State of West Virginia Campaign Financia 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 AU (A) (A) (A) (T) (Political Party (for candidates)	al Action	Candidate or Committee's Treasure In a Cyc'e Treasurer's Mailing Address (Street #################################		or P.O. Box)
Office Sought (for candidates)	District/Division	City, State, Zip Code Gray Fon WU2635	Daytim	# 165564
Election Cycle Rep	oorting Period (che	eck one):	Ché	eck if Applicable:
Primary - First Report Due March 29 - April 4, 2008	Pre-primary Report Due April 28 - May 2,			Amended Report You must also check
General - First Report Due Sept. 22 - 26, 2008	Pre-general Report Due Oct. 20 - 24, 200	I I FUSI-delicial Nebult		box of appropriate reporting period
Non-Election Cycle Reporting Period:		rt Due in Calendar Year urday 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

ta				
Beginning Balance (ending balance from previous report) 1.		3309.32		
Total Contributions (from Page 2)	2.	+ 0		
Subtotal (lines 1+2)	3.	= 3309.32		
Total Expenditures (from Page 2)	4.	- 0		
Ending Balance (lines 3-4)		= 3309.32		
*Cannot have a negative ending balance				

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

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

1250.00

CONTRIBUTORS OF:

ye	 \$250 or less
te	Full Name

More than \$250

Date	Full Name	Amount	Date					Amount
				Full Name: Address:				
			1	Contributor's job: (Individ Where contributor works Affiliation: (Political comn	lual) s: (Indivi nittee)	dual)		
			1	Full Name: Address:				
				Contributor's job: (Individual Where contributor works Affiliation: (Political comm	lual) s: (Indivi nittee)	ici ual)		
		Full Name: Address:						
	Contributor's job: (Individual) Where contributor works: (Indivi⊜ual) Affiliation: (Political committee)							
				Full Name: Address:				
				Contributor's job: (Individual Where contributor works Affiliation: (Political comm	lual) s: (Indivi nittee)	cual)		
- Chi	eck if additional pages			Total Co	ntribu	ions:	(\bigcirc
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Date	ITEMIZED EXPENDITU Full name, residence address (if					(I)) (III)	ients)	
Date	1 di fidifie, residence address (il	person), business a	adress	(IF TILETT)	-	Purpose		Amount
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ateme	nt, as required by West Virgi	nia ©ode §3-8-	5a.		,	··· u.io po		
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Office of the Secretary of State 1900 Kanawha Bowlevard East Chartestory West Virginia Building 1 Suite 1577