State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2003 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 WEST VIRGINIANS FOR A BRIGHTER TOMORROW	Candidate or Committee's Treasurer CHARLES S. SMITH Treasurer's Mailing Address (Street, Route or P.O. Box) 405 CAPITOL STREET, SUITE 908		
Political Party (for candidates)			
Office Sought (for candidates) District/Division		Daytime Phone # 04-345-1151	
	Post-primary Report (Due 13 days after Primary elections days) or within 4 business days) Post-general Report (Due 13 days after Primary elections)	You must also chec box of appropriate	

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	1.		2,309.24
Total Contributions (from Page 2)	2.	+	1,000.00
Subtotal (lines 1+2)	3.	=	3,309.24
Total Expenditures (from Page 2)	4.	_	
Ending Balance (lines 3-4)		=	3,309.24
*Cannot have a neg	zativ	ve ending balance	

TOTAL CONTRIBUTIONS
ELECTION YEAR-TO-DATE
(Add line 2 from all reports)

1,000.00

TOTAL EXPENDITURES
ELECTION YEAR-TO-DATE
(Add line 4 from all reports)

1,000.00

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date			Amount			
				Full Name: JEREMY M. JACOBS Address: AVIS ROAD, EAST AU Contributor's job: (Individual) Where contributor works: (In Affiliation: (Political committee	1,000.00 H				
				Full Name: Address:					
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)					
				Full Name: Address:					
				Contributor's job: (Individual) Where contributor works: (In Affiliation: (Political committee					
	·			Full Name: Address:					
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)					
Check if additional pages (add both columns) 1,000.00 1,000.00									
	ITEMIZED EXPENDITURES	(Itemize	3rd p	earty expenditures/ re	eimbursements)				
Date	Full name, residence address (if person	n); business a	ddress	(if firm)	Purpose	Amount			
									
			-						
	AS MANY COPIES S PAGE AS YOU NEED.			Tot	al Expenditures:	0.00			
		OATH O	RAF	FIRMATION					
I, Charles S. "Chuck" Sm. +h., swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.									
Signature of Candidate, Agent, or Treasurer									
Date_	Date 5/2 08 / , 20 Office Use Only								
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Received By:

SMITH, COCHRAN & HICKS, P.L.L.C. CHARLESTON, WEST VIRGINIA 25301 405 CAPITOL STREET, SUITE 908 CERTIFIED PUBLIC ACCOUNTANTS

To:

ELECTIONS

BLDG. 1, SUITE 157-K 1900 KANAWHA BLVD., EAST WV SECRETARY OF STATE

CHARLESTON, WV 25305-0770