State of West Virginia Campaign Financial Statement (Short Form) in Relation to the 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?

Political Party (for candidates)		Treasurer's Mailing Address (Street, Route or P.O. Box)				
Primary - First Report Due March 27-April 2,2010 General - First Report	Pre-general Report		i	Amended Report You must also check box of appropriate		
Non-Election Cycle Reporting Period:		ort Due InCalendar Year turday in March or within 6		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.		942.00		
Total Contributions (from Page 2)	2.	+	25.55		
Subtotal (lines 1+2)	3.				
Total Expenditures (from Page 2)	4.				
Ending Balance (lines 3-4)		=	967.55		
*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)	1

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date				Amount	
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10/27	FIREFICHTOXS WIN SIT	25.55			butor's job: (Individual) contributor works: (Individual)			
				Full Name: Address:				
				Contributor's job: (Individ Where contributor works Affiliation: (Political comm	ributor's job: (Individual) re contributor works: (Individual) tion: (Political committee)			
				Full Name: Address:	Name:			
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	- · · · - · ·			Full Name: Address:				
-				Contributor's job: (Individ Where contributor works Affiliation: (Political comm	tributor's job: (Individual) re contributor works: (Individual) ation: (Political committee)			
\Box	Check if additional pages			Total Cor (add bot	ntributions: n columns)	25.	ऽ ऽ	
<u>Ш</u>	ave been atached.				<u> </u>			
	ITEMIZED EXPENDITUR	RES (Itemi	ize 3ı	rd pary expenditur	es/ reimburs	ements)		
Date	Full name, residence address (if person	n); business a	ddress	(if firm)	Purpose		Amount	
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	AS MANY COPIES S PAGE AS YOU NEED.				Total Expend	litures:		
		OATH O	R AF	FIRMATION			I	
I, SROW, OTILTINGS, 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.								
Signature of Candidate, Agent, or Treasurer								
Date_	Date /2/16 .				Office Use Only			
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Brian & Toni Stiltner 55 Dogwood Road Saint Albans, WV 25177 OFFICE OF SCLEETMEN OF SMIB STATE CHARTOL, BLOG-1, RM 157-K 1900 KANAWAA BLVO, EAST CHARLESTUN, UN 25305-0970