

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?

Candidate or Committee Name AFT Marion County COPE		Candidate or Committee's Treasurer Stacey Strawderman	
Political Party (for candidates)		Treasurer's Mailing Address (Street, Route or P.O. Box) 318 Marion St	
Office Sought (for candidates)	District/Division	City, State, Zip Code Fairmont WV 26554	Daytime Phone # 2030793

Election Cycle Reporting Period (check one):

<input checked="" type="checkbox"/> Primary - First Report Due March 27-April 2, 2010	<input type="checkbox"/> Pre-primary Report Due April 26-30, 2010	<input type="checkbox"/> Post-primary Report Due May 24-June 23, 2010
<input type="checkbox"/> General - First Report Due Sept. 20-24, 2010	<input type="checkbox"/> Pre-general Report Due Oct. 18-22, 2010	<input type="checkbox"/> Post-general Report Due Nov 15-Dec 15, 2010

Check if Applicable:

Amended Report
You must also check box of appropriate reporting period

Final Report
Zero balance required. PAC must also file Form F-6 Dissolution

Non-Election Cycle Reporting Period: **Annual Report Due In** ____ **Calendar Year**
Due last Saturday in March or within 6 days thereafter

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report) 1.	451.93
Total Contributions (from Page 2) 2.	+ 1334.50
Subtotal (lines 1+2) 3.	= 1786.43
Total Expenditures (from Page 2) 4.	- 1620.82
Ending Balance (lines 3-4)	= 165.61
<i>*Cannot have a negative ending balance</i>	

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

1334.50

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

1620.82

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Full Name	Amount
				Full Name: AFT WV Address: 1610 Washington St + Charleston Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) AFTWV COPE	1334.50
				Full Name: Address: 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)	
				Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Check if additional pages have been attached.

Total Contributions: (add both columns) **1334.50**

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/ reimbursements)

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
4/7/09	Teresa Baxter - Fairmont WV	Reimbursement for COPE Buslet	55.70
9/17/09	AFLCIO Lewis St Charleston, WV	Legislative Convention	150.00
10/8/09	Charleston Marriott Charleston, WV	1 night for legislative convention	115.40
4/4/09	Beckie Parrish Fairview, WV	Reimbursement for COPE Buslet	119.72
12/14	Rick Thompson reelection committee	Campaign Donation	1000.00

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.

Total Expenditures: **→**

OATH OR AFFIRMATION

I, Stacey Strawderman, swear or affirm that the attached statement is true and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Stacey Strawderman Signature of Candidate, Agent, or Treasurer

Date 3/30 2010.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
				Full Name: Address:	
				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)	
				Full Name: Address:	
				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)	

Check if additional pages have been attached.

Total Contributions: (add both columns)

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/ reimbursements)

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
1/26/10	AFLCIO WV Lewis St Charleston WV	AFLCIO WV Legislative Conf	90 ⁰⁰
1/26/10	WV AFLCIO Lewis St Charleston, WV	WV AFLCIO Legislative Conference	90 ⁰⁰

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.

Total Expenditures:

1620⁸²

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

2010 APR -1 AM 10:50

Received By: _____

CLARKSBURG WV 263

31 MAR 2010 PM 2 L

2010 CENSUS
MAIL IT BACK



USE FIRST CLASS PERMIT

Secretary of States Office
State Capitol, Bldg 1 Rm 157-K
1900 Kanawha Blvd, East
Charleston, WV 25305-0770

25305+0003

