

# State of West Virginia Campaign Financial Statement (Short Form) in Relation to \_\_\_\_\_ 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?

<b>Candidate or Committee Name</b> West Virginia Progressive Alliance		<b>Candidate or Committee's Treasurer</b> Allan N. Karlin	
<b>Political Party (for candidates)</b>		<b>Treasurer's Mailing Address (Street, Route or P.O. Box)</b> 174 Chancery Row	
<b>Office Sought (for candidates)</b>	<b>District/Division</b>	<b>City, State, Zip Code</b> Morgantown WV 26505	<b>Daytime Phone #</b> 304-3296-8266

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

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> <b>Primary - First Report</b><br>(Due last Saturday in March or within 6 days thereafter)              | <input type="checkbox"/> <b>Pre-primary Report</b><br>(Due 15 days before Primary election or within 4 business days) | <input type="checkbox"/> <b>Post-primary Report</b><br>(Due 13 days after Primary election or within 4 business days) |
| <input type="checkbox"/> <b>General - First Report</b><br>(Due 43 days prior to the General election or within 4 business days) | <input type="checkbox"/> <b>Pre-general Report</b><br>(Due 15 days before General election or within 4 business days) | <input type="checkbox"/> <b>Post-general Report</b><br>(Due 13 days after General election or within 4 business days) |

**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 2009 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> (ending balance from previous report) <b>1.</b>				500.00
<b>Total Contributions</b> (from Page 2) <b>2.</b>	+		0.00	
<b>Subtotal</b> (lines 1+2) <b>3.</b>	=		500.00	
<b>Total Expenditures</b> (from Page 2) <b>4.</b>	-		0.00	
<b>Ending Balance</b> (lines 3-4)	=		500.00	
<i>*Cannot have a negative ending balance</i>				

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

0.00

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

0.00

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	Amount
				Full Name: Address: 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)	
				Full Name: Address: 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)

None

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:

0.00

OATH OR AFFIRMATION

I, Allan W. Koolin, 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.

[Signature]

Signature of Candidate, Agent, or Treasurer

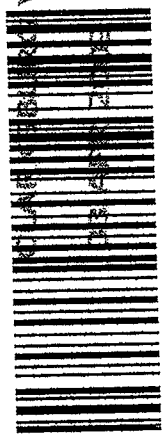
Date 4/3/09, 20  .

Office Use Only
2009 APR -6 AM 11:16
Received By: _____

**ALLAN N. KARLIN & ASSOCIATES**  
**ATTORNEYS AT LAW**  
174 CHANCERY ROW  
MORGANTOWN, WV 26505



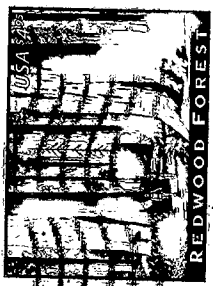
**CERTIFIED MAIL**



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25305-0001

