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

	a County COPE	Candidate or Committee's Tre		
Political Party (for candidate	es) /	Treasurer's Mailing Address (in Rd.	
Office Sought (for candidat	es) District/Division	City, State, Zip Code Fairriew, WV 26		Phone # 19 - 1061
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,	Post-primary Report Due May 24-June 23, 20	10	Amended Report You must also check box of appropriate reporting period Final Report
Non-Election Cycle Reporting Period:	Annual Repo Due last Sat days thereaf	rt Due InCalendar Year urday in March or within 6 ter		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.	\$2,028.50			
Total Contributions (from Page 2)	2.	+ Ö			
Subtotal (lines 1+2)	3.	= \$2,028 so			
Total Expenditures (from Page 2)	4.	- 0			
Ending Balance (lines 3-4)		= \$2,028. ⁵⁰			
*Cannot have a negative ending balance					

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

\$797.25

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

\$150.00

CONTRIBUTORS OF:

More than \$250

	\$250 or Less			More til	an \$250		
Date	Full Name	Amount	Date				Amount
				Full Name: Address:			
				Contributor's job: (Individual) Where contributor works: (Indiv Affiliation: (Political committee)	/idual)		
	Full Name: Address:						
				Contributor's job: (Individual) Where contributor works: (Indi Affiliation: (Political committee)	vidual)		
				Full Name: Address:			
		,		Contributor's job: (Individual) Where contributor works: (Indi Affiliation: (Political committee)	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)			
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	ITEMIZED EXPENDITU	JRES (Item	ize 3	rd pary expenditures/	reimburseı	ments)	
Date	Full name, residence address (if pers	son); business a	address	(if firm)	Purpose		Amount
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correct	, to the best of my knowledge, ent, as required by West Virginia	of all financ	cial tra	insactions occurring with	nin the peri	od cover	ed by thi
Staterin	Callo . O	0000 30 0	ou.				
	CAA (. 7 LM)			Signature of 0	Candidate, <i>i</i>	Agent, or	Treasure
Date	12/10 , 20/0						
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