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?

Cardidate or Committee N AUDY (OUD) TY Political Party (for candida	Political Hotion	Candidate or Committee 3 Treasurer LINGA BYCE Treasurer's Mailing Address (Street, Route or P.O. Box)			
Office Sought (for candida	tes) District/Division	City, State, Zip Gode Gray Fon WU263	Daytime	Phone # 04 265-5664	
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	Post-primary Report Due May 24-June 23, 2010 Post-general Report Due Nov 15-Dec 15, 2010	Che	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)		3444.81				
Total Contributions (from Page 2)	2.	+ 0				
Subtotal (lines 1+2)	3.	=3444.81				
Total Expenditures (from Page 2)	4.	- 0				
Ending Balance (lines 3-4)		= 3444.8/				
*Cannot have a negative ending balance						

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

776.53

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

599.04

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date				Amount		
			l	Full Name: Address:					
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				Full Name: Address: /					
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Check if additional pages Total Contribution (add both columns						(
	have been atached.								
	ITEMIZED EXPENDITU				es/ reimburs	ements)			
Date	Full name, residence address (if pers	son); business	address	(if firm)	Purpose		Amount		
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	IS PAGE AS YOU NEED.				Total Expend	ditures:	<u> </u>		
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	Linda Royce								
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	Maa Noy	<u> </u>		Signature	e of Candidat	e, Agent, o	r Treasurer		
Date_	11/28 20/0						3		
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