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

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?

Candidate or Committee Name	Candidate or Committee's Treasurer					
Pocahontas County AFT Co	pe Virginia Cathoun					
Political Party (for candidates)	Treasurer's Mailing Address (Street, Ro	Treasurer's Mailing Address (Street, Route or P.O. Box)				
	March R+ 1 Box 315					
Office Sought (for candidates) District/Division	on City, State, Zip Code Da	ytime Phone #				
	Martinton Wi xy950	304-789-7237				
Election Cycle Reporting Period Primary - First Report (Due last Saturday in March or (Due 15 days before)	rt Post-primary Report	Check if Applicable: Amended Report				

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	1.		6	TOTALO
Total Contributions (from Page 2)	2.	+	100.00	ELECTIO (Add line
Subtotal (lines 1+2)	3.	=	0	TOTALL
Total Expenditures (from Page 2)	4.	_	o	TOTALI ELECTIO (Add line
Ending Balance (lines 3-4)		=	100	7 L
*Cannot have a ne	gativ	ve end	ling balance	

	OTAL CONTRIBUTIONS ECTION YEAR-TO-DATE
(A	Add line 2 from all reports)
T	OTAL EXPENDITURES
EL	ECTION YEAR-TO-DATE
	add line 4 from all reports)

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date				Amount
blo	AFT Coffe Washington St East	100		Full Name: Address:			
. , ,	enackston, Wil 3534			Contributor's job: (Individe Where contributor works Affiliation: (Political comm	ual) : (Individual) iittee)		
				Full Name: Address:			
				Contributor's job: (Individ Where contributor works Affiliation: (Political comm	: (Individual)		
				Full Name: Address:			
				Contributor's job: (Individ Where contributor works Affiliation: (Political comm	ual) : (Individual) nittee)		
				Full Name: Address:			
				Contributor's job: (Individ Where contributor works Affiliation: (Political comm	ual) : (Individual) rittee)		
	Check if additional pages have been atached.			Total Cor (add boti	ntributior:s h columns)	•	
	ITEMIZED EXPENDITUR	ES (Item	ize 3r	d pary expenditur	es/ reimbu	ırsements)	
Date	Full name, residence address (if person				Purpos		Amount
	AS MANY COPIES IS PAGE AS YOU NEED.				Total Expe	nditures:	
		OATH O	R AFI	FIRMATION			
corred stater	ment, as required by West Virginia C	code §3-8-	5a.		he attached within the	d statement period cov	t is true and ered by this
1	May 11, 2008	un	· · · · · · · · · · · · · · · · · · ·	Signature	e of Candid	ate, Agent,	or Treasurer
Date_	11 ay 11 , 20 0 %.				Office Use	が記れる。	WE STAIS
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