

# 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<br><b>Wirt County Republican Women</b> |                   | Candidate or Committee's Treasurer<br><b>Susan Baileys</b>                      |  |
| Political Party (for candidates)<br><b>n/a</b>                     |                   | Treasurer's Mailing Address (Street, Route or P.O. Box)<br><b>Rt. 2 Box 123</b> |  |
| Office Sought (for candidates)<br><b>n/a</b>                       | District/Division | City, State, Zip Code<br><b>Elizabeth, WV 26143</b>                             | Daytime Phone #<br><b>(304) 275-4369</b> |

**Election Cycle Reporting Period (check one):**

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

|  |  |   |               |  |  |
|--|--|---|---------------|--|--|
| <b>Beginning Balance</b><br>(ending balance from previous report) 1. |  |   |               |  |  |
|  |  |   | <b>307.71</b> |  |  |
| <b>Total Contributions</b><br>(from Page 2) 2.                       |  | + | <b>0</b>      |  |  |
| <b>Subtotal</b><br>(lines 1+2) 3.                                    |  | = | <b>307.71</b> |  |  |
| <b>Total Expenditures</b><br>(from Page 2) 4.                        |  | - | <b>0</b>      |  |  |
| <b>Ending Balance</b><br>(lines 3-4)                                 |  | = | <b>307.71</b> |  |  |
| <i>*Cannot have a negative ending balance</i>                        |  |   |               |  |  |

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

**0**

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

**212.00**

CONTRIBUTORS OF:

\$250 or Less

More than \$250

| Date | Full Name | Amount | Date | Full Name:<br>Address:<br>Contributor's job: (Individual)<br>Where contributor works: (Individual)<br>Affiliation: (Political committee) | Amount |
|------|-----------|--------|------|--|--------|
|      |           |        |      | Full Name:<br>Address:<br>Contributor's job: (Individual)<br>Where contributor works: (Individual)<br>Affiliation: (Political committee) |        |
|      |           |        |      | Full Name:<br>Address:<br>Contributor's job: (Individual)<br>Where contributor works: (Individual)<br>Affiliation: (Political committee) |        |
|      |           |        |      | Full Name:<br>Address:<br>Contributor's job: (Individual)<br>Where contributor works: (Individual)<br>Affiliation: (Political committee) |        |
|      |           |        |      | Full Name:<br>Address:<br>Contributor's job: (Individual)<br>Where contributor works: (Individual)<br>Affiliation: (Political committee) |        |

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

⊖

Check if additional pages have been attached.

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/ reimbursements)

| Date | Full name, residence address (if person); business address (if firm) | Purpose | Amount |
|------|--|---------|--------|
|      |  |         |        |
|      |  |         |        |
|      |  |         |        |
|      |  |         |        |
|      |  |         |        |

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.

**Total Expenditures:**

⊖

OATH OR AFFIRMATION

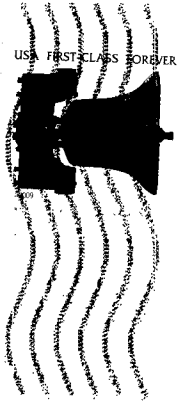
I, Susan Baileys, swear or affirm that the attached statement is true and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Susan Baileys Signature of Candidate, Agent, or Treasurer

Date April 28, 2010

Office Use Only  
2010 APR 29 AM 10:28  
Received By: \_\_\_\_\_

Susan Baileys  
Rt 2 Box 123  
Elizabeth, WV 26043



CHARLESTON WV 253  
28 APR 2010 PM 1 L

WV Secretary of State  
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Charleston, WV 25305

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