## 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 Nam  1040000000000000000000000000000000000	real Action	Candidate or Committee's Treasure  A OA COCC  Treasurer's Malling Address (Street,  419 W. Main St	5
Office Sought (for candidates	) District/Division	City State, Zip Code  6 ra Hon W 363	Daytime Phone #
Election Cycle F	Reporting Period (chec	k one):	Check if Applicable:
Primary - First Report Due March 29 - April 4, 2008	Pre-primary Report Due April 28 - May 2, 2	Post-primary Report Due May 26 - 30, 2008	Amended Report You must also check
General - First Report Due Sept. 22 - 26, 2008	Pre-general Report Due Oct. 20 - 24, 2008	Post-general Report Due Nov. 17 - 21, 2008	box of appropriate reporting period
Non-Election Cycle Reporting Period:		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.	3309.32			
Total Contributions (from Page 2)	2.	+			
Subtotal (lines 1+2)	3.	= 3309.32			
Total Expenditures (from Page 2)	4.	- 42.00			
Ending Balance (lines 3-4)		= 3267.32			
*Cannot have a negative ending balance					

	TOTAL CONTRIBUTIONS
	LEC'TION YEAR-TO-DATE
	(Add line 2 from all reports)
	214.71
	<b>TOTAL EXPENDITURES</b>
_	LECTION YEAR-TO-DATE
	(Add line 4 from all reports)
	100000
	111 471111

## **CONTRIBUTORS OF:**

\$250 o	rless
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	\$250 or less				More than \$250	
Date	Full Name	Amount	Date			Amount
				Full Name: Address:		
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		·		Full Name: Address:		
				Contributor's job: (Individu Where contributor works: Affiliation: (Political comm	ıal) (Individual) ittee)	
	ck if additional pages			Total Cor (add both	ntributions:	E SUPERSONAL
have	e been atached.					
	ITEMIZED EXPENDITU	RES (Itemize	3rd p	party expenditures	reimbursements)	
Date	Full name, residence address (if	person); business a	ddress	(if firm)	Purpose	Amount
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— <i>—</i>	Dynda Yor	re		Signature	of Cancidate, Agen	t, or Treasurer
) Date	11/18 200			 -	1	
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Received By:\_

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Office of the Secretary of State Building 1 Suite 157-K 1900 Kana Wha Boulevard East Charleston W. U.