State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2010 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 Na West Vinginians		Candidate or Committee's Treasurer SANDI J. DAVISON Treasurer's Mailing Address (Street, Route or P.O. Box) PO Box 682				
Political Party (for candidat						
Office Sought (for candidat	es) District/Division	City, State, Zip Code 25323 Daytime Phone # Charleston WV 304.342.4153				
Election Cycle Primary - First Report Due March 27-April 2,2010 General - First Report Due Sept. 20-24, 2010	Pre-general Report Due Oct. 18-22, 2010	Post-primary Report Due May 24-June;23, 2010 Post-general Report Due Nov 15-Dec 15, 2010	Check if Applicable: Amended Report You must also check box of appropriate reporting period			
Non-Election Cycle Reporting Period:		rt Due In Calendar Year urday in March or within 6 ter	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)			3,802.95		
Total Contributions (from Page 2)		+	- 0 -		
Subtotal (lines 1+2)	3.	ll .	3,802.95		
Total Expenditures (from Page 2)		_	_0-		
Ending Balance (lines 3-4)		=	3,802.95		
*Cannot have a negative ending balance					

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

\$49,725.00

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

\$46,594,00

CONTRIBUTORS OF:

\$250 or Less

More than \$250

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Date	Full Name	Amount	Date				Amount
				Full Name: Address:			
			1	Contributor's job: (Ir Where contributor v Affiliation: (Political o	idividual) vorks: (Individual) committee)		
	NONE		1	Full Name: Address:			
	None		_	Contributor's job: (Ir Where contributor of Affiliation: (Political	ndividual) works: (Individual) committee)	NONE	
				Full Name: Address:			
				Contributor's job: (Ir Where contributor of Affiliation: (Political	ndividual) works: (Individual) committee)		
				Full Name: Address:			
			1	Contributor's job: (In Where contributor Affiliation: (Political	ndividual) works: (Individual) pommittee)		
	Check if additional pages			Total (add	Contributions: both columns)		
	ave been atached.						
	ITEMIZED EXPENDI	TURES (Item	ize 3ı	rd pary expend	litures/ reimbu	rsements)	
Date	Full name, residence address (if p	erson); business a	address	(if firm)	Purpose		Amount
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*****	AS MANY COPIES IS PAGE AS YOU NEED.				Total Exper	nditures:	
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stater	ment, as required by West Virgir	nia Code §3-8	6-5a.		9	r	•
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	Sandi () Davis Dec. 15, 2010	<i>გ</i> ი∪		Sign	ature of Candida	ite, Agent, or	Treasure
Date_	Dec. 15, 20/0	- `			Office Use C)nhr	<u>-</u> :
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WW Secretary of State's Office Building 1, Suite 157-K 1900 Kanawha Blvd., East Charleston WV 25305