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?

Candidate or Committee Name City of Charleston Democratic Exec	cutive Committee	Candidate or Committee's Treasurer Bob Redman				
Political Party (for candidates) Democrat		Treasurer's Mailing Address (Street, Route or P.O. Box) 932 Central Avenue				
Office Sought (for candidates)	District/Division	City, State, Zip Code Charleston, WV 25302 (304)437-3	Daytime Phone #			
Election Cycle Rep Primary - First Report Due March 29 - April 4, 2008 General - First Report Due Sept. 22 - 26, 2008	orting Period (cheen Pre-primary Report Due April 28 - May 2, Pre-general Report Due Oct. 20 - 24, 200	2008 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			
Non-Election Cycle Reporting Period:		t Due in Calendar Year rday in March or within 6 er	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.		411.19		
Total Contributions (from Page 2)	2.	+	5,20		
Subtotal (lines 1+2)	3.	=	416.19		
Total Expenditures (from Page 2)	4.	_	D		
Ending Balance (lines 3-4)			416.19		
*Cannot have a negative ending balance					

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TOTA	LEXPENDITURES
ELECT	IONYEAR-TO-DATE
(Add1	ine 4 from all reports)

CONTRIBUTORS OF:

\$250 or less

More than \$250

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Date	Full Name	Amount	Date			Amount		
7/17/08	Bob Redman	\$5.00		Full Name: Address:				
				Contributor's job: (Individ Where contributor works Affiliation: (Political comm	ual) : (Individual) nittee)			
	***************************************			Full Name: Address:				
				Contributor's job: (Individ Where contributor works Affiliation: (Political comn	job: (Individual) butor works: (Individual) plitical committee)			
				Full Name:				
				Address: Contributor's job: (Individ				
				Affiliation: (Political community Name:	Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)			
				Address:	ress:			
				Contributor's job: (Individ Where contributor works Affiliation: (Political comn				
	Check if additional pages			Total Co	ntributions:	5.00		
	have been atached.			(add boti	h columns)			
	ITEMIZED EXPENDITURE	S (Itemize	3rd p	party expenditures	/ reimbursements)		
Date	Full name, residence address (if pers				Purpose	Amount		
						4		
	AS MANY COPIES				 Total Expenditures			
OF THI	IS PAGE AS YOU NEED.				lotal Expenditures	5		
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staten	ct, to the best of my knowledge, fon nent, a s required by West Virginia	or all tinand	iai tra 5a	insactions occurring	g within the period of	covered by this		
(2) 8	0000 30 0	Ju.					
				Signature	e of Candidate, Age	nt, or Treasurer		
Date_	9/25, 20 08				ENHOUSE TODA TO :	חועור		
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					EP 26 AM 8:57	13 0006 No. 1/		