State of West Virginia Campaign Financial Statement (Short Form) in Relation to 🗀 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 miscellaneou4. Does your committee have any unpaid bills?5. Have you or anyone else given an in-kind contril6. Has your committee given or received a transfer	bution to your campaign?	or checking account interest?					
Candidate or Committee Name West Urginians for M Fa Job	1 1.	Candidate or Committee's Treasurer Kerry Win Hers					
Political Party (for candidates)	Treasurer's Mailing A	Treasurer's Mailing Address (Street, Route or P.O. Box)					
Office Sought (for candidates) District/Divis	SIDE DE Daytime Phone # WU 25705 528.5578						
Election Cycle Reporting Period (check one): Primary - First Report (Due 1st Saturday in March or within 6 days thereafter) General - First Report (Due 15 days before Primary election or within 4 business days) or within 4 business days) General - First Report (Due 15 days before General election or within 4 business days) Check if Applicable: Amended Report You must also check box of appropriate reporting period or within 4 business days) Non-Election Cycle Annual Report Due In Calendar Year Due last Saturday in March or within 6							
Reporting Period: REPORT TOTALS (Fill in totals after you have completed page 2) CASH BALANCE SUMMARY							
Beginning Balance (ending balance from previous report) 1.	Ø	TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports) TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)					
Total Contributions (from Page 2) 2. +							
Subtotal (lines 1+2) 3.							
Total Expenditures (from Page 2) 4							
Ending Balance (lines 3-4)	Ø						

*Cannot have a negative ending balance

CONTRIBUTORS OF:

\$250 or Less

More than \$250

	\$250 or Less			ino	re than \$250		
Date	Full Name	Amount	Date			Amount	
				Full Name: Address:			
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)			
	/			Full Name: Address:			
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)			
				Full Name: Address:			
				Contributor's job: (Individent Where contributor works Affiliation: (Political comm			
				Full Name: Address:			
				Contributor's job: (Individ Where contributor works Affiliation: (Political comm			
	Check if additional pages nave been atached.			Total Cor (add boti	ntributions: n columns)		
	ITEMIZED EXPENDITUR	RES (Itemi	ze 3	rd pary expenditur	res/ reirnbursements)	
Date	Full name, residence address (if perso				Purpose	Amount	
						102	
		/					
MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED. Total Expenditures:							
-		OATH O	R AF	FIRMATION			
	ct, to the best of my knowledge, o	f all financ	ial tra	wear or affirm that tansactions occurring	the attached statemer g within the period co	nt is true and vered by this	
	Cuy L. Wi	itu		Signatur	e of Candidate, Agent	, or Treasurer	
Date_	<u>5.29</u> 20 <u>08</u> .	AINICAN TSAW TO STA					
	Received By: 08 AVH 8807						



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Manager and services of the se