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? No
- 3. Has your committee received any miscellaneous receipts, such as refunds or checking account interest? WV
- 4. Does your committee have any unpaid bills?

 **P
- 5. Have you or anyone else given an in-kind contribution to your campaign? NO
- 6. Has your committee given or received a transfer of excess campaign funds? $\mathcal{N} \partial$

Candidate or Committee Name M. Land lord Assoc	PAC Candidate or Committee's Treasure	Ker			
Political Party (for candidates)		Treasurer's Mailing Address (Street, Route or P.O. Box)			
Office Sought (for candidates) District/D	Division City, State, Zip Code St. Albars, M 2517	Daytime Phone #			
Election Cycle Reporting Per	riod (check one):	Check if Applicable:			
Primary - First Report Due March 29 - April 4, 2008 Pre-prima Due April 2	ry Report Post-primary Report Due May 26 - 30, 2008	Amended Report You must also check			
	ral Report 20 - 24, 2008 Post-general Report Due Nov. 17 - 21, 2008	box of appropriate reporting period			
Penorting Period:	nual Report Due in Calendar Year le last Saturday in March or within 6 lys thereafter	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.	565.00	TOTAL CONTRIBUTIONS
Total Contributions (from Page 2) 2.	+ 7.00	ELECTION YEAR-TO-DATE (Add line 2 from all reports)
Subtotal (lines 1+2) 3.	= 565.00	TOTAL EXPENDITURES
Total Expenditures (from Page 2) 4.	_ 0.00	ELECTION YEAR-TO-DATE (Add line 4 from all reports)
Ending Balance (lines 3-4)	= 565.00	0-30
*Cannot have a negati		

CONTRIBUTORS OF:

\$250 or less

More than \$250

	\$200 OT 1639		T = .				Amount	
Date	Full Name	Amount	Date	Full Name:			Amount	
			_	Address:				
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)				
			1	Full Name: Address:				
				Contributor's job: (Individu Where contributor works: Affiliation: (Political commi	Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)			
				Full Name: Address:	Full Name:			
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)				
				Full Name: Address:				
			1	Contributor's job: (Individu Where contributor works: Affiliation: (Political comm	ributor's job: (Individual) re contributor works: (Individual) ation: (Political committee)			
							ワロン	
	heck if additional pages ave been atached.			lod bou	i columns)			
	ITEMIZED EXPENDITU	JRES (Itemize	3rd	party expenditures	reimbursei	ments)		
Date	Full name, residence address (if				Purpose		Amount	
<u> </u>								
	AS MANY COPIES			-	Total Expen	ditures:	000	
OF TH	S PAGE AS YOU NEED.							
	. /	OATH	OR AF	FIRMATION				
	Hughen Bin	hn/	_	swear or affirm that t	he attached	statement	is true and	
correc	et, to the best of my knowledge	ge, for all finar	, s ncial ti	ransactions occurring	g within the	period cov	ered by this	
staten	nent, as required by West Virg	inia Code §3-	3-5a.					
	II Book	, , /					_	
Sign				Signatur	e of Candida	te, Agent, d	or Treasure	
Date				Office Use O		···		
•		f			Office Use O	nly∵−∀		
	2009 OCT 22 AM 10: 12							
Received By:								

Annual control of the control of the

L1192 M

SAINT ALBANS. 1000 SSINT ALBANS. 1000 25305 00030484-

Seertang State 151-X
364 Swite 151-X
1900 Kanawha 1814 East
Chulesten W 25305

youther Linear