-TO-DATE	
(Add line 4 from all reports)	
0	

## **CONTRIBUTORS OF:**

\$250 or less

More than \$250

							1	
Date	Full Name	Amount	Date		***************************************			Amount
				Full Name: Address:				
			1	Contributor's job: (In Where contributor of Affiliation: (Political	ndividual) works: (Individual)	İ		
			<b> </b>	•	committee)			
				Full Name: Address:		!		
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				Full Name: Address:				
				Contributor's job: (I Where contributor Affiliation: (Political	works: (Individual)	:		
				Full Name: Address:				
				Contributor's job: (In Where contributor Affiliation: (Political	works: (ľndividual)	j		-
	Check if additional pages				Contributions:			
	ave been atached.			(add	both columns)			
	ITEMIZED EXPENDITURES	(Itemize	3rd p	arty expenditu	ıres/ reimburser	nents)		<b></b>
Date	Full name, residence address (if perso				Purpose		-	Amount
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correc	ary Lynn Kouse t, to the best of my knowledge, fo	r all financ	, sw ial tra	rear or anirm th nsactions occur	iat the attached s rring within the pe	eriod co	nt is vere	true and d by this
statem	nent, as required by West Virginia C	ode §3-8-	5a.			30 00		
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<i>74</i>	anyonymn Kouse			Signa	ature of Candidate	, Agent	or T	reasurer
Date/	ipril 29 20 <u>08</u>				SINDAM TOWN TO S	171AT2		
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Mr Lauer 190 Herduck St. Test Ward 185

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THINK, SPEAK AND NAM KAMMS, 1765 SOMERAPHOLDS

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