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 Wetzel County Education Assoc. PAC Political Party (for candidates)		Candidate or Committee's Treasurer John H. Yevuta			
		Treasurer's Mailing Address (Street 648 Main Street	Route or P.O. Box)		
Office Sought (for candidates)	District/Division	City, State, Zip Code New Martinsville, WV 26155	Daytime Phone # 304-771-0229		
Election Cycle Re	porting Period (che	ck one):	Che	eck if Applicable:	
Primary - First Report Due March 29 - April 4, 2008	Pre-primary Report Due April 28 - May 2,	2008 Post-primary Report Due May 26 - 30, 2008		Amended Report You must also check	
General - First Report Due Sept. 22 - 26, 2008	Pre-general Report Due Oct. 20 - 24, 200		box of appropriate reporting period		
Non-Election Cycle Reporting Period:		t Due in Calendar Year orday in March or within 6 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.					
Total Contributions (from Page 2) 2.	+ 0				
Subtotal (lines 1+2) 3.	-				
Total Expenditures (from Page 2) 4.	_ 0				
Ending Balance (lines 3-4)	= 93.58				
*Cannot have a negative ending balance					

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

231.26

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

775.00

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name				Nore than \$250	
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				Full Name: Address:		
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Check	if additional pages			Total Cont (add both	ributions:	
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Date	ITEMIZED EXPENDITU	JRES (Itemize 3	rd pa	arty expenditures/	reimbursemen	ts)
	Full name, residence address (if	f person); business add	ress (if	firm)	Ригроѕе	Amount
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