

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 Laborers' Local 814 | | Candidate or Committee's Treasurer Chris Graham | |
| Political Party (for candidates) | | Treasurer's Mailing Address (Street, Route or P.O. Box) P.O. Box 4226 | |
| Office Sought (for candidates) | District/Division | City, State, Zip Code Morgantown, WV | Daytime Phone # 598-1170 |

Election Cycle Reporting Period (check one):

- | | | |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Primary - First Report Due March 29 - April 4, 2008 | <input type="checkbox"/> Pre-primary Report Due April 28 - May 2, 2008 | <input type="checkbox"/> Post-primary Report Due May 26 - 30, 2008 |
| <input type="checkbox"/> General - First Report Due Sept. 22 - 26, 2008 | <input type="checkbox"/> Pre-general Report Due Oct. 20 - 24, 2008 | <input type="checkbox"/> Post-general Report Due Nov. 17 - 21, 2008 |

Non-Election Cycle Reporting Period:

- ☒ **Annual Report Due in _____ Calendar Year**
Due last Saturday in March or within 6 days thereafter

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

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

| | | |
|----------------------------------------------------------------------|---|----------------|
| Beginning Balance (ending balance from previous report) 1. | | 6297.87 |
| Total Contributions (from Page 2) 2. | + | 534.00 |
| Subtotal (lines 1+2) 3. | = | 6831.87 |
| Total Expenditures (from Page 2) 4. | - | 0 |
| Ending Balance (lines 3-4) | = | 6831.87 |
| <i>*Cannot have a negative ending balance</i> | | |

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

4,175.00

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

2478.60

CONTRIBUTORS OF:

\$250 or less

More than \$250

| Date | Full Name | Amount | Date | Full Name | Amount |
|----------|-----------------|--------|------|----------------------------------------------------------------------------------------------------------------|--------|
| 11/17/09 | Laborers' Local | | | Full Name: Address: | |
| to | 814 (\$100 per | | | Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) | |
| 3/27/09 | month contri- | | | Full Name: Address: | |
| | bution - an | | | Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) | |
| | average of | | | Full Name: Address: | |
| | \$133 per month | | | 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) | |

Total Contributions:
(add both columns)

534.00

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

Chris Graham

Signature of Candidate, Agent, or Treasurer

Date 3/28, 2009.

Office Use Only

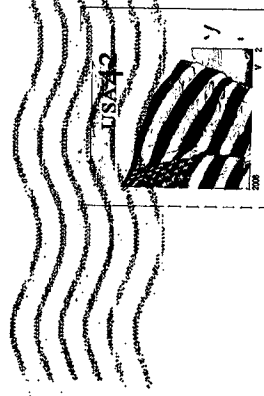
Received By:

1
Laborers' Local 814
PO Box 4226
Morgantown, WV 26504



CLARKSBURG WV 263

30 MAR 2002 PM 3 1



WV Secretary of State
State Capitol
Bldg 1 Suite 157-K
Charleston, WV 25305

25305+9999

