State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2009 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 WEST VIRGINIANS FOR A BRIGHTER TOMOR Political Party (for candidates)	Candidate or Committee's Treasurer ROW CHARLES S. SMITH Treasurer's Mailing Address (Street, I						
Office Sought (for candidates) District/Division	405 CAPITOL STREET, SUITE 908 City, State, Zip Code	Daytime Phone #					
Election Cycle Reporting Period (check one): Primary - First Report							

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report) 1.		3,809.24
Total Contributions (from Page 2) 2.	+	-
Subtotal (lines 1+2) 3.		3,809.24
Total Expenditures (from Page 2) 4.	-	
Ending Balance (lines 3-4)	=	3,809.24
*Cannot have a negat	tive ending balance	

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

2,000.00

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

1,500.00

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date			Amount	
			Í	Full Name: Address:			
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				Full Name: Address:			
				Contributor's job: (Individe Where contributor works Affiliation: (Political comm			
				Full Name: Address:			
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				Full Name: Address:	:		
	Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)						
1 E	Check if additional pages Check if additional pages have been atached. Total Contributions: (add both columns)						
	ITEMIZED EXPEND	ITURES (Itemi	ze 3ı	d pary expenditur	es/ reimbursements	s)	
Date	Full name, residence address (if	***			Purpose	Amount	
MAKE	AS MANY COPIES				Total Evnanditurası	0.00	
	IS PAGE AS YOU NEED.				Fotal Expenditures:	0.00	
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	ct, to the best of my knowledg nent, as required by West Virgi			insactions occurring	within the penda co	vered by this	
	Marin 1	Ū					
	1100000			Signature	e of Candidate, Agent	, or Treasurer	
Date	4/3 , 20,09						
Date_	, 200 1	<u> </u>			Office Use Only		
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				Receiv	ved By:		



SMITH, COCHRAN & HICKS, P.L.L.C.

CERTIFIED PUBLIC ACCOUNTANTS 405 CAPITOL STREET, SUITE 908 CHARLESTON, WEST VIRGINIA 25301

To: WV SECRETARY OF STATE STATE STATE ELECTION COMMISSION BLDG. 1 SUITE 157-K 1900 KANAWHA BLVD., EAST CHARLESTON, WV 25305