State of West Virginia Campaign Financia 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 | Candidate or Committee's Tr | reasure r | | | |
|--|-----------------------------|--|--|--|--|
| Harrison Co. Education Assec. PAC | Michael J. S | patatore | | | |
| Political Party (for candidates) | Treasurer's Mailing Address | Treasurer's Mailing Address (Street Route or P.O. Box) | | | |
| | 1337 North 1 | 9th Street | | | |
| Office Sought (for candidates) District/Divisio | n City, State, Zip Code | Daytime Phone # | | | |
| | Clarksburg, WV | 26301 622-8270 | | | |
| Election Cycle Reporting Period (| Check if Applicable: | | | | |
| Primary - First Report Due March 29 - April 4, 2008 Pre-primary Rep Due April 28 - Ma | | port Amended Report | | | |
| Consest First Bonort Dr. ganomi Par | and E | box of appropriate | | | |

| Non-Election Cycle | Annual Report Due in Due last Saturday in | Marc | Calendar Year th or within 6 |
|---|--|------|-----------------------------------|
| General - First Report Due Sept. 22 - 26, 2008 | Pre-general Report Due Oct. 20 - 24, 2008 | | Post-general F Due Nov. 17 - 2 |
| Due March 29 - April 4, 2000 | Due April 28 - May 2, 2008 | | Due May 26 - 3 |

| ect. 20 - 24, 2008 | Post-general Report Due Nov. 17 - 21, 2008 | reporting period |
|--|--|--|
| Annual Report Due in Due last Saturday in | nCalendar Year n March or within 6 | Final Report Zero balance required. PAC must also file |
| daysthereafter | | 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. | \$ 3,876.16 | | | | |
|--|-----------------------|--|--|--|--|
| Total Contributions (from Page 2) 2. | + 0 | | | | |
| Subtotal (lines 1+2) 3. | # = 3,876.16 | | | | |
| Total Expenditures (from Page 2) 4. | # O | | | | |
| Ending Balance (lines 3-4) | [#] 3,876.16 | | | | |
| *Cannot have a negative ending balance | | | | | |

| TO FAL CONTRIBUTIONS ELF CTION YEAR-TO-DATE (Add line 2 from all reports) | _ |
|---|--|
| # 0 | Contract Contract |
| TOTALEXPENDITURES | |
| ELECTION YEAR-TO-DATE | |
| (Add line 4 from all reports) | Secretary of the last of the l |
| # 2,722.39 | 1 |

Reporting Period:

CONTRIBUTORS OF:

\$250 or less

More than \$250

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|-----------|--|--|--|--|---|-----------------------------|--|---|
| Date | Full Name | Amount | Date | | | | A | unount |
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| | | | | Full Name: Address: | | | | |
| | | | | Contributor's job: (Individual) Vanese contributor works: (Individu Affiliation: (Political committee) | i f) | | SITTLE CONTRACTOR OF THE PERSON NAMED IN | |
| | | | | Full Name: Address: | | | | |
| | | | | Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) | i) | | | |
| | | | | Full Name: Address: | | | | |
| | | | | Contributor's job: (Individual) Where contributor works: (Individual Affiliation: (Political committee) | f) | | | |
| | Check if additional pages | | | Total Contribution (add both column | ins: 1s) | Ħ | 0 | |
| / | have been atached. | | | | | o i i i comme de la come de | payan de Sale | |
| | ITEMIZED EXPENDITURE | S (Itemize | 3rd p | party expenditures/ reimb | ırsen | ients) | | |
| Date | Full name, residence address (if pers | on); business a | ddress | (if firm) Pu | pose | | *************************************** | Amount |
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| . , | Michael J. Spatafo | n . m e ⁴⁶ 0 | | en et eat uit. | t 1 | | | |
| correc | ct, to the best of my knowledge, for | or all financ | SV ial tra | vear or affirm that the attac insactions occurring within | nea s | tatemen eriod cov | t is ti rered | rue and by this |
| staten | ment, as required by West Virginia | Code §3-8- | 5a. | | | | | • |
| | mie en e 4 | 1) | | | | | | |
| | Tuchael y Spata | fore | ······································ | Signature of Can | didate | , Agent, | or Tr | easurer |
| Date_ | Michael J. Spata Sept. 26, 2008 | | | | | | | |
| | | | | Office U | se Onl | f | | Duli bermonita |
| | | | | 97:6 NA 1: | : 130 | 500Z | | |
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| | | | | Received By: | <i>J</i> | | | |

Office of the Secretary of State Building 1, Buite 157-K 1900 Hanausha Boulevard East Charleston, WV 25305

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TO OCT 2008 FM 2.T

