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?
- 6. Has your committee given or received a transfer of excess campaign funds?

Candidate or Committee Name Marion Co, Labor Federation	Candidate or Committee's Treasurer BECKIE PARLISH Treasurer's Mailing Address (Street, Route or P.O. Box) 259 STATE RUN ROAD			
Political Party (for candidates)				
Office Sought (for candidates) District/Division	City, State, Zip Code FAIRVIEW WV 3	Daytime Phone #		
Primary - First Report Due March 29 - April 4, 2008 General - First Report Due Sept. 22 - 26, 2008 Pre-primary Report Due April 28 - May 2, 2 Pre-general Report Due Oct. 20 - 24, 2008	Post-primary Report Due May 26 - 30, 2008	Check if Applicable: Amended Report You must also check box of appropriate reporting period		
Non-Election Cycle Annual Report Reporting Period: Due last Satur days thereafter	Due in Calendar Year day in March or within 6	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.	\$756.00			
Total Contributions (from Page 2)	2.	+ -0 -			
Subtotal (lines 1+2)	3.	= 75-6.00			
Total Expenditures (from Page 2)	4.	0-			
Ending Balance (lines 3-4)		= 756.00			
*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)

655.80

CONTRIBUTORS OF:

\$250 or less

More than \$250

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Date	Full Name	Amount	Date			Amount
				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)		
				Full Name: Address:		
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)		
	ck if additional pages			Total Contributions: (add both columns)		
have	been atached.			,		
	ITEMIZED EXPENDITU	IRES (Itemize	3rd p	arty expenditures/ reimburser	nents)	
Date	Full name, residence address (if					Amount
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	AGE AS YOU NEED.			Total Expend	itures:	
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	CKIE PARRISH		_, swe	ear or affirm that the attached s	tatement is	true and
orrect, to tatement	the best of my knowledge , as required by West Virgir	e, for all financia	al trar	nsactions occurring within the pe	riod covere	d by this
			a.			
Bec	hie Parrish			Signature of Committee		
ate <u>fa</u>	sie Parrist mary 21 , 2009			Signature of Candidate	Agent or I	reasurer IS
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				Received By:	カ ガラー	



The Office of the Secretary of State 81dg, 1, Suite 157-K" 1900 Kanawha Blud, East Charleston, WV J5305

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