## 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 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	City, State, Zip Code CHARLESTON, WV 25301	Daytime Phone # 304-345-1151		
	Post-primary Report Due May 26 - 30, 2008  Post-general Report	Check if Applicable:  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 TOTALS

(Fill in totals after you have completed page 2)

## CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	1.		\$3,309.24		
Total Contributions (from Page 2)	2.	+	\$0.00		
Subtotal (lines 1+2)	3.	=	3309.24		
Total Expenditures (from Page 2)	4.	_	0.00		
Ending Balance (lines 3-4)		=	3309.24		
*Cannot have a negative ending balance					

TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)	ı 4
1,000.	00
TOTALEXPENDITURES	
ELECTION YEAR-TO-DATE	2
(Add line 4 from all reports)	
\$1,000	00

## CONTRIBUTORS OF:

\$250 or less

More than \$250

	<b>4200</b> 0. 1000									
Date	Full Name	Amount	Date	F. II Nome:	Amount					
				Full Name: Address:						
		\$0.00		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)						
		0.00		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)						
				Total Contributions:	0.00					
	Theck if additional pages ave been atached.			(add both columns)						
,		S (Itemize	3rd	party expenditures/ reimbursements)						
Date	Full name, residence address (if person				Amount					
	NONE									
	I AS MANY COPIES S PAGE AS YOU NEED.			Total Expenditures:	:					
		OATH O	R AF	FIRMATION						
0										
ı, <u> </u>	harless. Smalh			wear or affirm that the attached stateme						
	ct, to the best of my knowledge, for nent, as required by West, Virginia			ansactions occurring within the period co	overed by this					
Stato	none, do required by vice virginia		ou.							
//	/M 1/ C			Signature of Candidate, Agen	t, or Treasure					
/	5120		_	1024 1024 10 I						
Date_	<u>5/30</u> 20 <u>08</u> .			Office Use Only	7-10					
				- 10:11MA S-M	JL 800S					

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

FO: SECRETARY OF STATE
ELECTIONS DIVISION
BLDG. 1, SUITE 157-K
1900 KANAWHA BLVD., EAST
CHARLESTON, WV 25305-0770