## 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  West Virginia Republican State Executive Commit		Candidate or Committee's Treasurer				
Political Party (for candidates)		Treasurer's Mailing Address (Stre⊕t, Route or P.O. Box)				
Office Sought (for candidates) District/D	City, State, Zip Code Charleston, WV 25330-2711	Daytime Phone # 304.768.0493				
General - First Report  Due Sept. 22 - 26, 2008  Pre-genera  Due Oct. 20  On-Election Cycle  Ann	y Report 3 - May 2, 2008  Post-primary Report Due May 26 - 30, 2008	box of appropriate				

## REPORT TOTALS

(Fill in totals after you have completed page 2)

## CASH BALANCE SUMMARY

The state of the s					
Beginning Balance (ending balance from previous report)	1.		1,100.00		
Total Contributions (from Page 2)	2.	+	0.00		
Subtotal (lines 1+2)	3.	1000 p. 100	1,100.00		
Total Expenditures (from Page 2)	4.	_	0.00		
Ending Balance (lines 3-4)		_	1,100.00		
*Cannot have a negative ending balance					

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and the same of th	1,241.60
TOTALEXPE	NDITURES
<b>ELECTION YEA</b>	R-TO-DATE
(A dd line 4 from	all reports)
	147.24

## CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date			C ALVERTANCE SELECTIONS		Amount
				Full Name: Address:				
				Contributor's job: (Individu Where contributor works: Affiliation: (Political commi	al) (Indivi ttee)	ıal)		
				Full Name: Address:				
				Contributor's job: (Individu Where contributor works: Affiliation: (Political commi	ıal) (İndivi ittee)	lual)		
				Full Name: Address:				
				Contributor's job: (Individu Where contributor works: Affiliation: (Political comm	ıal) (Indivi ittee)	iual)		
				Full Name: Address:				
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ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/ reinibursements)								
Date	Full name, residence address (if pers	on); business a	ddress	(if firm)		ourpose		Amount
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	t, to the best of my knowledge, if	or all financ	cial tra	vear or affirm that the tangement of the transfer of the trans	ne at with	ached n the p	statemer eriod cov	nt is true and vered by this
staten	nent, as required by West Virginia	Code §3-8-	5a.					
2	yary V Rigg	all		Signature	of C	ndidat	e, Agent,	or Treasurer
Date_	10/24 , 20 08.				Offic	Use On	dv.	<u> </u>
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