# 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 Na   | ame                                     | Candidate or Committee's Treasurer Theresa A. Waxman        |  |  |  |
|---|---|---|--|--|--|
| Harrison Chamber Po   | olitical Action Committee               |   |  |  |  |
| Political Party (for candidates)  |   | Treasurer's Mailing Address (Street, Route or P.O. Box)     |  |  |  |
|   |   | 30 Diamond Cove   |  |  |  |
| Office Sought (for candidate  | tes) District/Division                  | City, State, Zip Code Daytime Phone #                       |  |  |  |
|   |   | Bridgeport, WV 26330  | 304842-6548  |  |  |
| Election Cycle Primary - First Report Due March 27-April 2,2010  General - First Report Due Sept. 20-24, 2010 | Pre-general Report Due Oct. 18-22, 2010 | Post-general Report Due Nov 15-Dec 15, 2010                 | Check if Applicable:  Amended Report You must also check box of appropriate reporting period |  |  |
| Non-Election Cycle Reporting Period:  |   | rt Due In Calendar Year<br>urday in March or within 6<br>er | 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**

| Beginning Balance (ending balance from previous report) 1. |    | 1405.23   |  |  |
|--|----|-----------|--|--|
| Total Contributions (from Page 2)                          |    | + - 0 -   |  |  |
| Subtotal (lines 1+2)                                       | 3. | = 1405.23 |  |  |
| Total Expenditures<br>(from Page 2)                        | 4. | _ ~ 0-    |  |  |
| Ending Balance (lines 3-4)                                 |    | = 1405.23 |  |  |
| *Cannot have a negative ending balance                     |    |           |  |  |

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

4375.00

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

6079.05

## **CONTRIBUTORS OF:**

\$250 or Less

More than \$250

| Date    | Full Name   | Amount         | Date            |  |   | Amount        |  |  |  |  |
|---------|---|----------------|-----------------|--|---|---------------|--|--|--|--|
|         |   |                |                 | Full Name:<br>Address:   |   |               |  |  |  |  |
|         |   |                |                 | Contributor's job: (Individual)<br>Where contributor works: (Individual)<br>Affiliation: (Political committee) |   |               |  |  |  |  |
|         |   |                |                 | Full Name:<br>Address:   |   |               |  |  |  |  |
|         |   |                | -               | Contributor's job: (Individual)<br>Where contributor works: (Individual)<br>Affiliation: (Political committee) | ntributor's job: (Individual) here contributor works: (Individual) here contributor works: (Individual) here contributor's job: (Individual) here contributor works: (Individual) hiliation: (Political committee)  Il Name: dress:  Il Name: dress:  Intributor's job: (Individual) here contributor works: (Individual) |               |  |  |  |  |
|         |   |                |                 | Full Name:<br>Address:   |   |               |  |  |  |  |
|         |   |                |                 | Contributor's job: (Individual)<br>Where contributor works: (Individual)<br>Affiliation: (Political committee) |   |               |  |  |  |  |
|         |   |                |                 | Full Name:<br>Address:   |   |               |  |  |  |  |
|         |   |                |                 | Contributor's job: (Individual)<br>Where contributor works: (Individual)<br>Affiliation: (Political committee) |   |               |  |  |  |  |
|         | Check if additional pages  Total Contributions: - 0 - (add both columns)                  |                |                 |  |   |               |  |  |  |  |
| - nu    | have been atached.  ITEMIZED EXPENDITURES (Itemize 3rd pary expenditures/ reimbursements) |                |                 |  |   |               |  |  |  |  |
| Date    | Full name, residence address (if I  |                |                 |  |   | Amount        |  |  |  |  |
|         |   |                |                 |  |   |               |  |  |  |  |
|         |   |                |                 |  |   |               |  |  |  |  |
|         |   |                |                 |  |   |               |  |  |  |  |
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|         | S MANY COPIES   |                |                 | Total Expe   | nditures:   | -0-           |  |  |  |  |
| OF THIS | PAGE AS YOU NEED.   |                |                 | •  | L   |               |  |  |  |  |
|         |   | OATHC          | RAF             | FIRMATION  |   |               |  |  |  |  |
| I,      | <u>heresa A. Waxma</u>  | √              | , s             | wear or affirm that the attached   | l statemen  | t is true and |  |  |  |  |
| stateme | ent, as required by West Virgi  | nia Code §3-8  |                 | ansactions occurring within the  | period cov  | ered by tills |  |  |  |  |
|         | Thurisa aWaxami<br>May 24 . 20 10   | Or-            |                 | Signature of Candida   | ate, Agent,   | or Treasurer  |  |  |  |  |
| Date /  | May 24 20 10  | )              |                 |  |   |               |  |  |  |  |
|         | , = , 7   | <del>_</del> · | Office Use Only |  |   |               |  |  |  |  |
|         |   |                |                 |  |   |               |  |  |  |  |
|         |   |                |                 |  |   |               |  |  |  |  |
|         |   |                |                 | Received By:   | ATHORN.   |               |  |  |  |  |

Harrison Chamber PAC Theresa A. Waxman, Treas. 30 Diamond Cove Bridgeport, WV 26330

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