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 acccunt 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 Mingo Co. Denno. Ex. Camm.	Candidate or Committee's Treasure Trances L. Cra	wford	
Political Party (for candidates)	Treasurer's Mailing Address (Street	, Route or P.O. Box)	
Office Sought (for candidates) District/Division	City, State, Zip Code Millianusor (Daytime Phone # (304) 235 - 8187	
Election Cycle Reporting Period (che	<u> </u>	Check if Applicable:	
Primary - First Report Due March 29 - April 4, 2008 Pre-primary Report Due April 28 - May 2 General - First Report Pre-general Report	2, 2008 Due May 26 - 30, 2008	Amended Report You must also check box of appropriate	
Due Sept. 22 - 26, 2008 Due Oct. 20 - 24, 20		reporting period Final Report	
Reporting Period:	Annual Report Due in Calendar Year Due last Saturday in March or within 6 days thereafter		

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report) 1.	#607.51					
Total Contributions (from Page 2) 2.	+ -0-					
Subtotal (lines 1+2) 3.	#607.51					
Total Expenditures (from Page 2) 4.	0-					
Ending Balance (lines 3-4)	\$607.51					
*Cannot have a negative ending balance						

7	TOTAL CONTRIBUTIONS
\mathbf{E}	LECTION YEAR-TO-DATE
((Add line 2 from all reports)
	-0-
7	TOTALEXPENDITURES
	TOTAL EXPENDITURES LECTION YEAR-TO-DATE
El	
El	LECTION YEAR-TO-DATE

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date			Amount
				Full Name: Address:		
				Contributor's job: (Individu Where contributor works: Affiliation: (Political commi	al) (Individual) Iteę)	
			Full Name: Address:			
				Contributor's job: (Individu Where contributor works: Affiliation: (Political comm	ıal) (İndividual) ittee)	
				Full Name: Address:		
				Contributor's job: (Individu Where contributor works: Affiliation: (Political comm		
				Full Name: Address:		
	, _{1,4} - 40-1,11			Contributor's job: (Individu Where contributor works: Affiliation: (Polítical comm		
Check i	f additional pages	•	,	Total Cor (add both	ntributions:	
have be	en atached.					
	ITEMIZED EXPENDITURE	S (Itemize	3rd	party expenditures		
Date	Full name, residence address (if pers	on); business a	address	(if firm)	Purpose	Amount
						: :
			Annual State of State			
						! !
MAKE AS MAI	NY COPIES E AS YOU NEED.			•	Total Expenditures:	Ţ
		OATH C	R AF	FIRMATION		
correct, to the statement, a	ne best of my knowledge, for sequired by West Virginia	or all finan Code §3-8	cial tr	wear or affirm that t ansactions occurring	he attached statemen g within the period cov	t is true and ered by this
Date MO	ucus L. Craw y 28 . 2008.	tora		NBC VI	10,10	or Treasurer
				છે: 38	MA ES MABBOS	
				Receive	ed By:	



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My Secretary of State State Capital Sont 157-K Suiding! Suite 157-K 1900 Ferencha Blod. E. Charleston, MY 25305