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

Non-Election Cycle Reporting Period: Annual Report Due In Calendar Year Due last Saturday in March or within 6 days thereafter			Final Report Zero balance required PAC must also file Form F-6 Dissolution			
Primary - First Report Due March 27-April 2,2010 General - First Report Due Sept. 20-24, 2010	e Reporting Period (che Pre-primary Report Due April 26-30, 2010 Pre-general Report Due Oct. 18-22, 2010	Post-general Report Due Nov 15-Dec 15, 2010	Check if Applicable: Amended Report You must also check box of appropriate reporting period			
REPUBLICAN Political Party (for candida REPUBLICAN Office Sought (for candida	tes) District/Division	Treasurer's Mailing Address (Street 249 Rt DESMONT DE City, State, Zip Code Summersville WI 2	Daytime Phone #			
Candidate or Committee N		Candidate or Committee's Treasurer MICHAEL D BROWN				

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report) Total Contributions (from Page 2)			246,23	TOTALC
		+	-0-	ELECTIO (Add line
Subtotal (lines 1+2)	3.	=	246.23	TOTALE
Total Expenditures (from Page 2)		_	-0-	TOTALE ELECTION (Add line
Ending Balance (lines 3-4)		=	246.23	
*Cannot have a ne	gati	• ve endi:	ng balance	

	TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)
	-0~
]	TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)
	-0-

CONTRIBUTORS OF:

\$250 or Less

More than \$250

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)	: (Individual) or works: (Individual) cal committee)		
				Full Name: Address:			
				Contributor's job: (Individual) Where contributor works: (Individual Affiliation: (Political committee)	outor works: (Individual)		
				Full Name: Address:			
				Contributor's job: (Individual) Where contributor works: (Individual Affiliation: (Political committee)	•		
CI	heck if additional pages			Total Contributio (add both column	ns: s)	-0-	
ha	ive been atached.						
	ITEMIZED EXPEND	ITURES (Itemi	ize 3r	d pary expenditures/ reim	bursements	i)	
Date	Full name, residence address (if	person); business a	ddress	(if firm) Purp	ose	Amount	
		# #					
MAKEA	S MANY COPIES						
	S PAGE AS YOU NEED.			Total Ex	penditures:	-0-	
		OATH O	R AFI	FIRMATION			
1, <u>M</u> /	HAEL D BROWN, TRE, to the best of my knowledg	ASURER	, sv	vear or affirm that the attach	ned statemer	nt is true and	
	ent, as required by West Virgi			insactions occurring within ti	те репоа со	vered by this	
1	MAY 26 20 10			Signature of Cano	idate, Agent,	, or Treasurer	
Date	MAY 26 . 20 10)			to the state of th		
				Office Us	e Only		
					7 TF (1984 N		
				85 % y/€ 8	27,110,012		
				Received By:			

249 Ridgemont Drive Summerselle, 3N 26651

CHARLESTON 38% 250

12 MAY 2010 FM 11



WY Secretary of State State Capital Guebing 1, Suite 157-K 1900 Kanawha HWA, East Parleston, WY 25305

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