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 Name	Candidate or Committee's Treasurer Theresa A. Waxman		
Political Party (for candidates) Office Sought (for candidates) District/Division	Treasurer's Mailing Address (Stree 30 Diamond Cove City, State, Zip Code Bridge port, WV26330		
Election Cycle Reporting Period (chemoty Primary - First Report Due March 27-April 2,2010 Pre-primary Report Due April 26-30, 2010 General - First Report Due Sept. 20-24, 2010 Pre-general Report Due Oct. 18-22, 2010		Check if Applicable: Amended Report You must also check box of appropriate reporting period Final Report	
MODELIC CHOIL OACIE	oort Due In Calendar Year aturday in March or within 6 after	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.	233.55	
Total Contributions (from Page 2)	2.	+ -0-	Г
Subtotal (lines 1+2)	3.	= 233.55	L
Total Expenditures (from Page 2)	4.	0-	_
Ending Balance (lines 3-4)		= 233.55	
*Cannot have a n	egativ	ve ending balance	

	TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)	
	-0-	
	TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)	
	- 0-	
_		

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date			Amount				
				Full Name: Address:						
				Contributor's job: (Individual) Where contributor works: (Individua Affiliation: (Political committee)	ıl)					
			<u> </u>	Full Name: Address:						
				Contributor's job: (Individual) Where contributor works: (Individua Affiliation: (Political committee)						
				Full Name: Address:						
				Contributor's job: (Individual) Where contributor works: (Individua Affiliation: (Political committee)						
				Full Name: Address:						
				Contributor's job: (Individual) Where contributor works: (Individua Affiliation: (Political committee)	al)					
Check if additional pages Total Contributions: O (add both columns)										
	ITEMIZED EXPENDITURES (Itemize 3rd pary expenditures/ reimbursements)									
Date	Full name, residence address (if pers				rpose	Amount				
		-								
	AS MANY COPIES			Total E	xpenditures:	-0-				
OF TH	IS PAGE AS YOU NEED.				(ponantaroon					
		OATHO	RAFI	FIRMATION						
1,	Theresa A. Waxman		, sv	vear or affirm that the attac	hed statemen	it is true and				
stater	ct, to the best of my knowledge, onent, as required by West Virginia	Code §3-8-	ai tra ∙5a.	insactions occurring within	the period cov	ered by this				
	Theresa a Warm	ian				_				
Data	March 30 , 20 /0.	<u> </u>		Signature of Can	didate, Agent,	or Treasurer				
Date_	1 W/CV 30 , 20 / 0 .			Office U	lse Only					
				0 : 1- 4	5010 79					
				Received By:_						

DOC PAC 30 Diamond Cove Bridgeport, WV 26330

West Virginia Secretary of State Building 1, Suite 157-K 1900 Kanawha Blvd., East Charleston, WV 25305



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