State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2005 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?

Candidate or Committee Name	Candidate or Co	Candidate or Committee's Treasurer			
Pocahontas County AFT Gos		Virginia Calhoun			
Political Party (for candidates)		Treasurer's Mailing Address (Street, Route or P.O. Box)			
	1 /)				
Office Sought (for candidates) District/Divisi			aytime Phone #		
ALL ANDRON	Macstir	ton WVayis	1 304-799-72		
Election Cycle Reporting Period		1			
	Primary (Due 13 days) or within 4 rt Post-gen General (Due 13 days) or within 4 pusiness days) or within 4 Report Due In Cal t Saturday in March or within 4	ays after Primary election business days) eral Report ays after Primary election business days) endar Year	Amended Report You must also check box of appropriate reporting period Final Report Zero balance required. PAC must also file Form F-6 Dissolution		
	REPORT TOTA ils after you have complet IARY				
Beginning Balance (ending balance from previous report) 1.	100	TOTAL CO	ONTRIBUTIONS		

		and the second s			
Beginning Balance (ending balance from previous report)	1.	100			
Total Contributions (from Page 2)	2.	+ O			
Subtotal (lines 1+2)	3 .	= 100			
Total Expenditures (from Page 2)	4.	- 0			
Ending Balance (lines 3-4)		= 100			
*Cannot have a negative ending balance					

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

CONTRIBUTORS OF:

\$250 or Less

More than \$250

				MICIC DIMIT PLOC	
Date	Full Name	Amount	Date		Amount
				Full Name: Address:	
				Contributor's iob: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
			Full Name: Address:		
			Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)		
				Fuil Name: Address:	
		CVA	Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)		
			Full N	Full Name: Address:	
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
Check	k if additional pages been atached.			Total Contributions: (add both columns)	300
1000		NDITURES (Itam)			
Date	Full name, residence address			d pary expenditures/ reimbursements If film) Purpose	Amount
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	GE AS YOU NEED.			Total Expenditures:	
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, to	the best of my knowled as required by West Vir	uge, or all linancia	aı tran	ear or anim trial trie attached statement is actions occurring within the period covered to the statement of	ered by this
Linca	nia Car Olla				
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				Office Use Only	
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				Received By:	P

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