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?

Candidate or Committee N 化のパレビムのロイナル Political Party (for candida	ame Demicorit Xecutive fimmitte tes)	Candidate or Committee's Treasurer Shive y C. Noc.L Treasurer's Mailing Address (Street, Route or P.O. Box) Po Box 99		
Office Sought (for candida	tes) District/Division	City, State, Zip Code Union WU-24		e Phone #
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		i	eck if Applicable: Amended Report You must also check box of appropriate reporting period Final Report
Non-Election Cycle Reporting Period:	• •	rt Due In Calendar Year urday in March or within 6 er		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.	795.86			
Total Contributions (from Page 2)	2.	+ _ c			
Subtotal (lines 1+2)	3.	= 795,86			
Total Expenditures (from Page 2)	4.	- 31, 40			
Ending Balance (lines 3-4)		= 764,28			
*Cannot have a negative ending balance					

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

41.00

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

56.40

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date		Amount					
5/2/	Wanda Drnsford	4100		Full Name: Address:						
7/10	Francis mails vine	71.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	NH					
				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)						
	Check if additional pages Check if additional pages (add both columns) Check if additional pages									
ITEMIZED EXPENDITURES (Itemize 3rd pary expenditures/ reimbursements)										
Date	Full name, residence address (if persor		_		Amount					
14/10	James Monvoe Wie	Tradueriou	. 25,00							
9a/ /10	Monvoe Hatchm	Tradudi's o Leg a C HL	31,40							
MAKE	AS MANY COPIES			Tatal Evanaditura						
	S PAGE AS YOU NEED.			Total Expenditure	5. 56,70					
OATH OR AFFIRMATION 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.										
8.	hent, as required by West Virginia Control of Mexicon Control of 12-11-11-11-120-10.		***************************************	Signature of Candidate, Age	nt, or Treasurer					
Date_	20 /0.	Office Use Only	<u> </u>							
	Office Use Only									
	See Each 12 and 21 and									
				Received By:	<u>" , </u>					