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 USETHELONG 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?

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	ime SISTANCE FOR REMOCK	1 0 BOX 300	Route or P.O. Box)	-
Office Sought (for candidate	es) District/Division	City, State, Zip Code Sand FORE WY 24	Daytime Phone #	881
Election Cycle Primary - First Report Due March 27-April 2,2010 General - First Report Due Sept. 20-24, 2010	Pre-primary Report Due April 26-30, 2010 Pre-general Report Due Oct. 18-22, 2010		Check if Applicable Amended Report You must also che box of appropriate reporting period Final Report	le: t neck e
Non-Election Cycle Reporting Period:	Annual Report Due inCalendar Year Due last Saturday in March or within 6 days thereafter		PAC must also fi Form F-6 Dissolu	le
		DODT TOTALS		

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

1.		8628.27
2.	+	85.00
3.	=	8713.27
4.	-	2
	=	8713.27
egati	ve en	ding balance
	2. 3.	2. + 3. = 4

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

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

CONTRIBUTORS OF:

More than \$250

	\$250 or Less						Amount
Date	Full Name	Amount	Date				
6/,	Donald R. Creel	85.00	1	Full Name: Address:			
77	VONAIO N. C.	021	Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)				
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				Full Name: Address:			
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_				Full Name: Address: Contributor's job: (Individual) Where contributor contributory			
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						85.	$\overline{\bigcirc}$
				Total Cor	tributions: columns)	00.	<u> </u>
	Check if additional pages			(222	•		
	have been atached.			hea			
	ITEMIZED EXPENDIT	URES (Item	ize 3	rd pary expenditur	es/ reimbur Purpose		Amount
Dat	e Full name, residence address (if po	erson); business	address	(if firm)	Fulposa		
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COI	tement, as required by West Virgi	nia Code §3-	-8-5a				
3.0	M History Al	Bush	حے	Treas.	r 0 1 - 1 -	-to-Agant	or Treasur
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Received By:

MARJORIE H. BURKE F. O. BOX 300 SAND FORK, WV 26430 ayme -J_{ELEGATES}

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