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?
- 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	Candidate or Committee's Treasurer				
Tyler County Educational Assoc. PAC	Mary Lynn Rouse				
Political Party (for candidates)	Treasurer's Mailing Address (Street, Route or P.O. Box)				
Office Sought (for candidates) District/Division	City, State, Zip Code	Daytime Phone #			
	Newport OH 45768	304-652-2601			
Election Cycle Reporting Period (che		Check if Applicable:			
Primary - First Report Due March 29 - April 4, 2008 Pre-primary Report Due April 28 - May 2		Amended Report You must also check			
	Pre-general Report Due Oct. 20 - 24, 2008 Post-general Report Due Nov. 17 - 21, 2008				
	ort Due in Calendar Year urday in March or within 6	Final Report Zero balance require 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.	\$2,691.06				
Total Contributions (from Page 2) 2.	+ . 0				
Subtotal (lines 1+2) 3.	= \$2,691.06				
Total Expenditures (from Page 2) 4.	- 0				
Ending Balance (lines 3-4)	=\$ 2,691.06				
*Cannot have a negative ending balance					

CONTRIBUTORS OF:

\$250 or less

More than \$250

,					wore than \$2	450		
Date	Full Name	Amount	Date				Amount	
				Full Name: Address:				
			1	Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)				
			 					
				Full Name: Address:				
_				Contributor's job: (Indivi Where contributor work Affiliation: (Political com	dual) s: (individual) mittee)			
			•	Full Name: Address:				
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				Full Name: Address:	ne:			
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(Check if additional pages			Total Co	ntributions:	Ò		
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	ITEMIZED EXPENDITURES	(Itemize	3rd p	arty expenditures	/ reimbursem	nents)		
Date		n); business ac	ldress (i	f firm)	Purpose		Amount	
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		OATH OR	AFFI	RMATION				
M.	ary Lyna Rouse							
orrec	t, to the best of my knowledge, for	all financia	_, SWe	ear or affirm that the	ne attached st	atement is	true and	
tatem	nent, as required by West Virginia Co	ode §3-8-5	a.	·	within the bei	iod covere	a by this	
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7/	March 30 2009			——— Signature	of Candidate,	Agent, or T	reasurer	
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Charleston, WV 25305

