State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2010 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 N Au OV OUNY Political Party (for candida	Political Hoton	Candidate or Committee's Treasurer (n) a 040-C Treasurer's Mailing Address (Street, Route or P.O. Box) 49 W. Main St			
Office Sought (for candida	tes) District/Division	City, State, Zip Code Graffon WV 2632	Daytime 30	e Phone # 14-265 - 5664	
Election Cycle Primary - First Report Due March 27-April 2,2010 General - First Report Due Sept. 20-24, 2010	Pre-general Report Due Oct. 18-22, 2010		1	eck if Applicable: Amended Report You must also check box of appropriate reporting period	
		ort Due In Calendar Year urday in March or within 6 ter		Final Report Zero balance require 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.		3444.81		
Total Contributions (from Page 2)		+		
Subtotal (lines 1-2)	3.	=3444.8/		
Total Expenditures (from Page 2)	4.	- 0		
Ending Balance (lines 3-4)		= 3444.81		
*Cannot have a negative ending balance				

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

776.53

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

599.04

CONTRIBUTORS OF:

\$250 or Less

More 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: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)		
				Full Name: Address:		
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)		
			A	Total Contributions: (add both columns)	$\overline{}$	\mathcal{I}
	Check if additional pages nave been atached.			(add both columns) ==		
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Date	Full name, residence address (i			d pary expenditures/ reimburse		Amount
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correc	ct, to the best of my knowled ment, as required by West Virg	ge, of all financ imia Code §3-8-	ial tra -5a.	ensactions occurring within the pe	riod covere	ed by this
	Linda Ki	ence				
	I) In II	7	A - thurs - the make	Signature of Candidate	, Agent, or	Treasurer
Date_	10/1 20/0	<u></u>		Office Use Only	y 18	
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