2010 Post Primary

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?

er		
Linda S. De Barr Treasurer's Mailing Address (Street, Route or P.O. Box)		
Daytime Phone #		
1 304-472-6370		
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		
Check if Ameryou in box of reporting Final Zero PAC		

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	1.		91,106.61	
Total Contributions (from Page 2)	2.	+		
Subtotal (lines 1+2)	3.	=	1106.61	
Total Expenditures (from Page 2)	4.			
Ending Balance (lines 3-4)		=	1,106.61	
*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)	
38, 30	

CONTRIBUTORS OF:

\$250 or Less More than \$250 Date Full Name Amount Amount Date Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) 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) Total Contributions: (add both columns) Check if additional pages have been atached. ITEMIZED EXPENDITURES (Itemize 3rd pary expenditures/ reimbursements) Date Full name, residence address (if person); business address (if firm) Amount MAKE AS MANY COPIES **Total Expenditures:** OF THIS PAGE AS YOU NEED. **OATH OR AFFIRMATION** I, <u>Linda S Da Barr</u>, swear or affirm that the attached statement is true and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a. Date Sept. 24, 20 10.

Signature of Candidate, Agent, or Treasurer 92 JUN 4-130 0192 Received By:_