

State of West Virginia Campaign Financial Statement (Short Form) in Relation to the 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 Sheet Metal Workers L33 Wheeling Dist OH/WV P/		Candidate or Committee's Treasurer Scott Mazzulli	
Political Party (for candidates)		Treasurer's Mailing Address (Street, Route or P.O. Box) P.O. BOX 484	
Office Sought (for candidates)	District/Division	City, State, Zip Code Martins Ferry, OH 43935	Daytime Phone # 740-633-3626

Election Cycle Reporting Period (check one):

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Primary - First Report
Due March 27-April 2, 2010 | <input type="checkbox"/> Pre-primary Report
Due April 26-30, 2010 | <input type="checkbox"/> Post-primary Report
Due May 24-June 23, 2010 |
| <input type="checkbox"/> General - First Report
Due Sept. 20-24, 2010 | <input type="checkbox"/> Pre-general Report
Due Oct. 18-22, 2010 | <input type="checkbox"/> Post-general Report
Due Nov 15-Dec 15, 2010 |

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 _____ 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

Beginning Balance (ending balance from previous report) 1.	3677.14
Total Contributions (from Page 2) 2.	+ 11433.42
Subtotal (lines 1+2) 3.	= 15110.56
Total Expenditures (from Page 2) 4.	_ 0.00
Ending Balance (lines 3-4)	= 15110.56
<i>*Cannot have a negative ending balance</i>	

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

11433.42

**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:	Amount
4/7/09	ADAMS, WILLIAM R	\$8.00		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
5/7/09	ADAMS, WILLIAM R	\$2.00			
6/8/09	ADAMS, WILLIAM R	\$3.10		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	ADAMS, WILLIAM R	\$9.20			
8/10/09	ADAMS, WILLIAM R	8.00		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	ADAMS, WILLIAM R	\$9.50			
10/5/09	ADAMS, WILLIAM R	\$8.00		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/30/09	ADAMS, WILLIAM R	\$7.50			

Total Contributions: 55.30
(add both columns)

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:** 5/7/09

OATH OR AFFIRMATION

I, Scott Marshall, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Scott Marshall

Signature of Candidate, Agent, or Treasurer

Date 3-30-10, 2010

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
12/2/09	ADAMS, WILLIAM R	\$12.00		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	ADAMS, WILLIAM R	\$8.50			
2/4/10	ADAMS, WILLIAM R	\$8.30			
3/6/10	ADAMS, WILLIAM R	\$9.90		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	ALLEN, PATRICK T	6.90			
9/8/09	ALLEN, PATRICK T	\$11.75		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	ALLEN, PATRICK T	\$8.15			
10/30/09	ALLEN, PATRICK T	\$7.90			

Total Contributions: (add both columns) 73.40

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:** 1/11/10

OATH OR AFFIRMATION

I, Scott Mazfull, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Scott Mazfull Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
12/2/09	ALLEN, PATRICK T	\$8.00		Full Name: Address:	
1/11/10	ALLEN, PATRICK T	\$7.60		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/30/09	AMOS, RICHARD H	\$9.60		Full Name: Address:	
12/2/09	AMOS, RICHARD H	\$8.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	AMOS, RICHARD H	3.60		Full Name: Address:	
2/4/10	AMOS, RICHARD H	\$6.80		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/6/10	AMOS, RICHARD H	\$10.40		Full Name: Address:	
3/6/10	ANDERSON, DENNIS L	\$1.60		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: 55.60
(add both columns)

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: 1/11/10

OATH OR AFFIRMATION

I, Scott Mazzull, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Scott Mazzull Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
8/10/09	ANTONAS, JOHN A	\$6.90		Full Name: Address:	
9/8/09	ANTONAS, JOHN A	\$11.75		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	ANTONAS, JOHN A	\$8.30		Full Name: Address:	
10/30/09	ANTONAS, JOHN A	\$9.07		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	ANTONAS, JOHN A	7.55		Full Name: Address:	
1/11/10	ANTONAS, JOHN A	\$5.45		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	ANTONAS, JOHN A	\$9.35		Full Name: Address:	
3/6/10	ANTONAS, JOHN A	\$1.50		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: 59.87
(add both columns)

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:** 9/8/09

OATH OR AFFIRMATION

I, Scott Mazzull, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Scott Mazzull Signature of Candidate, Agent, or Treasurer
Date _____, 20____

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
4/7/09	ARCHER, MICHAEL R	\$7.20		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
5/7/09	ARCHER, MICHAEL R	\$7.75			
6/8/09	ARCHER, MICHAEL R	\$9.20		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	ARCHER, MICHAEL R	\$7.20			
8/10/09	ARCHER, MICHAEL R	7.40		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	ARCHER, MICHAEL R	\$12.00			
10/5/09	ARCHER, MICHAEL R	\$8.32		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/30/09	ARCHER, MICHAEL R	\$9.58			

Total Contributions: 68.65
(add both columns)

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: 5/7/09

OATH OR AFFIRMATION

I, Scott Mayzull, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
12/2/09	ARCHER, MICHAEL R	\$6.90		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	ARCHER, MICHAEL R	\$7.45			
2/4/10	ARCHER, MICHAEL R	\$13.85			
3/6/10	ARCHER, MICHAEL R	\$7.15		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
5/7/09	ATWOOD, CHRIS P	2.25			
6/8/09	ATWOOD, CHRIS P	\$9.20			
7/6/09	ATWOOD, CHRIS P	\$8.70		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	ATWOOD, CHRIS P	\$8.08			

Total Contributions: (add both columns) 63.58

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: 1/11/10

OATH OR AFFIRMATION

Scott Mayzull

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Scott Mayzull

Signature of Candidate, Agent, or Treasurer

Date _____, 20_____

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
9/8/09	ATWOOD, CHRIS P	\$10.30		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	ATWOOD, CHRIS P	\$8.10			
10/30/09	ATWOOD, CHRIS P	\$9.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	ATWOOD, CHRIS P	\$6.83			
1/11/10	ATWOOD, CHRIS P	6.15		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	ATWOOD, CHRIS P	\$12.68			
3/6/10	ATWOOD, CHRIS P	\$9.05		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
4/7/09	BAGGOTT, ARTHUR	\$7.60			

Total Contributions: (add both columns) 69.71

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:** 10/5/09

OATH OR AFFIRMATION

I, Scott Mazzull, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Scott Mazzull Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
5/7/09	BAGGOTT, ARTHUR	\$9.85		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
6/8/09	BAGGOTT, ARTHUR	\$7.60			
7/6/09	BAGGOTT, ARTHUR	\$8.00			
8/10/09	BAGGOTT, ARTHUR	\$9.20			
9/8/09	BAGGOTT, ARTHUR	7.60			
10/5/09	BAGGOTT, ARTHUR	\$7.65			
10/30/09	BAGGOTT, ARTHUR	\$7.05			
12/2/09	BAGGOTT, ARTHUR	\$8.00			

Total Contributions: (add both columns) 64.95

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:** 6/8/09

Scott Mazzull OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Scott Mazzull _____ Signature of Candidate, Agent, or Treasurer

Date _____, 20_____

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
1/11/10	BAGGOTT, ARTHUR	\$9.70		Full Name: Address:	
2/4/10	BAGGOTT, ARTHUR	\$7.60		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/6/10	BAGGOTT, ARTHUR	\$8.55		Full Name: Address:	
4/7/09	BAGGOTT, JASON B	\$7.60		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
5/7/09	BAGGOTT, JASON B	8.00		Full Name: Address:	
6/8/09	BAGGOTT, JASON B	\$11.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	BAGGOTT, JASON B	\$9.80		Full Name: Address:	
8/10/09	BAGGOTT, JASON B	\$8.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: 70.25
(add both columns)

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: 2/4/10

OATH OR AFFIRMATION

I, Scott Mazzull, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Scott Mazzull

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
9/8/09	BAGGOTT, JASON B	\$10.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	BAGGOTT, JASON B	\$5.50			
10/30/09	BAGGOTT, JASON B	\$9.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	BAGGOTT, JASON B	\$13.25			
1/11/10	BAGGOTT, JASON B	7.10		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	BAGGOTT, JASON B	\$9.55			
3/6/10	BAGGOTT, JASON B	\$10.45		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	BAILEY, RICHARD	\$6.90			

Total Contributions: 71.75
(add both columns)

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:** 10/5/09

OATH OR AFFIRMATION

I, Scott Mazzull, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Scott Mazzull Signature of Candidate, Agent, or Treasurer

Date _____, 20____

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
9/8/09	BAILEY, RICHARD	\$11.75		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	BAILEY, RICHARD	\$4.05			
10/30/09	BAILEY, RICHARD	\$5.20		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	BAILEY, RICHARD	\$0.80			
2/4/10	BAILEY, RICHARD	7.35		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/6/10	BAILEY, RICHARD	\$7.60			
4/7/09	BAKER, FRANK L	\$5.75		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
5/7/09	BAKER, FRANK L	\$6.70			

Total Contributions: (add both columns) 49.20

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:** 10/5/09

OATH OR AFFIRMATION

I, Scott Moyzull, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Scott Moyzull

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
6/8/09	BAKER, FRANK L	\$8.05		Full Name: Address:	
7/6/09	BAKER, FRANK L	\$6.85		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	BAKER, FRANK L	\$5.05		Full Name: Address:	
9/8/09	BAKER, FRANK L	\$7.90		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	BAKER, FRANK L	5.75		Full Name: Address:	
10/30/09	BAKER, FRANK L	\$4.62		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	BAKER, FRANK L	\$7.10		Full Name: Address:	
1/11/10	BAKER, FRANK L	\$8.35		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: 53.67
(add both columns)

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: 7/6/09

OATH OR AFFIRMATION

I, Scott Mayzull, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Scott Mayzull

Signature of Candidate, Agent, or Treasurer

Date _____, 20____

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
2/4/10	BAKER, FRANK L	\$8.18		Full Name: Address:	
3/6/10	BAKER, FRANK L	\$3.55		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
4/7/09	BAKER, FRANK J	\$5.50		Full Name: Address:	
5/7/09	BAKER, FRANK J	\$9.90		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
6/8/09	BAKER, FRANK J	9.20		Full Name: Address:	
7/6/09	BAKER, FRANK J	\$11.50		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	BAKER, FRANK J	\$5.10		Full Name: Address:	
9/8/09	BAKER, FRANK J	\$10.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: (add both columns) 62.93

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:** 3/6/10

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Scott Mozgall

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
10/5/09	BAKER, FRANK J	\$8.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/30/09	BAKER, FRANK J	\$7.20		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	BAKER, FRANK J	\$9.60		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	BAKER, FRANK J	\$7.70		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	BAKER, FRANK J	6.80		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/6/10	BAKER, FRANK J	\$3.50		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/30/09	BATES, PAUL D	\$4.80		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	BATES, PAUL D	\$1.20		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: (add both columns) 48.80

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:** 10/30/09

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Scott Mayfield

Signature of Candidate, Agent, or Treasurer

Date _____, 20_____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
2/4/10	BATES, PAUL D	\$6.20		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/6/10	BATES, PAUL D	\$10.00			
4/7/09	BEALL, CHRISTOPHER D	\$8.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
5/7/09	BEALL, CHRISTOPHER D	\$8.00			
6/8/09	BEALL, CHRISTOPHER D	10.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	BEALL, CHRISTOPHER D	\$8.30			
8/10/09	BEALL, CHRISTOPHER D	\$7.90		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	BEALL, CHRISTOPHER D	\$9.80			

Total Contributions: (add both columns) 68.20

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:** 3/6/10

OATH OR AFFIRMATION

I, Christopher D Beall, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
10/5/09	BEALL, CHRISTOPHER D	\$8.00		Full Name: Address:	
10/30/09	BEALL, CHRISTOPHER D	\$7.60		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	BEALL, CHRISTOPHER D	\$10.65		Full Name: Address:	
1/11/10	BEALL, CHRISTOPHER D	\$8.20		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	BEALL, CHRISTOPHER D	8.40		Full Name: Address:	
3/6/10	BEALL, CHRISTOPHER D	\$9.80		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
4/7/09	BELL, WILLIAM B	\$8.05		Full Name: Address:	
5/7/09	BELL, WILLIAM B	\$8.35		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: (add both columns) 69.05

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: 10/30/09

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Scott M. ...

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
6/8/09	BELL, WILLIAM B	\$8.15		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	BELL, WILLIAM B	\$9.90			
8/10/09	BELL, WILLIAM B	\$8.10			
9/8/09	BELL, WILLIAM B	\$9.90			
10/5/09	BELL, WILLIAM B	6.10			
10/30/09	BELL, WILLIAM B	\$8.40			
12/2/09	BELL, WILLIAM B	\$3.45			
4/7/09	BELLANCO, GUY T	\$7.57			

Total Contributions: (add both columns) 61.57

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:** 7/6/09

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Scott Mayzull

Signature of Candidate, Agent, or Treasurer

Date _____, 20_____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
5/7/09	BELLANCO, GUY T	\$8.05		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
6/8/09	BELLANCO, GUY T	\$9.88			
7/6/09	BELLANCO, GUY T	\$8.07			
8/10/09	BELLANCO, GUY T	\$6.52			
10/30/09	BELLANCO, GUY T	8.80			
12/2/09	BELLANCO, GUY T	\$7.80			
1/11/10	BELLANCO, GUY T	\$5.62			
2/4/10	BELLANCO, GUY T	\$8.50			

Total Contributions: 63.24
(add both columns)

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:** 6/8/09

OATH OR AFFIRMATION

I, Scott Marshall, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
3/6/10	BELLANCO, GUY T	\$3.20		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
4/7/09	BENNETT, JAMES W	\$5.00			
5/7/09	BENNETT, JAMES W	\$8.40			
6/8/09	BENNETT, JAMES W	\$10.00			
7/6/09	BENNETT, JAMES W	8.10			
8/10/09	BENNETT, JAMES W	\$7.75			
9/8/09	BENNETT, JAMES W	\$9.50			
10/5/09	BENNETT, JAMES W	\$8.00			

Total Contributions: (add both columns) 59.95

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:** 47/09

OATH OR AFFIRMATION

I, James W Bennett, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
10/30/09	BENNETT, JAMES W	\$6.90		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	BENNETT, JAMES W	\$12.00			
1/11/10	BENNETT, JAMES W	\$8.50		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	BENNETT, JAMES W	\$8.80			
3/6/10	BENNETT, JAMES W	9.90		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	BERGER, JEFF J	\$2.25			
8/10/09	BERGER, JEFF J	\$8.57		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	BERGER, JEFF J	\$11.30			

Total Contributions: (add both columns) 68.22

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: 12/2/09

OATH OR AFFIRMATION

I, Jeff Mayfull, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
10/5/09	BERGER, JEFF J	\$5.90		Full Name: Address:	
10/30/09	BERGER, JEFF J	\$8.95		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	BERGER, JEFF J	\$7.25		Full Name: Address:	
1/11/10	BERGER, JEFF J	\$6.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/30/09	BIALOTA, BRIDGETT E	9.60		Full Name: Address:	
12/2/09	BIALOTA, BRIDGETT E	\$8.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	BIALOTA, BRIDGETT E	\$3.60		Full Name: Address:	
2/4/10	BIALOTA, BRIDGETT E	\$7.45		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: (add both columns) 56.75

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:** 10/30/09

OATH OR AFFIRMATION

I, Jeff Mayfull, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
3/6/10	BIALOTA, BRIDGETT E	\$8.70		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
4/7/09	BLACKER, BRIAN L	\$5.03		Full Name: Address:	
5/7/09	BLACKER, BRIAN L	\$7.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
6/8/09	BLACKER, BRIAN L	\$8.60		Full Name: Address:	
7/6/09	BLACKER, BRIAN L	7.88		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	BLACKER, BRIAN L	\$6.28		Full Name: Address:	
9/8/09	BLACKER, BRIAN L	\$8.95		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	BLACKER, BRIAN L	\$7.43		Full Name: Address:	

Total Contributions: (add both columns) 59.87

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:** 47/09

OATH OR AFFIRMATION

I, *Scott Mayfull*, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Amount
10/3/09	BLACKER, BRIAN L	\$8.50	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	BLACKER, BRIAN L	\$6.17		
1/11/10	BLACKER, BRIAN L	\$7.50	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	BLACKER, BRIAN L	\$5.97		
3/6/10	BLACKER, BRIAN L	3.00	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	BORK, PHILLIP D	\$8.35		
2/4/10	BORK, PHILLIP D	\$7.00	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	BOZICA, RYAN M	\$8.25		

Total Contributions: 54.74
(add both columns)

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:** 12/2/09

OATH OR AFFIRMATION

I, Scott Mayzull, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
9/8/09	BOZICA, RYAN M	\$11.45		Full Name: Address:	
4/7/09	BOZICA, RYAN M	\$8.50		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
5/7/09	BOZICA, RYAN M	\$9.00		Full Name: Address:	
6/8/09	BOZICA, RYAN M	\$10.85		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	BOZICA, RYAN M	8.30		Full Name: Address:	
10/5/09	BOZICA, RYAN M	\$6.48		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/30/09	BOZICA, RYAN M	\$9.47		Full Name: Address:	
12/2/09	BOZICA, RYAN M	\$6.85		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: 70.90
(add both columns)

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:** 4/7/09

OATH OR AFFIRMATION

I, Scott Mayfull, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
1/11/10	BOZICA, RYAN M	\$7.55		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	BOZICA, RYAN M	\$12.58			
3/6/10	BOZICA, RYAN M	\$8.37		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
4/7/09	BRADLEY, THOMAS A	\$9.60			
5/7/09	BRADLEY, THOMAS A	9.90		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
6/8/09	BRADLEY, THOMAS A	\$8.00			
7/6/09	BRADLEY, THOMAS A	\$11.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	BRADLEY, THOMAS A	\$7.30			

Total Contributions: (add both columns) 74.30

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: 2/4/10

OATH OR AFFIRMATION

I, Scott Mayfull, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
9/8/09	BRADLEY, THOMAS A	\$9.60		Full Name: Address:	
10/5/09	BRADLEY, THOMAS A	\$3.50		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/30/09	BRADLEY, THOMAS A	\$5.60		Full Name: Address:	
12/2/09	BRADLEY, THOMAS A	\$10.85		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	BRADLEY, THOMAS A	8.38		Full Name: Address:	
2/4/10	BRADLEY, THOMAS A	\$8.80		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/6/10	BRADLEY, THOMAS A	\$9.80		Full Name: Address:	
4/7/09	BRANDON, DAVID W	\$8.20		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: (add both columns) 64.73

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: 10/5/09

OATH OR AFFIRMATION

I, Scott Mayfull, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
5/7/09	BRANDON, DAVID W	\$8.45		Full Name: Address:	
6/8/09	BRANDON, DAVID W	\$8.15		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	BRANDON, DAVID W	\$8.45		Full Name: Address:	
8/10/09	BRANDON, DAVID W	\$8.65		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	BRANDON, DAVID W	7.65		Full Name: Address:	
10/5/09	BRANDON, DAVID W	\$8.10		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/30/09	BRANDON, DAVID W	\$9.10		Full Name: Address:	
12/2/09	BRANDON, DAVID W	\$7.70		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: (add both columns) 66.25

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:** 6/8/09

OATH OR AFFIRMATION

I, Scott Marshall, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Amount
1/11/10	BRANDON, DAVID W	\$6.00	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	BRANDON, DAVID W	\$10.70		
3/6/10	BRANDON, DAVID W	\$11.25	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	BRISKEY, JAMES R	\$4.25		
9/8/09	BRISKEY, JAMES R	9.10	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	BRISKEY, JAMES R	\$8.50		
10/30/09	BRISKEY, JAMES R	\$9.50	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	BRISKEY, JAMES R	\$7.85		

Total Contributions: (add both columns) 67.15

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:** 2/4/10

OATH OR AFFIRMATION

I, Scott Mayfull, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Amount
1/11/10	BRISKEY, JAMES R	\$5.60	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	BRISKEY, JAMES R	\$7.00		
4/7/09	BROCKLEHURST, FRED A	\$7.45	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
5/7/09	BROCKLEHURST, FRED A	\$8.00		
6/8/09	BROCKLEHURST, FRED A	9.85	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	BROCKLEHURST, FRED A	\$1.20		
8/10/09	BROCKLEHURST, FRED A	\$8.53	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	BROCKLEHURST, FRED A	\$9.50		

Total Contributions: 57.13
(add both columns)

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:** 2/4/10

OATH OR AFFIRMATION

I, Scott M. Hall, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Amount
10/5/09	BROCKLEHURST, FRED	\$8.49	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	BROCKLEHURST, FRED	\$15.60		
1/11/10	BROCKLEHURST, FRED	\$5.85		
2/4/10	BROCKLEHURST, FRED	\$8.40	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/6/10	BROCKLEHURST, FRED	9.90		
9/8/09	BURGESS, RICARDO D	\$8.65	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	BURGESS, RICARDO D	\$7.00		
4/7/09	BURGHY, JOHN M	\$2.00	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: 65.89
(add both columns)

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:** 12/2/09

OATH OR AFFIRMATION

I, *Sam Marshall*, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Amount
5/7/09	BURGHY, JOHN M	\$7.60	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
6/8/09	BURGHY, JOHN M	\$10.10		
7/6/09	BURGHY, JOHN M	\$7.75		
8/10/09	BURGHY, JOHN M	\$6.40		
9/8/09	BURGHY, JOHN M	7.90		
10/5/09	BURGHY, JOHN M	\$8.00		
10/30/09	BURGHY, JOHN M	\$7.50		
12/2/09	BURGHY, JOHN M	\$12.00		

Total Contributions:
(add both columns)

67.25



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:

6/8/09

OATH OR AFFIRMATION

I, Scott Mayzull, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____

Office Use Only
Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Amount
1/11/10	BURGHY, JOHN M	\$6.80	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	BURGHY, JOHN M	\$6.00		
3/6/10	BURGHY, JOHN M	\$3.50	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
4/7/09	BURLENSKI, DENNIS J	\$4.77		
5/7/09	BURLENSKI, DENNIS J	7.65	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
6/8/09	BURLENSKI, DENNIS J	\$9.93		
7/6/09	BURLENSKI, DENNIS J	\$7.72	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	BURLENSKI, DENNIS J	\$5.80		

Total Contributions:
(add both columns)

52.17



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:

2/4/10

OATH OR AFFIRMATION

Scott Mayfull

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only
Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
9/8/09	BURLENSKI, DENNIS J	\$10.05		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	BURLENSKI, DENNIS J	\$7.95			
10/30/09	BURLENSKI, DENNIS J	\$9.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	BURLENSKI, DENNIS J	\$8.00			
1/11/10	BURLENSKI, DENNIS J	8.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	BURLENSKI, DENNIS J	\$11.25			
3/6/10	BURLENSKI, DENNIS J	\$7.51		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/30/09	BURLESON, TED M	\$9.60			

Total Contributions: 71.36
(add both columns)

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:** 10/5/09

OATH OR AFFIRMATION

I, *Sean M. McFall*, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
12/2/09	BURLESON, TED M	\$8.00		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	BURLESON, TED M	\$3.60			
2/4/10	BURLESON, TED M	\$7.45		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/30/09	CAMPBELL, GARY W	\$6.80			
1/11/10	CAMPBELL, GARY W	1.80		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	CAMPBELL, GARY W	\$4.40			
2/4/10	CARR, JEFFREY R	\$6.80		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/6/10	CARR, JEFFREY R	\$1.90			

Total Contributions: (add both columns) 40.75

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:** 1/11/10

OATH OR AFFIRMATION

I, Sue M. Smith, 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 of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Amount
10/30/09	CATON, NANCY E	\$5.48	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	CATON, NANCY E	\$7.00		
1/11/10	CATON, NANCY E	\$5.60		
2/4/10	CATON, NANCY E	\$6.85		
7/6/09	CHUK, JOSEPH S	2.25		
8/10/09	CHUK, JOSEPH S	\$8.20		
9/8/09	CHUK, JOSEPH S	\$10.45		
10/5/09	CHUK, JOSEPH S	\$7.85		

Total Contributions: (add both columns) 53.68

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:** 12/2/09

OATH OR AFFIRMATION

I, Scott Newberry, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Amount
10/30/09 +	CHUK, JOSEPH S	\$8.70	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	CHUK, JOSEPH S	\$6.72		
1/11/10	CHUK, JOSEPH S	\$7.02	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
4/7/09	CLAPHAM, RANDALL J	\$7.40		
5/7/09	CLAPHAM, RANDALL J	8.55	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
6/8/09	CLAPHAM, RANDALL J	\$9.95		
7/6/09	CLAPHAM, RANDALL J	\$9.10	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	CLAPHAM, RANDALL J	\$10.27		

Total Contributions: (add both columns) 67.71

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:** 12/2/09

OATH OR AFFIRMATION

I, Scott Marshall, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Amount
9/8/09	CLAPHAM, RANDALL J	\$13.89	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	CLAPHAM, RANDALL J	\$8.70		
10/30/09	CLAPHAM, RANDALL J	\$9.25		
12/2/09	CLAPHAM, RANDALL J	\$8.03		
1/11/10	CLAPHAM, RANDALL J	7.50		
2/4/10	CLAPHAM, RANDALL J	\$16.10		
3/6/10	CLAPHAM, RANDALL J	\$10.52		
2/4/10	COLER, DWIGHT A	\$0.80		

Total Contributions:
(add both columns)

74.79

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:

10/5/09

OATH OR AFFIRMATION

I, John Marshall, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only
Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Amount
3/6/10	COLER, DWIGHT A	\$10.40	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
4/7/09	COTTIS, RUSSELL A	\$8.00		
5/7/09	COTTIS, RUSSELL A	\$8.00	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
6/8/09	COTTIS, RUSSELL A	\$9.20		
7/6/09	COTTIS, RUSSELL A	6.72	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	COTTIS, RUSSELL A	\$2.00		
9/8/09	COTTIS, RUSSELL A	\$10.30	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	COTTIS, RUSSELL A	\$7.60		

Total Contributions: (add both columns) 62.22

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:** 4/7/09

OATH OR AFFIRMATION

I, *Scott Marshall*, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
10/30/09	COTTIS, RUSSELL A	\$7.60		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	COTTIS, RUSSELL A	\$1.60			
2/4/10	COTTIS, RUSSELL A	\$8.40		Full Name: Address:	
3/6/10	COTTIS, RUSSELL A	\$3.20		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
6/8/09	CRIPPEN, MATTHEW J	4.00		Full Name: Address:	
7/6/09	CRIPPEN, MATTHEW J	\$8.60		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	CRIPPEN, MATTHEW J	\$7.00		Full Name: Address:	
9/8/09	CRIPPEN, MATTHEW J	\$5.75		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: (add both columns) 46.15

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: 1/11/10

OATH OR AFFIRMATION

I, *Scott Marshall*, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Amount
10/5/09	CRIPPEN, MATTHEW J	\$3.60	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/30/09	CRIPPEN, MATTHEW J	\$8.80		
12/2/09	CRIPPEN, MATTHEW J	\$5.47		
1/11/10	CRIPPEN, MATTHEW J	\$8.33		
2/4/10	CRIPPEN, MATTHEW J	.37		
3/6/10	CRIPPEN, MATTHEW J	\$3.60		
9/8/09	CRISS, DANIEL W	\$2.65		
10/5/09	CRISS, DANIEL WJ	\$5.65		

Total Contributions:
(add both columns)

38.47

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:

10/30/09

OATH OR AFFIRMATION

I, Scott Mayfield, swear or affirm that the attached statement is true and correct, to the best of my knowledge for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only
Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Amount
10/30/09	CRISS, DANIEL W	\$7.50	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	CRISS, DANIEL W	\$5.70		
1/11/10	CRISS, DANIEL W	\$7.20	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	CRISS, DANIEL W	\$14.03		
3/6/10	CRISS, DANIEL W	8.40	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
4/7/09	CUNARD, JAMES G	\$3.30		
5/7/09	CUNARD, JAMES G	\$6.92	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
6/8/09	CUNARD, JAMES G	\$7.98		

Total Contributions: (add both columns) 61.03

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:** 12/2/09

OATH OR AFFIRMATION

I, *Ed Marshall*, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
7/6/09	CUNARD, JAMES G	\$8.15		Full Name: Address:	
8/10/09	CUNARD, JAMES G	\$6.18		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	CUNARD, JAMES G	\$8.85		Full Name: Address:	
10/5/09	CUNARD, JAMES G	\$7.78		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/30/09	CUNARD, JAMES G	7.42		Full Name: Address:	
12/2/09	CUNARD, JAMES G	\$8.05		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	CUNARD, JAMES G	\$7.08		Full Name: Address:	
2/4/10	CUNARD, JAMES G	\$4.53		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: 58.04
(add both columns)

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:** 8/10/09

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Scott Mayhew

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
3/6/10	CUNARD, JAMES G	\$0.45		Full Name: Address:	
4/7/09	CUNNINGHAM, THOMAS G	\$7.90		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
5/7/09	CUNNINGHAM, THOMAS G	\$7.60		Full Name: Address:	
6/8/09	CUNNINGHAM, THOMAS G	\$9.70		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	CUNNINGHAM, THOMAS G	8.65		Full Name: Address:	
8/10/09	CUNNINGHAM, THOMAS G	\$5.65		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	CUNNINGHAM, THOMAS G	\$8.50		Full Name: Address:	
10/5/09	CUNNINGHAM, THOMAS G	\$8.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: (add both columns) 56.45

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: 4/7/09

OATH OR AFFIRMATION

I, Scott Mayfull, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
10/30/09	CUNNINGHAM, THOMAS G	\$6.50		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	CUNNINGHAM, THOMAS G	\$9.90		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	CUNNINGHAM, THOMAS G	\$7.45		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	CUNNINGHAM, THOMAS G	\$8.40		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/6/10	CUNNINGHAM, THOMAS G	8.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
6/8/09	DANAHEY, URBAN L	\$2.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	DANAHEY, URBAN L	\$8.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	DANAHEY, URBAN L	\$3.60		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: (add both columns) 53.85

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:** 12/2/09

OATH OR AFFIRMATION

I, ESHA MANSUR, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
9/8/09	DANAHEY, URBAN L	\$2.35		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	DANAHEY, URBAN L	\$7.20			
10/30/09	DANAHEY, URBAN L	\$7.60		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	DANAHEY, URBAN L	\$2.00			
2/4/10	DANAHEY, URBAN L	4.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	DAVIS, PATRICK M	\$0.80			
3/6/10	DAVIS, PATRICK M	\$10.90		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	DIEGELE, ROGER W	\$6.20			

Total Contributions: (add both columns) 41.05

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:** 10/5/09

OATH OR AFFIRMATION

I, *John M. [Signature]*, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Amount
9/8/09	DIEGELE, ROGER W	\$11.15	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	DIEGELE, ROGER W	\$6.32		
10/30/09 +	DIEGELE, ROGER W	\$9.00		
12/2/09	DIEGELE, ROGER W	\$7.70		
1/11/10	DIEGELE, ROGER W	7.60		
2/4/10	DIEGELE, ROGER W	\$13.55		
3/6/10	DIEGELE, ROGER W	\$6.77		
4/7/09	DILLON, RYAN T	\$7.95		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)

Total Contributions:
(add both columns)

70.04

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:

10/5/09

OATH OR AFFIRMATION

I, Scott M. Apple, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only
Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
5/7/09	DILLON, RYAN T	\$7.80		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
6/8/09	DILLON, RYAN T	\$7.90			
7/6/09	DILLON, RYAN T	\$7.58		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	DILLON, RYAN T	\$10.35			
9/8/09	DILLON, RYAN T	8.12		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	DILLON, RYAN T	\$7.38			
10/30/09	DILLON, RYAN T	\$9.45		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	DILLON, RYAN T	\$8.00			

Total Contributions: (add both columns) 66.58

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:** 6/8/09

OATH OR AFFIRMATION

I, Greg Maggall, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
1/11/10	DILLON, RYAN T	\$7.60		Full Name: Address:	
2/4/10	DILLON, RYAN T	\$8.97		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/6/10	DILLON, RYAN T	\$7.55		Full Name: Address:	
9/8/09	DISON, WILLIAM J	\$11.35		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	DISON, WILLIAM J	4.25		Full Name: Address:	
10/30/09	DISON, WILLIAM J	\$5.60		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	DISON, WILLIAM J	\$7.55		Full Name: Address:	
1/11/10	DISON, WILLIAM J	\$5.60		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: (add both columns) 58.47

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:** 2/4/10

OATH OR AFFIRMATION

I, Scott Mayfull, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
2/4/10	DISON, WILLIAM J	\$10.00		Full Name: Address:	
3/6/10	DISON, WILLIAM J	\$7.50		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	D'LOUGHY, MICHAEL K	\$11.60		Full Name: Address:	
10/5/09	D'LOUGHY, MICHAEL K	\$7.95		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/30/09	D'LOUGHY, MICHAEL K	4.40		Full Name: Address:	
2/4/10	DOLLINGER, JEFFREY E	\$6.80		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/6/10	DOLLINGER, JEFFREY E	\$1.90		Full Name: Address:	
4/7/09	DOMINGUEZ, JAKE D	\$8.60		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions:
(add both columns)

58.75



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:

3/6/10

OATH OR AFFIRMATION

I, Scott Mayfull, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____

Office Use Only
Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
5/7/09	DOMINGUEZ, JAKE D	\$9.10		Full Name: Address:	
6/8/09	DOMINGUEZ, JAKE D	\$9.70		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	DOMINGUEZ, JAKE D	\$10.00		Full Name: Address:	
8/10/09	DOMINGUEZ, JAKE D	\$7.25		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	DOMINGUEZ, JAKE D	9.10		Full Name: Address:	
10/5/09	DOMINGUEZ, JAKE D	\$5.50		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/30/09	DOMINGUEZ, JAKE D	\$5.20		Full Name: Address:	
12/2/09	DOMINGUEZ, JAKE D	\$9.30		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions:
(add both columns)

65.15



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:

6/8/09

OATH OR AFFIRMATION

I, Scott Mayzull, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only
Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
1/11/10	DOMINGUEZ, JAKE D	\$8.60		Full Name: Address:	
2/4/10	DOMINGUEZ, JAKE D	\$6.40		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/6/10	DOMINGUEZ, JAKE D	\$8.60		Full Name: Address:	
4/7/09	DOMINQUEZ, FRED M	\$9.95		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
5/7/09	DOMINQUEZ, FRED M	10.50		Full Name: Address:	
6/8/09	DOMINQUEZ, FRED M	\$11.35		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	DOMINQUEZ, FRED M	\$12.50		Full Name: Address:	
8/10/09	DOMINQUEZ, FRED M	\$9.20		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions:
(add both columns)

77.10



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:

2/4/10

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Scott Morgan

Signature of Candidate, Agent, or Treasurer

Date _____, 20____

Office Use Only
Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Amount
9/8/09	DOMINQUEZ, FRED M	\$9.72	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	DOMINQUEZ, FRED M	\$4.20		
10/30/09	DOMINQUEZ, FRED M	\$8.48		
12/2/09	DOMINQUEZ, FRED M	\$10.20		
1/11/10	DOMINQUEZ, FRED M	9.45		
2/4/10	DOMINQUEZ, FRED M	\$7.03		
3/6/10	DOMINQUEZ, FRED M	\$9.95		
5/7/09	DONBECK, ANDREW L	\$2.25		

Total Contributions:
(add both columns)

61.28

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:

10/5/09

OATH OR AFFIRMATION

I, Scott M. ..., swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only
Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
6/8/09	DONBECK, ANDREW L	\$9.75		Full Name: Address:	
7/6/09	DONBECK, ANDREW L	\$8.15		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	DONBECK, ANDREW L	\$8.25		Full Name: Address:	
9/8/09	DONBECK, ANDREW L	\$10.93		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	DONBECK, ANDREW L	8.50		Full Name: Address:	
10/30/09	DONBECK, ANDREW L	\$9.50		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	DONBECK, ANDREW L	\$6.55		Full Name: Address:	
1/11/10	DONBECK, ANDREW L	\$7.13		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: (add both columns) 68.76

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: 7/6/09

OATH OR AFFIRMATION

I, Scott Mitchell, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

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
2/4/10	DONBECK, ANDREW L	\$13.15		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/6/10	DONBECK, ANDREW L	\$11.08			
2/4/10	DOREMUS, STEVE	\$6.50		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
6/8/09	DUKE, COREY H	\$7.60			
7/6/09	DUKE, COREY H	8.00		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	DUKE, COREY H	\$9.20			
9/8/09	DUKE, COREY H	\$7.60		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	DUKE, COREY H	\$5.60			

Total Contributions:
(add both columns)

68.73

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:

3/6/10

OATH OR AFFIRMATION

I, Steve Doremus, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only
Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
10/30/09	DUKE, COREY H	\$9.60		Full Name: Address:	
12/2/09	DUKE, COREY H	\$7.20		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	DUKE, COREY H	\$7.20		Full Name: Address:	
2/4/10	DUKE, COREY H	\$5.60		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/6/10	DUKE, COREY H	7.70		Full Name: Address:	
4/7/09	DUSCI, DANIEL L	\$7.60		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
5/7/09	DUSCI, DANIEL L	\$9.87		Full Name: Address:	
6/8/09	DUSCI, DANIEL L	\$7.60		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: (add both columns) 62.37

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:** 12/2/09

OATH OR AFFIRMATION

I, Scott Mayfield, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Amount
7/6/09	DUSCI, DANIEL L	\$7.05	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	DUSCI, DANIEL L	\$8.00		
9/8/09	DUSCI, DANIEL L	\$7.60	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	DUSCI, DANIEL L	\$7.20		
10/30/09	DUSCI, DANIEL L	8.85	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	DUSCI, DANIEL L	\$1.20		
1/11/10	DUSCI, DANIEL L	\$4.25	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	DUSCI, DANIEL L	\$7.55		

Total Contributions: 51.70
(add both columns)

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:** 8/10/09

OATH OR AFFIRMATION

I, *Daniel L Dusci*, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Amount
3/6/10	DUSCI, DANIEL L	\$3.40	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	FALOBA, JOHN	\$2.25		
8/10/09	FALOBA, JOHN	\$8.70		
9/8/09	FALOBA, JOHN	\$11.35		
10/5/09	FALOBA, JOHN	8.40		
10/30/09	FALOBA, JOHN	\$9.50		
12/2/09	FALOBA, JOHN	\$8.00		
1/11/10	FALOBA, JOHN	\$7.40		

Total Contributions: 59.00
 (add both columns)

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:** 7/6/09

OATH OR AFFIRMATION

I, *John Faloba*, swear or affirm that the attached statement is true and correct, to the best of my knowledge for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

 Signature of Candidate, Agent, or Treasurer

Date _____, 20____

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
2/4/10	FALOPA, JOHN	\$13.80		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/6/10	FALOPA, JOHN	\$7.50			
9/8/09	FARR, SHELLY R	\$11.75		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	FARR, SHELLY R	\$7.50			
10/30/09	FARR, SHELLY R	9.50		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	FARR, SHELLY R	\$6.65			
1/11/10	FARR, SHELLY R	\$5.60		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	FARR, SHELLY R	\$7.00			

Total Contributions: (add both columns) 69.30

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:** 3/6/10

OATH OR AFFIRMATION

I, John Falopa, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Amount
4/7/09	FATULA, ROBERT D	\$7.50	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
5/7/09	FATULA, ROBERT D	\$8.00		
6/8/09	FATULA, ROBERT D	\$9.60	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	FATULA, ROBERT D	\$8.60		
8/10/09	FATULA, ROBERT D	5.60	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	FATULA, ROBERT D	\$7.20		
10/5/09	FATULA, ROBERT D	\$7.07	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	FATULA, ROBERT D	\$9.07		

Total Contributions:
(add both columns)

62.64

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:

5/7/09

OATH OR AFFIRMATION

I, Robert D. Fatula, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only
Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Amount
8/10/09	FAUNCE, BRETT C	\$4.65	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	FAUNCE, BRETT C	\$11.60		
10/5/09	FAUNCE, BRETT C	\$3.85	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	FAUNCE, TODD C	\$4.65		
9/8/09	FAUNCE, TODD C	11.10	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	FAUNCE, TODD C	\$3.85		
4/7/09	FEDORKE, KEVIN M	\$1.90	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
5/7/09	FEDORKE, KEVIN M	\$6.45		

Total Contributions: (add both columns) 48.05

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:** 9/8/09

OATH OR AFFIRMATION

I, Scott Marshall, swear or affirm that the attached statement is true and correct, to the best of my knowledge for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
6/8/09	FEDORKE, KEVIN M	\$5.80		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	FEDORKE, KEVIN M	\$3.10			
8/10/09	FEDORKE, KEVIN M	\$3.60		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	FEDORKE, KEVIN M	\$4.95			
10/5/09	FEDORKE, KEVIN M	8.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/30/09	FEDORKE, KEVIN M	\$9.20			
12/2/09	FEDORKE, KEVIN M	\$7.45		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	FEDORKE, KEVIN M	\$7.30			

Total Contributions: 49.40
(add both columns)

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:** 7/6/09

Scott Mayzull OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
2/4/10	FEDORKE, KEVIN M	\$7.45		Full Name: Address:	
3/6/10	FEDORKE, KEVIN M	\$8.30		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
4/7/09	FEDORKE, MARK C	\$3.15		Full Name: Address:	
5/7/09	FEDORKE, MARK C	\$7.40		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
6/8/09	FEDORKE, MARK C	8.78		Full Name: Address:	
7/6/09	FEDORKE, MARK C	\$7.22		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	FEDORKE, MARK C	\$6.82		Full Name: Address:	
9/8/09	FEDORKE, MARK C	\$9.42		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: 58.54
(add both columns)

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: 3/6/10

OATH OR AFFIRMATION

I, Scott Maggull, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
10/5/09	FEDORKE, MARK C	\$5.35		Full Name: Address:	
10/30/09	FEDORKE, MARK C	\$9.05		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	FEDORKE, MARK C	\$5.75		Full Name: Address:	
1/11/10	FEDORKE, MARK C	\$7.12		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	FEDORKE, MARK C	5.82		Full Name: Address:	
3/6/10	FEDORKE, MARK C	\$7.50		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	FITCH, SAM S	\$7.00		Full Name: Address:	
3/6/10	FITCH, SAM S	\$7.55		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: 55.14
(add both columns)

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:** 10/30/09

OATH OR AFFIRMATION

I, Sam Fitch, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
8/10/09	FORNWALT, JAMES R	\$8.70		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	FORNWALT, JAMES R	\$6.55			
2/4/10	FORNWALT, JAMES R	\$10.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/6/10	FORNWALT, JAMES R	\$2.00			
8/10/09	FOUGHT, CHRISTOPHER J	6.90		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	FOUGHT, CHRISTOPHER J	\$11.75			
10/5/09	FOUGHT, CHRISTOPHER J	\$8.15		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/30/09	FOUGHT, CHRISTOPHER J	\$9.50			

Total Contributions: (add both columns) 63.55

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:** 9/8/09

Scott Mayfield OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

_____ Signature of Candidate, Agent, or Treasurer

Date _____, 20_____.

Office Use Only Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
12/2/09	FOUGHT, CHRISTOPHER J	\$7.45		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	FOUGHT, CHRISTOPHER J	\$7.60			
4/7/09	FRANCIS, BRAD W	\$3.20		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
5/7/09	FRANCIS, BRAD W	\$8.00			
6/8/09	FRANCIS, BRAD W	9.75		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	FRANCIS, BRAD W	\$9.27			
8/10/09	FRANCIS, BRAD W	\$9.90		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	FRANCIS, BRAD W	\$8.80			

Total Contributions: (add both columns) 63.97

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:** 1/11/10

Scott Mayfield

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Amount
10/5/09	FRANCIS, BRAD W	\$9.34	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	FRANCIS, BRAD W	\$15.08		
1/11/10	FRANCIS, BRAD W	\$3.60	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
5/7/09	FRANCIS, JAMES E	\$1.60		
6/8/09	FRANCIS, JAMES E	1.95	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	FRANCIS, JAMES E	\$6.00		
8/10/09	FRANCIS, JAMES E	\$7.35	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	FRANCIS, JAMES E	\$7.13		

Total Contributions: 52.05
(add both columns)

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:** 12/2/09

OATH OR AFFIRMATION

I, Scott Mayfull, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Amount
10/5/09	FRANCIS, JAMES E	\$8.00	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/30/09	FRANCIS, JAMES E	\$9.15		
12/2/09	FRANCIS, JAMES E	\$3.88	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	FRANCIS, JAMES E	\$5.60		
2/4/10	FRANCIS, JAMES E	6.08	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
4/7/09	FRAZIER III, SAMUEL J	\$5.12		
5/7/09	FRAZIER III, SAMUEL J	\$7.20	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
6/8/09	FRAZIER III, SAMUEL J	\$4.98		

Total Contributions: 50.01
(add both columns)

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:** 10/30/09

OATH OR AFFIRMATION

I, Scott Mayfull, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Amount
7/6/09	FRAZIER III, SAMUEL J	\$7.93	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	FRAZIER III, SAMUEL J	\$6.50		
9/8/09	FRAZIER III, SAMUEL J	\$3.60		
10/5/09	FRAZIER III, SAMUEL J	\$6.69		
10/30/09	FRAZIER III, SAMUEL J	3.40		
12/2/09	FRAZIER III, SAMUEL J	\$4.65		
1/11/10	FRAZIER III, SAMUEL J	\$1.40		
2/4/10	FRAZIER III, SAMUEL J	\$5.54		

Total Contributions: (add both columns) 39.71

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:** 8/10/09

OATH OR AFFIRMATION

I, Samuel J Frazier III, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
3/6/10	FRAZIER III, SAMUEL J	\$4.40		Full Name: Address:	
7/6/09	FREUDENBERG, DAVID A	\$4.50		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	FREUDENBERG, DAVID A	\$8.63		Full Name: Address:	
9/8/09	FREUDENBERG, DAVID A	\$11.75		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	FREUDENBERG, DAVID A	8.30		Full Name: Address:	
10/30/09	FREUDENBERG, DAVID A	\$9.10		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	FREUDENBERG, DAVID A	\$7.65		Full Name: Address:	
1/11/10	FREUDENBERG, DAVID A	\$7.60		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: (add both columns) 61.93

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:** 7/6/09

OATH OR AFFIRMATION

I, *Scott Margull*, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
2/4/10	FREUDENBERG, DAVID A	\$14.60		Full Name: Address:	
3/6/10	FREUDENBERG, DAVID A	\$6.90		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	FUSILLO, MICHAEL J	\$9.50		Full Name: Address:	
3/6/10	FUSILLO, MICHAEL J	\$1.75		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	GEINER, BRAD R	5.60		Full Name: Address:	
9/8/09	GEINER, BRAD R	\$5.40		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	GOINS, JOHN S	\$0.80		Full Name: Address:	
3/6/10	GOINS, JOHN S	\$1.60		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: 46.15
(add both columns)

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:** 3/6/10

OATH OR AFFIRMATION

I, *John S Goins*, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

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
4/7/09	GOMBOS, RANDY P	\$8.80		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
5/7/09	GOMBOS, RANDY P	\$8.80			
6/8/09	GOMBOS, RANDY P	\$8.80		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	GOMBOS, RANDY P	\$11.00			
8/10/09	GOMBOS, RANDY P	8.80		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	GOMBOS, RANDY P	\$19.80			
10/30/09	GOMBOS, RANDY P	\$8.80		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	GOMBOS, RANDY P	\$11.00			

Total Contributions: 85.80
(add both columns)

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:** 5/7/09

OATH OR AFFIRMATION

I, Scott Mayfield, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

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
1/11/10	GOMBOS, RANDY P	\$8.80		Full Name: Address:	
2/4/10	GOMBOS, RANDY P	\$8.80		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/6/10	GOMBOS, RANDY P	\$11.00		Full Name: Address:	
4/7/09	GREER, TERRANCE L	\$3.93		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
5/7/09	GREER, TERRANCE L	1.60		Full Name: Address:	
6/8/09	GREER, TERRANCE L	\$9.59		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	GREER, TERRANCE L	\$7.58		Full Name: Address:	
8/10/09	GREER, TERRANCE L	\$7.60		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: 58.90
(add both columns)

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: 2/4/10

OATH OR AFFIRMATION

I, Scott Mayfield, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
9/8/09	GREER, TERRANCE L	\$9.70		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	GREER, TERRANCE L	\$8.45			
10/30/09	GREER, TERRANCE L	\$9.50		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	GREER, TERRANCE L	\$8.00			
1/11/10	GREER, TERRANCE L	7.60		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	GREER, TERRANCE L	\$14.42			
3/6/10	GREER, TERRANCE L	\$10.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
4/7/09	GROSS, CHARLES N	\$9.00			

Total Contributions: (add both columns) 76.67

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:** 10/5/09

OATH OR AFFIRMATION

I, Scott Marshall, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
5/7/09	GROSS, CHARLES N	\$9.00		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
6/8/09	GROSS, CHARLES N	\$11.70			
7/6/09	GROSS, CHARLES N	\$9.45			
8/10/09	GROSS, CHARLES N	\$9.90			
9/8/09	GROSS, CHARLES N	12.95			
10/5/09	GROSS, CHARLES N	\$9.65			
10/30/09	GROSS, CHARLES N	\$10.75			
12/2/09	GROSS, CHARLES N	\$9.00			

Total Contributions: (add both columns) 82.40

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:** 6/8/09

OATH OR AFFIRMATION

I, *Scott Marshall*, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
1/11/10	GROSS, CHARLES N	\$8.95		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	GROSS, CHARLES N	\$17.05			
3/6/10	GROSS, CHARLES N	\$13.40		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
4/7/09	HANCOCK, STEPHEN D	\$9.50			
5/7/09	HANCOCK, STEPHEN D	6.90		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
6/8/09	HANCOCK, STEPHEN D	\$8.00			
7/6/09	HANCOCK, STEPHEN D	\$7.80		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	HANCOCK, STEPHEN D	\$7.80			

Total Contributions: (add both columns) 79.40

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:** 2/4/10

OATH OR AFFIRMATION

I, Steph M. Hancock, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
9/8/09	HANCOCK, STEPHEN D	\$8.65		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	HANCOCK, STEPHEN D	\$7.60			
10/30/09	HANCOCK, STEPHEN D	\$7.20		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	HANCOCK, STEPHEN D	\$9.65			
1/11/10	HANCOCK, STEPHEN D	8.60		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	HANCOCK, STEPHEN D	\$7.20			
3/6/10	HANCOCK, STEPHEN D	\$10.70		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	HANKINS, WILLIAM H	\$11.28			

Total Contributions: 70.88
(add both columns)

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:** 10/5/09

OATH OR AFFIRMATION

I, Scott Mayfull, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
10/5/09	HANKINS, WILLIAM H	\$4.50		Full Name: Address:	
10/30/09	HANKINS, WILLIAM H	\$5.97		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	HANKINS, WILLIAM H	\$7.15		Full Name: Address:	
1/11/10	HANKINS, WILLIAM H	\$5.60		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	HANKINS, WILLIAM H	9.75		Full Name: Address:	
3/6/10	HANKINS, WILLIAM H	\$1.15		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	HARLEY, JOE W	\$4.50		Full Name: Address:	
8/10/09	HARLEY, JOE W	\$8.95		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: 47.57
(add both columns)

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:** 10/30/09

OATH OR AFFIRMATION

I, Scott Mayfull, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
9/8/09	HARLEY, JOE W	\$10.75		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	HARLEY, JOE W	\$7.90			
10/30/09	HARLEY, JOE W	\$9.35		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	HARLEY, JOE W	\$7.70			
1/11/10	HARLEY, JOE W	7.20		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
4/7/09	HARTZELL, DAVID W	\$7.55			
5/7/09	HARTZELL, DAVID W	\$8.50		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
6/8/09	HARTZELL, DAVID W	\$10.35			

Total Contributions: (add both columns) 69.30

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:** 10/5/09

OATH OR AFFIRMATION

I, Scott Mayzull, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
7/6/09	HARTZELL, DAVID W	\$8.00		Full Name: Address:	
8/10/09	HARTZELL, DAVID W	\$7.10		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	HARTZELL, DAVID W	\$11.70		Full Name: Address:	
10/5/09	HARTZELL, DAVID W	\$6.80		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/30/09	HARTZELL, DAVID W	9.50		Full Name: Address:	
12/2/09	HARTZELL, DAVID W	\$7.55		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	HARTZELL, DAVID W	\$6.40		Full Name: Address:	
2/4/10	HARTZELL, DAVID W	\$11.65		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: 68.70
(add both columns)

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:** 8/10/09

OATH OR AFFIRMATION

I, Scott Mayfield, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
3/6/10	HARTZELL, DAVID W	\$11.75		Full Name: Address:	
4/7/09	HENDERSHOT, RUSSELL W	\$4.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
5/7/09	HENDERSHOT, RUSSELL W	\$8.00		Full Name: Address:	
6/8/09	HENDERSHOT, RUSSELL W	\$10.10		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	HENDERSHOT, RUSSELL W	8.85		Full Name: Address:	
8/10/09	HENDERSHOT, RUSSELL W	\$8.40		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	HENDERSHOT, RUSSELL W	\$5.90		Full Name: Address:	
10/5/09	HENDERSHOT, RUSSELL W	\$8.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: 65.00
(add both columns)

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:** 4/7/09

OATH OR AFFIRMATION

I, Scott Mayfull, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
10/30/09	HENDERSHOT, RUSSELL W	\$7.50		Full Name: Address:	
12/2/09	HENDERSHOT, RUSSELL W	\$12.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	HENDERSHOT, RUSSELL W	\$8.60		Full Name: Address:	
2/4/10	HENDERSHOT, RUSSELL W	\$8.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/6/10	HENDERSHOT, RUSSELL W	9.90		Full Name: Address:	
9/8/10	HESS, MICHELLE I	\$2.65		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	HESS, MICHELLE I	\$8.55		Full Name: Address:	
10/30/09	HESS, MICHELLE I	\$7.20		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: (add both columns) 64.40

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:** 12/2/09

OATH OR AFFIRMATION

I, *Russell Hendershot*, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
12/2/09	HESS, MICHELLE I	\$6.00		Full Name: Address:	
1/11/10	HESS, MICHELLE I	\$5.20		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	HESS, MICHELLE I	\$12.83		Full Name: Address:	
3/6/10	HESS, MICHELLE I	\$8.90		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
5/7/09	HINES, ROBERT L	2.05		Full Name: Address:	
6/8/09	HINES, ROBERT L	\$9.95		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	HINES, ROBERT L	\$8.90		Full Name: Address:	
8/10/09	HINES, ROBERT L	\$8.28		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: 62.11
(add both columns)

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:** 1/11/10

OATH OR AFFIRMATION

I, Scott Marshall, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
9/8/09	HINES, ROBERT L	\$12.08		Full Name: Address:	
10/5/09	HINES, ROBERT L	\$8.83		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/30/09	HINES, ROBERT L	\$9.38		Full Name: Address:	
12/2/09	HINES, ROBERT L	\$7.92		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	HINES, ROBERT L	7.55		Full Name: Address:	
2/4/10	HINES, ROBERT L	\$14.07		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/6/10	HINES, ROBERT L	\$9.83		Full Name: Address:	
2/4/10	HOLLINGSWORTH, DONALD A	\$0.80		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: 70.46
(add both columns)

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: 10/5/09

OATH OR AFFIRMATION

I, Scott Mayfull, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
3/6/10	HOLLINGSWORTH, DONALD A	\$1.60		Full Name: Address:	
2/4/10	HOOVER, ALLEN S	\$6.50		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
4/7/09	HUPP, SHAWN J	\$7.60		Full Name: Address:	
5/7/09	HUPP, SHAWN J	\$7.85		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
6/8/09	HUPP, SHAWN J	6.00		Full Name: Address:	
7/6/09	HUPP, SHAWN J	\$5.20		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	HUPP, SHAWN J	\$7.60		Full Name: Address:	
9/8/09	HUPP, SHAWN J	\$4.80		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: (add both columns) 47.15

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:** 2/4/10

OATH OR AFFIRMATION

I, *Scott Mayfull*, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Amount
10/5/09	HUPP, SHAWN J	\$8.00	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/30/09	HUPP, SHAWN J	\$9.60		
12/2/09	HUPP, SHAWN J	\$7.60	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	HUPP, SHAWN J	\$9.70		
2/4/10	HUPP, SHAWN J	7.60	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/6/10	HUPP, SHAWN J	\$7.20		
9/8/09	JENNINGS, GARY J	\$9.05	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	JENNINGS, GARY J	\$3.00		

Total Contributions: (add both columns) 61.75

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:** 10/30/09

OATH OR AFFIRMATION

I, Scott Mayfull, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
10/30/09	JENNINGS, GARY J	\$5.60		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	JENNINGS, GARY J	\$7.55			
1/11/10	JENNINGS, GARY J	\$5.60		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	JENNINGS, GARY J	\$7.00			
4/7/09	JOHNSON, GREGORY A	2.25		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
5/7/09	JOHNSON, GREGORY A	\$9.00			
6/8/09	JOHNSON, GREGORY A	\$8.75		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	JOHNSON, GREGORY A	\$9.00			

Total Contributions: 54.75
(add both columns)

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:** 12/2/09

OATH OR AFFIRMATION

I, *Scott Mayfield*, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
9/8/09	JOHNSON, GREGORY A	\$13.25		Full Name: Address:	
10/5/09	JOHNSON, GREGORY A	\$8.43		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/30/09	JOHNSON, GREGORY A	\$9.55		Full Name: Address:	
12/2/09	JOHNSON, GREGORY A	\$7.25		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	JOHNSON, GREGORY A	7.65		Full Name: Address:	
2/4/10	JOHNSON, GREGORY A	\$14.03		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/6/10	JOHNSON, GREGORY A	\$9.50		Full Name: Address:	
8/10/09	JONES, MICHAEL A	\$8.67		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: 78.33
(add both columns)

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: 10/5/09

OATH OR AFFIRMATION

I, Scott Mayfull, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Amount
9/8/09	JONES, MICHAEL A	\$3.55	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	JONES, MICHAEL A	\$6.05		
10/30/09	JONES, MICHAEL A	\$8.67	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	JONES, MICHAEL A	\$6.65		
4/7/09	KELLER, RONALD G	4.35	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
6/8/09	KELLER, RONALD G	\$4.00		
7/6/09	KELLER, RONALD G	\$8.70	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	KELLER, RONALD G	\$8.00		

Total Contributions: 49.97
(add both columns)

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:** 10/5/09

OATH OR AFFIRMATION

I, Scott P. Hinkle, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
9/8/09	KELLER, RONALD G	\$10.00		Full Name: Address:	
10/5/09	KELLER, RONALD G	\$8.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/30/09	KELLER, RONALD G	\$5.50		Full Name: Address:	
12/2/09	KELLER, RONALD G	\$12.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	KELLER, RONALD G	8.50		Full Name: Address:	
2/4/10	KELLER, RONALD G	\$8.40		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/6/10	KELLER, RONALD G	\$6.70		Full Name: Address:	
4/7/09	KING, CHARLES R	\$9.75		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: 68.85
(add both columns)

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:** 10/5/09

OATH OR AFFIRMATION

I, Scott Mayzull, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
5/7/09	KING, CHARLES R	\$9.90		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
6/8/09	KING, CHARLES R	\$10.25		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	KING, CHARLES R	\$8.08		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	KING, CHARLES R	\$5.55		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	KING, CHARLES R	10.42		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	KING, CHARLES R	\$8.10		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/30/09	KING, CHARLES R	\$10.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	KING, CHARLES R	\$8.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: 70.30
(add both columns)

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:** 6/8/09

OATH OR AFFIRMATION

I, Scott Mayfull, swear or affirm that the attached statement is true and correct to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
1/11/10	KING, CHARLES R	\$8.00		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	KING, CHARLES R	\$10.37			
3/6/10	KING, CHARLES R	\$5.60		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	KLAMER, J EDWARD	\$9.75			
3/6/10	KLAMER, J EDWARD	2.00		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	KLUG, DOUGLAS B	\$5.50			
3/6/10	KMETZ, THOMAS A	\$1.20		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	KNOPP, JAMES M	\$4.65			

Total Contributions: 47.07
(add both columns)

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:** 2/4/10

OATH OR AFFIRMATION

I, *Scott Mayfull*, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
9/8/09	KNOPP, JAMES M	\$11.35		Full Name: Address:	
10/5/09	KNOPP, JAMES M	\$3.85		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/30/09	KNOPP, JAMES M	\$5.45		Full Name: Address:	
12/2/09	KNOPP, JAMES M	\$7.70		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	KNOPP, JAMES M	5.60		Full Name: Address:	
2/4/10	KNOPP, JAMES M	\$7.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	KONWINSKI, SCOTT A	\$11.35		Full Name: Address:	
10/5/09	KONWINSKI, SCOTT A	\$4.25		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: 56.55
(add both columns)

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:** 10/5/09

OATH OR AFFIRMATION

I, Scott Mayfull, swear or affirm that the attached statement is true and correct to the best of my knowledge, for all financial transactions occurring within the period covered by this statement as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
10/30/09	KONWINSKI, SCOTT A	\$5.60		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	KONWINSKI, SCOTT A	\$7.55			
1/11/10	KONWINSKI, SCOTT A	\$5.60		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	KONWINSKI, SCOTT A	\$7.00			
2/4/10	KOPP, MICHAEL W	3.20		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/6/10	KOPP, MICHAEL W	\$6.00			
4/7/09	KOVALSKI, MARTY J	\$1.58		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
5/7/09	KOVALSKI, MARTY J	\$3.37			

Total Contributions: 39.90
(add both columns)

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:** 12/2/09

OATH OR AFFIRMATION

Scott Mayfull
I, _____, swear or affirm that the attached statement is true and correct to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
6/8/09	KOVALSKI, MARTY J	\$3.87		Full Name: Address:	
7/6/09	KOVALSKI, MARTY J	\$2.93		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	KOVALSKI, MARTY J	\$3.90		Full Name: Address:	
9/8/09	KOVALSKI, MARTY J	\$5.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	KOVALSKI, MARTY J	8.00		Full Name: Address:	
10/30/09	KOVALSKI, MARTY J	\$7.25		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	KOVALSKI, MARTY J	\$5.87		Full Name: Address:	
1/11/10	KOVALSKI, MARTY J	\$7.53		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: 44.35
(add both columns)

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: 7/6/09

OATH OR AFFIRMATION

I, *Marty J. Kovalski*, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
2/4/10	KOVALSKI, MARTY J	\$4.03		Full Name: Address:	
5/7/09	LARUE, WILLIAM R	\$6.75		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
6/8/09	LARUE, WILLIAM R	\$10.02		Full Name: Address:	
7/6/09	LARUE, WILLIAM R	\$8.10		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	LARUE, WILLIAM R	8.25		Full Name: Address:	
9/8/09	LARUE, WILLIAM R	\$10.68		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	LARUE, WILLIAM R	\$8.65		Full Name: Address:	
10/30/09	LARUE, WILLIAM R	\$7.65		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: (add both columns) 64.13

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:** 5/7/09

OATH OR AFFIRMATION

I, Scott Marshall, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

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
12/2/09	LARUE, WILLIAM R	\$7.60		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	LARUE, WILLIAM R	\$5.60			
2/4/10	LARUE, WILLIAM R	\$10.35		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/6/10	LARUE, WILLIAM R	\$6.25			
4/7/09	LEASURE, RANDY L	7.75		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
5/7/09	LEASURE, RANDY L	\$7.90			
6/8/09	LEASURE, RANDY L	\$8.20		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	LEASURE, RANDY L	\$9.10			

Total Contributions: 62.75
(add both columns)

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:** 1/11/10

OATH OR AFFIRMATION

I, Scott Mayfield, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Amount
8/10/09	LEASURE, RANDY L	\$8.38	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	LEASURE, RANDY L	\$12.57		
10/5/09	LEASURE, RANDY L	\$8.00	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/30/09	LEASURE, RANDY L	\$10.20		
12/2/09	LEASURE, RANDY L	8.00	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	LEASURE, RANDY L	\$8.55		
2/4/10	LEASURE, RANDY L	\$16.30	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/6/10	LEASURE, RANDY L	\$12.10		

Total Contributions: 84.10
(add both columns)

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:** 9/8/09

OATH OR AFFIRMATION

I, *Randy Leasure*, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

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
10/30/09	LEMMON, CHRISTOPHER D	\$9.50		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	LEMMON, CHRISTOPHER D	\$8.00			
1/11/10	LEMMON, CHRISTOPHER D	\$7.45		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	LEMMON, CHRISTOPHER D	\$6.10			
3/6/10	LEMMON, CHRISTOPHER D	8.45		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
4/7/09	LINABARGER, RICHARD E	\$4.50			
5/7/09	LINABARGER, RICHARD E	\$8.00		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
6/8/09	LINABARGER, RICHARD E	\$10.00			

Total Contributions: 62.00
(add both columns)

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:** 12/2/09

OATH OR AFFIRMATION

I, *Scott Mayfull*, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

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
7/6/09	LINABARGER, RICHARD E	\$10.60		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	LINABARGER, RICHARD E	\$8.00			
9/8/09	LINABARGER, RICHARD E	\$9.00		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	LINABARGER, RICHARD E	\$8.00			
10/30/09	LINABARGER, RICHARD E	7.90		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	LINABARGER, RICHARD E	\$12.00			
1/11/10	LINABARGER, RICHARD E	\$9.15		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	LINABARGER, RICHARD E	\$7.70			

Total Contributions: 72.35
(add both columns)

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:** 8/10/09

OATH OR AFFIRMATION

I, Richard E. Linabarger, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
3/6/10	LINABARGER, RICHARD E	\$9.90		Full Name: Address:	
4/7/09	LITMAN, MELVIN D	\$8.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
5/7/09	LITMAN, MELVIN D	\$5.80		Full Name: Address:	
6/8/09	LITMAN, MELVIN D	\$11.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	LITMAN, MELVIN D	9.80		Full Name: Address:	
8/10/09	LITMAN, MELVIN D	\$7.75		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	LITMAN, MELVIN D	\$10.00		Full Name: Address:	
10/5/09	LITMAN, MELVIN D	\$7.75		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: 70.00
(add both columns)

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: 47/09

OATH OR AFFIRMATION

I, *Mark Marshall*, swear or affirm that the attached statement is true and correct to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____

Office Use Only

Received By: _____

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
10/30/09	LITMAN, MELVIN D	\$8.00		Full Name: Address:	
12/2/09	LITMAN, MELVIN D	\$12.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	LITMAN, MELVIN D	\$8.50		Full Name: Address:	
2/4/10	LITMAN, MELVIN D	\$6.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/6/10	LITMAN, MELVIN D	9.90		Full Name: Address:	
7/6/09	LONG, ALVIN D	\$6.87		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	LONG, ALVIN D	\$7.80		Full Name: Address:	
9/8/09	LONG, ALVIN D	\$12.20		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: 71.27
(add both columns)

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:** 12/2/09

OATH OR AFFIRMATION

I, Scott Mayfield, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

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
10/5/09	LONG, ALVIN D	\$8.90			
10/30/09	LONG, ALVIN D	\$9.50			
12/2/09	LONG, ALVIN D	\$6.80			
1/11/10	LONG, ALVIN D	\$7.20			
2/4/10	LONG, ALVIN D	12.15			
3/6/10	LONG, ALVIN D	\$8.50			
4/7/09	LOUGHERY, SCOTTIE L	\$7.60			
5/7/09	LOUGHERY, SCOTTIE L	\$8.55			

Total Contributions: 69.20
(add both columns)

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:** 10/30/09

OATH OR AFFIRMATION

I, ALVIN D LONG, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

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
6/8/09	LOUGHERY, SCOTTIE L	\$10.85			
7/6/09	LOUGHERY, SCOTTIE L	\$8.25			
8/10/09	LOUGHERY, SCOTTIE L	\$7.80			
9/8/09	LOUGHERY, SCOTTIE L	\$11.42			
10/5/09	LOUGHERY, SCOTTIE L	9.30			
10/30/09	LOUGHERY, SCOTTIE L	\$7.95			
12/2/09	LOUGHERY, SCOTTIE L	\$8.17			
1/11/10	LOUGHERY, SCOTTIE L	\$7.65			

Total Contributions: 71.39
(add both columns)

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:** 7/6/09

OATH OR AFFIRMATION

I, Scottie Loughery, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

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
2/4/10	LOUGHERY, SCOTTIE L	\$12.30			
3/6/10	LOUGHERY, SCOTTIE L	\$9.35			
10/5/09	LOWE, CHARLES D	\$4.50			
10/30/09	LOWE, CHARLES D	\$8.90			
12/2/09	LOWE, CHARLES D	12.80			
1/11/10	LOWE, CHARLES D	\$10.95			
2/4/10	LOWE, CHARLES D	\$10.60			
3/6/10	LOWE, CHARLES D	\$12.50			

Total Contributions: 81.90
(add both columns)

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:** 3/6/10

OATH OR AFFIRMATION

I, Scott Marshall, swear or affirm that the attached statement is true and correct to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
5/7/09	LUCAS, WILLIAM E	\$2.25		Full Name: Address:	
6/8/09	LUCAS, WILLIAM E	\$9.15		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	LUCAS, WILLIAM E	\$8.53		Full Name: Address:	
8/10/09	LUCAS, WILLIAM E	\$7.22		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	LUCAS, WILLIAM E	9.12		Full Name: Address:	
10/5/09	LUCAS, WILLIAM E	\$8.27		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/30/09	LUCAS, WILLIAM E	\$5.85		Full Name: Address:	
12/2/09	LUCAS, WILLIAM E	\$5.70		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: 56.09
(add both columns)

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: 6/8/09

OATH OR AFFIRMATION

I, William E Lucas, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

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
1/11/10	LUCAS, WILLIAM E	\$3.03			
10/30/09	LUYSTER, ROBERT G	\$2.60			
12/2/09	LUYSTER, ROBERT G	\$7.60			
1/11/10	LUYSTER, ROBERT G	\$7.00			
2/4/10	LUYSTER, ROBERT G	6.40			
3/6/10	LUYSTER, ROBERT G	\$5.20			
9/8/09	MACRI, DENNIS J	\$10.55			
10/5/09	MACRI, DENNIS J	\$7.35			

Total Contributions: (add both columns) 49.73

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: 10/30/09

OATH OR AFFIRMATION

I, [Signature], swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only
Received By: _____

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
10/30/09 +	MACRI, DENNIS J	\$6.52		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	MAHON, BRANDON J	\$8.70			
9/8/09	MAHON, BRANDON J	\$11.75		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	MAHON, BRANDON J	\$8.90			
10/30/09 +	MAHON, BRANDON J	9.05		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	MAHON, BRANDON J	\$7.70			
1/11/10	MAHON, BRANDON J	\$7.60		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	MAHON, BRANDON J	\$4.00			

Total Contributions: (add both columns) 64.22

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: 8/10/09

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
4/7/09	MAINS, DAVID E	\$8.80		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
5/7/09	MAINS, DAVID E	\$8.80			
6/8/09	MAINS, DAVID E	\$8.80		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	MAINS, DAVID E	\$11.00			
8/10/09	MAINS, DAVID E	8.80		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	MAINS, DAVID E	\$19.80			
10/30/09	MAINS, DAVID E	\$8.80		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	MAINS, DAVID E	\$11.00			

Total Contributions: 85.80
(add both columns)

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: 5/7/09

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Amount
1/11/10	MAINS, DAVID E	\$8.80	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	MAINS, DAVID E	\$8.80		
3/6/10	MAINS, DAVID E	\$11.00	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	MALLOG, RICHARD A	\$7.00		
9/8/09	MARINO, JAMES	6.12	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
5/7/09	MARSHALL, NICHOLAS L	\$5.85		
6/8/09	MARSHALL, NICHOLAS L	\$9.65	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	MARSHALL, NICHOLAS L	\$8.65		

Total Contributions: 65.87
(add both columns)

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:** 2/4/10

OATH OR AFFIRMATION

I, *Nicholas L Marshall*, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
8/10/09	MARSHALL, NICHOLAS L	\$8.25		Full Name: Address:	
9/8/09	MARSHALL, NICHOLAS L	\$13.20		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	MARSHALL, NICHOLAS L	\$9.50		Full Name: Address:	
10/30/09	MARSHALL, NICHOLAS L	\$10.75		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	MARSHALL, NICHOLAS L	8.20		Full Name: Address:	
1/11/10	MARSHALL, NICHOLAS L	\$7.20		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	MARSHALL, NICHOLAS L	\$14.85		Full Name: Address:	
3/6/10	MARSHALL, NICHOLAS L	\$1.65		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: 73.60
(add both columns)

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:** 9/8/09

OATH OR AFFIRMATION

I, Nicholas L Marshall, swear or affirm that the attached statement is true and correct to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

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
8/10/09	MAUK, GARY L	\$4.65		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	MAUK, GARY L	\$10.90			
10/5/09	MAUK, GARY L	\$2.95		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/30/09	MAUK, GARY L	\$6.80			
12/2/09	MAUK, GARY L	5.95		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
4/7/09	MAZZULLI, SCOTT D	\$8.00			
5/7/09	MAZZULLI, SCOTT D	\$8.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
6/8/09	MAZZULLI, SCOTT D	\$8.00			

Total Contributions: (add both columns) 55.25

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:** 9/8/09

OATH OR AFFIRMATION

I, *Scott D. Mazzulli*, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

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
7/6/09	MAZZULLI, SCOTT D	\$10.00		Full Name: Address:	
8/10/09	MAZZULLI, SCOTT D	\$8.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	MAZZULLI, SCOTT D	\$18.00		Full Name: Address:	
10/30/09	MAZZULLI, SCOTT D	\$8.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	MAZZULLI, SCOTT D	10.00		Full Name: Address:	
1/11/10	MAZZULLI, SCOTT D	\$8.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	MAZZULLI, SCOTT D	\$8.00		Full Name: Address:	
3/6/10	MAZZULLI, SCOTT D	\$10.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: 80.00
(add both columns)

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:** 8/10/09

OATH OR AFFIRMATION

I, Scott D. Mazzulli, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

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
4/7/09	MCCLURE, ROBERT M	\$7.79			
5/7/09	MCCLURE, ROBERT M	\$8.19			
6/8/09	MCCLURE, ROBERT M	\$10.40			
7/6/09	MCCLURE, ROBERT M	\$7.00			
8/10/09	MCCLURE, ROBERT M	8.04			
9/8/09	MCCLURE, ROBERT M	\$10.30			
10/5/09	MCCLURE, ROBERT M	\$8.72			
10/30/09	MCCLURE, ROBERT M	\$10.44			

Total Contributions: 70.88
(add both columns)

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:** 5/7/09

OATH OR AFFIRMATION

I, Robert M. McClure, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
12/2/09	MCCLURE, ROBERT M	\$8.25		Full Name: Address:	
1/11/10	MCCLURE, ROBERT M	\$8.29		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	MCCLURE, ROBERT M	\$9.46		Full Name: Address:	
3/6/10	MCCLURE, ROBERT M	\$7.84		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	MCCOY, LLOYD	8.25		Full Name: Address:	
9/8/09	MCCOY, LLOYD	\$11.10		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	MCCOY, LLOYD	\$3.40		Full Name: Address:	
10/30/09	MCCOY, LLOYD	\$4.40		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Check if additional pages have been attached.

Total Contributions: (add both columns) 60.99

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: 1/11/10

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
12/2/09	MCCOY, LLOYD	\$6.20		Full Name: Address:	
4/7/09	MCDUGAL, CARL D	\$7.30		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
5/7/09	MCDUGAL, CARL D	\$8.55		Full Name: Address:	
6/8/09	MCDUGAL, CARL D	\$8.75		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	MCDUGAL, CARL D	8.45		Full Name: Address:	
8/10/09	MCDUGAL, CARL D	\$7.40		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	MCDUGAL, CARL D	\$10.10		Full Name: Address:	
10/5/09	MCDUGAL, CARL D	\$8.10		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: (add both columns) 64.85

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:** 4/7/09

OATH OR AFFIRMATION

I, Scott Mayfield, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

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
10/30/09	MCDUGAL, CARL D	\$9.05		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	MCDUGAL, CARL D	\$7.45			
1/11/10	MCDUGAL, CARL D	\$7.20		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	MCDUGAL, CARL D	\$11.42			
3/6/10	MCDUGAL, CARL D	8.50		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	MCGEE, MICHAEL C	\$3.60			
9/8/09	MCKEE, DALE L	\$4.45		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	MCMILLAN, GLENN E	\$6.90			

Total Contributions: 58.57
(add both columns)

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:** 12/2/09

OATH OR AFFIRMATION

I, Glenn E. McMillan, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
9/8/09	MCMILLAN, GLENN E	\$9.25		Full Name: Address:	
10/5/09	MCMILLAN, GLENN E	\$8.55		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/30/09	MCMILLAN, GLENN E	\$9.50		Full Name: Address:	
12/2/09	MCMILLAN, GLENN E	\$7.05		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	MCMILLAN, GLENN E	7.60		Full Name: Address:	
10/30/09	MICHALAK, JOSEPH	\$5.20		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	MICHALAK, JOSEPH	\$1.60		Full Name: Address:	
2/4/10	MICHALAK, JOSEPH	\$7.60		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: (add both columns) 56.35

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:** 10/5/09

OATH OR AFFIRMATION

I, Glenn E. McMillan, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

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
7/6/09	MILLER, BRYAN A	\$6.60		Full Name: Address:	
8/10/09	MILLER, BRYAN A	\$4.60		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	MILLER, BRYAN A	\$10.58		Full Name: Address:	
10/5/09	MILLER, BRYAN A	\$8.45		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/30/09	MILLER, BRYAN A	9.10		Full Name: Address:	
12/2/09	MILLER, BRYAN A	\$7.60		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	MILLER, BRYAN A	\$6.80		Full Name: Address:	
2/4/10	MILLER, BRYAN A	\$14.10		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: (add both columns) 67.83

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:** 8/10/09

OATH OR AFFIRMATION

I, West Marshall, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
3/6/10	MILLER, BRYAN A	\$10.20		Full Name: Address:	
4/7/09	MILLER, GARY L	\$6.50		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
5/7/09	MILLER, GARY L	\$6.75		Full Name: Address:	
6/8/09	MILLER, GARY L	\$9.60		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	MILLER, GARY L	7.60		Full Name: Address:	
8/10/09	MILLER, GARY L	\$7.60		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	MILLER, GARY L	\$8.85		Full Name: Address:	
10/5/09	MILLER, GARY L	\$8.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: 65.10
(add both columns)

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: 4/7/09

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
12/2/09	MILLER, GARY L	\$17.60		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	MILLER, GARY L	\$5.50			
2/4/10	MILLER, GARY L	\$1.28		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	MITCHELL, DUANE P	\$7.00			
8/10/09	MONAGHAN, CHRISTOPHER J	2.25		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	MOORE, DAVID C	\$6.90			
9/8/09	MOORE, DAVID C	\$11.55		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	MOORE, DAVID C	\$7.60			

Total Contributions: 59.68
(add both columns)

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: 1/11/10

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

_____ Signature of Candidate, Agent, or Treasurer

Date _____, 20_____

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
10/30/09	MOORE, DAVID C	\$9.48		Full Name: Address:	
12/2/09	MOORE, DAVID C	\$7.55		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	MOORE, DAVID C	\$7.60		Full Name: Address:	
3/6/10	NAGY, BILLY G	\$6.63		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
4/7/09	NAMLIK, RICHARD L	4.75		Full Name: Address:	
5/7/09	NAMLIK, RICHARD L	\$4.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
6/8/09	NAMLIK, RICHARD L	\$0.80		Full Name: Address:	
7/6/09	NAMLIK, RICHARD L	\$7.60		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: 48.41
(add both columns)

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:** 12/2/09

OATH OR AFFIRMATION

I, *Scott Mayfield*, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

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
8/10/09	NAMLIK, RICHARD L	\$4.50		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	NAMLIK, RICHARD L	\$9.60			
10/5/09	NAMLIK, RICHARD L	\$7.00		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/30/09	NAMLIK, RICHARD L	\$8.75			
12/2/09	NAMLIK, RICHARD L	6.50		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	NAMLIK, RICHARD L	\$6.85			
2/4/10	NAMLIK, RICHARD L	\$7.17		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/6/10	NAMLIK, RICHARD L	\$4.75			

Total Contributions: (add both columns) 55.12

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: 9/8/09

OATH OR AFFIRMATION

I, *Richard Namlik*, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

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
4/7/09	NEFF, TIMOTHY L	\$4.80			
5/7/09	NEFF, TIMOTHY L	\$7.00			
6/8/09	NEFF, TIMOTHY L	\$8.60			
7/6/09	NEFF, TIMOTHY L	\$7.87			
8/10/09	NEFF, TIMOTHY L	6.85			
9/8/09	NEFF, TIMOTHY L	\$6.38			
10/5/09	NEFF, TIMOTHY L	\$7.07			
10/30/09	NEFF, TIMOTHY L	\$8.90			

Total Contributions:
(add both columns)

57.47

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:

57/09

OATH OR AFFIRMATION

I, Timothy L Neff, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only
Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
12/2/09	NEFF, TIMOTHY L	\$6.58		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	NEFF, TIMOTHY L	\$7.50			
2/4/10	NEFF, TIMOTHY L	\$5.58		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/6/10	NEFF, TIMOTHY L	\$3.00			
2/4/10	NELSON, GREG A	6.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/6/10	NELSON, GREG A	\$1.50			
6/8/09	NELSON, JAMES M	\$4.15		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	NELSON, JAMES M	\$8.95			

Total Contributions: (add both columns) 43.26

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: 1/11/10

OATH OR AFFIRMATION

I, [Signature], swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only
Received By: _____

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
8/10/09	NELSON, JAMES M	\$8.70		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	NELSON, JAMES M	\$12.15			
10/5/09	NELSON, JAMES M	\$8.45		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/30/09	NELSON, JAMES M	\$9.50			
12/2/09	NELSON, JAMES M	7.30		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	NELSON, JAMES M	\$7.60			
2/4/10	NELSON, JAMES M	\$12.97		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/6/10	NELSON, JAMES M	\$11.50			

Total Contributions:
(add both columns)

78.17

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:

9/8/09

OATH OR AFFIRMATION

I, James M. Nelson, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only
Received By: _____

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
4/7/09	NIXON, MATTHEW R	\$2.25		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
5/7/09	NIXON, MATTHEW R	\$9.00			
6/8/09	NIXON, MATTHEW R	\$9.55		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	NIXON, MATTHEW R	\$7.77			
8/10/09	NIXON, MATTHEW R	7.80		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	NIXON, MATTHEW R	\$10.78			
10/5/09	NIXON, MATTHEW R	\$7.60		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/30/09	NIXON, MATTHEW R	\$9.05			

Total Contributions:
(add both columns)

63.80

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:

57/09

OATH OR AFFIRMATION

I, Matthew Nixon, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only
Received By: _____

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
12/2/09	NIXON, MATTHEW R	\$7.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/10/10	NIXON, MATTHEW R	\$7.20			
2/4/10	NIXON, MATTHEW R	\$8.73		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/6/10	NIXON, MATTHEW R	\$5.60			
4/7/09	OWENS, GREG	4.95		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
5/7/09	OWENS, GREG	\$6.35			
6/8/09	OWENS, GREG	\$8.05		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	OWENS, GREG	\$7.55			

Total Contributions: 55.43
(add both columns)

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:** 1/10/10

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

_____ Signature of Candidate, Agent, or Treasurer

Date _____, 20_____

Office Use Only

Received By: _____

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
8/10/09	OWENS, GREG	\$7.03		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	OWENS, GREG	\$9.57			
10/5/09	OWENS, GREG	\$7.65			
10/30/09	OWENS, GREG	\$8.95			
12/2/09	OWENS, GREG	7.90			
1/11/10	OWENS, GREG	\$7.00			
2/4/10	OWENS, GREG	\$8.68			
3/6/10	OWENS, GREG	\$5.40			

Total Contributions: (add both columns) 62.18

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:** 9/8/09

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

_____ Signature of Candidate, Agent, or Treasurer

Date _____, 20_____

Office Use Only

Received By: _____

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
4/7/09	OWENS, SCOTT D	\$7.20		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
5/7/09	OWENS, SCOTT D	\$7.60			
6/8/09	OWENS, SCOTT D	\$8.00		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	OWENS, SCOTT D	\$6.80			
8/10/09	OWENS, SCOTT D	5.27		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	OWENS, SCOTT D	\$10.20			
10/5/09	OWENS, SCOTT D	\$7.43		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/30/09	OWENS, SCOTT D	\$5.43			

Total Contributions: (add both columns) 57.93

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:** 57/09

OATH OR AFFIRMATION

I, Scott Maggull, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
12/2/09	OWENS, SCOTT D	\$4.03		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	OWENS, SCOTT D	\$5.72			
2/4/10	OWENS, SCOTT D	\$5.50		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/6/10	OWENS, SCOTT D	\$4.60			
2/4/10	PATTERSON, GARY	.80		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/6/10	PATTERSON, GARY	\$1.60			
7/6/09	PATTON, JOSEPH F	\$5.40		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	PATTON, JOSEPH F	\$8.70			

Total Contributions: 36.35
(add both columns)

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:** 1/11/10

OATH OR AFFIRMATION

I, *Scott Marshall*, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

_____ Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

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
9/8/09	PATTON, JOSEPH F	\$5.85		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	PATTON, JOSEPH F	\$1.20			
2/4/10	PATTON, JOSEPH F	\$6.50		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	PAYNE, FRED J	\$4.65			
9/8/09	PAYNE, FRED J	10.90		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	PAYNE, FRED J	\$4.25			
4/7/09	PERSINGER, JEREMY S	\$6.05		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
5/7/09	PERSINGER, JEREMY S	\$7.90			

Total Contributions: (add both columns) 47.30

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: 10/5/09

OATH OR AFFIRMATION

I, Scott Mayfield, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

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
6/8/09	PERSINGER, JEREMY S	\$9.89		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	PERSINGER, JEREMY S	\$7.28			
8/10/09	PERSINGER, JEREMY S	\$6.20		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	PERSINGER, JEREMY S	\$9.98			
10/5/09	PERSINGER, JEREMY S	8.07		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/30/09	PERSINGER, JEREMY S	\$9.52			
12/2/09	PERSINGER, JEREMY S	\$7.06		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	PERSINGER, JEREMY S	\$7.58			

Total Contributions: (add both columns) 65.58

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:** 7/6/09

OATH OR AFFIRMATION

I, Jeremy S. Persinger, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
2/4/10	PERSINGER, JEREMY S	\$8.52		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/6/10	PERSINGER, JEREMY S	\$6.94			
8/10/09	PETERMAN, ROBERT	\$4.65		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	PETERMAN, ROBERT	\$11.10			
10/5/09	PETERMAN, ROBERT	3.85		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	PRITCHARD, HAROLD M	\$4.45			
6/8/09	PRATT, ERNEST V	\$6.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	PRATT, ERNEST V	\$8.90			

Total Contributions: (add both columns) 54.41

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:** 3/6/10

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

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
8/10/09	PRATT, ERNEST V	\$8.40		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	PRATT, ERNEST V	\$7.00			
10/5/09	PRATT, ERNEST V	\$8.00		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/30/09	PRATT, ERNEST V	\$6.00			
12/2/09	PRATT, ERNEST V	11.00		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	PRATT, ERNEST V	\$6.60			
2/4/10	PRATT, ERNEST V	\$8.40		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/6/10	PRATT, ERNEST V	\$3.50			

Total Contributions:
(add both columns)

58.90



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:

9/8/09

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only
Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
10/30/09	PYLES, DONALD E	\$5.60		Full Name: Address:	
8/10/09	QUISENBERRY, THOMAS A	\$6.50		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	QUISENBERRY, THOMAS A	\$10.95		Full Name: Address:	
10/5/09	QUISENBERRY, THOMAS A	\$3.85		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/30/09	QUISENBERRY, THOMAS A	6.80		Full Name: Address:	
12/2/09	QUISENBERRY, THOMAS A	\$8.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	QUISENBERRY, THOMAS A	\$5.60		Full Name: Address:	
2/4/10	QUISENBERRY, THOMAS A	\$7.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions:
(add both columns)

54.30

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:

8/10/09

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only
Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
2/4/10	REDA, MARK R	\$6.50		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	REDMOND, TIMOTHY W	\$2.25			
8/10/09	REDMOND, TIMOTHY W	\$8.70		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	REDMOND, TIMOTHY W	\$11.20			
10/5/09	REDMOND, TIMOTHY W	4.10		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/30/09	REDMOND, TIMOTHY W	\$6.80			
12/2/09	REDMOND, TIMOTHY W	\$8.00		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	REDMOND, TIMOTHY W	\$5.60			

Total Contributions: 53.15
(add both columns)

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:** 7/6/09

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
2/4/10	REDMOND, TIMOTHY W	\$10.00		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/6/10	REDMOND, TIMOTHY W	\$7.50			
4/7/09	RISKA, WILLIAM S	\$6.89		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
5/7/09	RISKA, WILLIAM S	\$7.34			
6/8/09	RISKA, WILLIAM S	8.75		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	RISKA, WILLIAM S	\$7.45			
8/10/09	RISKA, WILLIAM S	\$7.58		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	RISKA, WILLIAM S	\$17.09			

Total Contributions: (add both columns) 72.60

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:** 3/6/10

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

_____ Signature of Candidate, Agent, or Treasurer

Date _____, 20_____

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Amount
10/5/09	RISKA, WILLIAM S	\$11.04	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	RISKA, WILLIAM S	\$15.05		
1/11/10	RISKA, WILLIAM S	\$9.16		
2/4/10	RISKA, WILLIAM S	\$2.16		
8/10/09	ROE, RANDALL	8.60		
9/8/09	ROE, RANDALL	\$8.30		
3/6/10	ROSE, JON C	\$1.20		
10/30/09	ROSIER, DOUGLAS A	\$4.65		

Check if additional pages have been attached.

Total Contributions: (add both columns)

60.16

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:

12/2/09

OATH OR AFFIRMATION

I, William S Riska, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____ 20____

Office Use Only
Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
4/7/09	ROUSE, TERRY L	\$2.20		Full Name: Address:	
5/7/09	ROUSE, TERRY L	\$3.85		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
6/8/09	ROUSE, TERRY L	\$8.87		Full Name: Address:	
7/6/09	ROUSE, TERRY L	\$7.72		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	ROUSE, TERRY L	5.48		Full Name: Address:	
10/5/09	ROUSE, TERRY L	\$6.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/30/09	ROUSE, TERRY L	\$6.20		Full Name: Address:	
12/2/09	ROUSE, TERRY L	\$4.93		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions:
(add both columns)

45.25



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:

5/7/09

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20_____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
8/10/09	SALWAY, KATHY	\$8.70		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	SALWAY, KATHY	\$2.65			
3/6/10	SAMMONS, DAVID W	\$2.80		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	SCHELLENBERG, JAY H	\$2.00			
10/5/09	SCHELLENBERG, JAY H	6.65		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/30/09	SCHELLENBERG, JAY H	\$8.80			
12/2/09	SCHELLENBERG, JAY H	\$6.80		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/1/10	SCHELLENBERG, JAY H	\$4.97			

Total Contributions:
(add both columns)

43.37

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:

9/8/09

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

_____ Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only
Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
2/4/10	SCHELLENBERG, JAY H	\$5.17		Full Name: Address:	
4/7/09	SCHROEDER, TED A	\$8.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
5/7/09	SCHROEDER, TED A	\$10.00		Full Name: Address:	
6/8/09	SCHROEDER, TED A	\$6.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	SCHROEDER, TED A	8.00		Full Name: Address:	
8/10/09	SCHROEDER, TED A	\$9.73		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	SCHROEDER, TED A	\$7.60		Full Name: Address:	
10/5/09	SCHROEDER, TED A	\$8.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Check if additional pages have been attached.

Total Contributions: (add both columns) 62.50

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: 4/7/09

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

_____ Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
10/30/09	SCHROEDER, TED A	\$9.60		Full Name: Address:	
12/2/09	SCHROEDER, TED A	\$8.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	SCHROEDER, TED A	\$9.20		Full Name: Address:	
2/4/10	SCHROEDER, TED A	\$7.60		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/6/10	SCHROEDER, TED A	10.08		Full Name: Address:	
4/7/09	SCHWING, ALLEN W	\$6.62		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
5/7/09	SCHWING, ALLEN W	\$3.60		Full Name: Address:	
6/8/09	SCHWING, ALLEN W	\$8.48		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions:
(add both columns)

63.18

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:

12/2/09

OATH OR AFFIRMATION

I, Mark Manjall, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only
Received By: _____

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
7/6/09	SCHWING, ALLEN W	\$5.85			
8/10/09	SCHWING, ALLEN W	\$3.05			
9/8/09	SCHWING, ALLEN W	\$9.90			
10/5/09	SCHWING, ALLEN W	\$7.40			
10/30/09	SCHWING, ALLEN W	9.70			
12/2/09	SCHWING, ALLEN W	\$8.05			
1/11/10	SCHWING, ALLEN W	\$6.55			
2/4/10	SCHWING, ALLEN W	\$7.90			

Total Contributions: 58.40
(add both columns)

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: 8/10/09

OATH OR AFFIRMATION

I, John Marshall, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____

Office Use Only

Received By: _____

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
3/6/10	SCHWING, ALLEN W	\$2.80		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
4/7/09	SCOTT, ROBERT T	\$7.45			
5/7/09	SCOTT, ROBERT T	\$8.00		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
6/8/09	SCOTT, ROBERT T	\$9.85			
7/6/09	SCOTT, ROBERT T	5.78		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	SCOTT, ROBERT T	\$3.50			
9/8/09	SCOTT, ROBERT T	\$10.46		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	SCOTT, ROBERT T	\$8.07			

Total Contributions: 55.91
(add both columns)

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:** 4/7/09

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Amount
10/30/09	SCOTT, ROBERT T	\$5.60	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	SCOTT, ROBERT T	\$5.20		
1/11/10	SCOTT, ROBERT T	\$2.00		
2/4/10	SCOTT, ROBERT T	\$8.80		
3/6/10	SCOTT, ROBERT T	6.40		
2/4/10	SIMPSON, JAMES C	\$6.50		
4/7/09	SINGLETON, STEPHEN P	\$6.80		
5/7/09	SINGLETON, STEPHEN P	\$9.20		

Total Contributions: 50.50
(add both columns)

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:** 12/2/09

OATH OR AFFIRMATION

I, Steph Moxfield, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

_____ Signature of Candidate, Agent, or Treasurer

Date _____, 20_____

Office Use Only

Received By: _____

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
6/8/09	SINGLETON, STEPHEN P	\$7.45			
7/6/09	SINGLETON, STEPHEN P	\$1.20			
8/10/09	SINGLETON, STEPHEN P	\$8.80			
9/8/09	SINGLETON, STEPHEN P	\$6.40			
10/5/09	SINGLETON, STEPHEN P	7.60			
10/30/09	SINGLETON, STEPHEN P	\$8.40			
12/2/09	SINGLETON, STEPHEN P	\$6.15			
1/11/10	SINGLETON, STEPHEN P	\$8.80			

Total Contributions: 54.80
(add both columns)

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: 7/6/09

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

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
2/4/10	SINGLETON, STEPHEN P	\$6.80		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/6/10	SINGLETON, STEPHEN P	\$7.20			
4/7/09	SKAGGS, PAUL E	\$7.82		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
5/7/09	SKAGGS, PAUL E	\$8.35			
6/8/09	SKAGGS, PAUL E	6.97		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	SKAGGS, PAUL E	\$9.45			
8/10/09	SKAGGS, PAUL E	\$6.92		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	SKAGGS, PAUL E	\$10.10			

Total Contributions:
(add both columns)

63.61

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:

3/6/10

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only
Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
10/5/09	SKAGGS, PAUL E	\$7.93		Full Name: Address:	
10/30/09	SKAGGS, PAUL E	\$8.55		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	SKAGGS, PAUL E	\$9.30		Full Name: Address:	
1/11/10	SKAGGS, PAUL E	\$7.12		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	SKAGGS, PAUL E	7.85		Full Name: Address:	
3/6/10	SKAGGS, PAUL E	\$5.40		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
5/7/09	SMITH, EDWARD A	\$4.00		Full Name: Address:	
6/8/09	SMITH, EDWARD A	\$10.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: (add both columns) 60.15

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: 10/30/09

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

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
7/6/09	SMITH, EDWARD A	\$7.85		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	SMITH, EDWARD A	\$7.52			
9/8/09	SMITH, EDWARD A	\$9.75		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	SMITH, EDWARD A	\$7.25			
10/30/09	SMITH, EDWARD A	6.55		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	SMITH, EDWARD A	\$5.35			
1/11/10	SMITH, EDWARD A	\$5.48		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	SMITH, EDWARD A	\$7.10			

Total Contributions: 56.85
(add both columns)

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: 8/10/09

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

_____ Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
8/10/09	SPRADLING, JEFFREY A	\$7.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	SPRADLING, JEFFREY A	\$9.10			
10/5/09	SPRADLING, JEFFREY A	\$7.97		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/30/09	SPRADLING, JEFFREY A	\$7.60			
12/2/09	SPRADLING, JEFFREY A	7.76		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	SPRADLING, JEFFREY A	\$6.49			
2/4/10	SPRADLING, JEFFREY A	\$7.63		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/6/10	SPRADLING, JEFFREY A	\$6.64			

Total Contributions: 60.19
(add both columns)

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:** 9/8/09

OATH OR AFFIRMATION

I, Jeffrey A Spradling, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
6/8/09	STACEY, EDWARD W	\$8.26		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	STACEY, EDWARD W	\$5.45			
6/8/09	STACHYRA, RICHARD K	\$3.80		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	STACHYRA, RICHARD K	\$7.60			
8/10/09	STACHYRA, RICHARD K	8.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	STACHYRA, RICHARD K	\$8.55			
10/5/09	STACHYRA, RICHARD K	\$8.10		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/30/09	STACHYRA, RICHARD K	\$8.98			

Total Contributions: 58.74
(add both columns)

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:** 7/6/09

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Richard Stachyra

_____ Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Amount
12/2/09	STACHYRA, RICHARD K	\$7.85	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	STACHYRA, RICHARD K	\$7.05		
2/4/10	STACHYRA, RICHARD K	\$12.90	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/6/10	STACHYRA, RICHARD K	\$10.50		
4/7/09	STANLEY, DANIEL J	7.75	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
5/7/09	STANLEY, DANIEL J	\$8.65		
6/8/09	STANLEY, DANIEL J	\$9.55	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	STANLEY, DANIEL J	\$7.50		

Total Contributions: (add both columns) 71.75

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: 1/11/10

OATH OR AFFIRMATION

I, [Signature], swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____

Office Use Only
Received By: _____

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
8/10/09	STANLEY, DANIEL J	\$6.50		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	STANLEY, DANIEL J	\$10.00			
10/5/09	STANLEY, DANIEL J	\$7.10		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/30/09	STANLEY, DANIEL J	\$9.52			
12/2/09	STANLEY, DANIEL J	7.50		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	STANLEY, DANIEL J	\$6.05			
2/4/10	STANLEY, DANIEL J	\$7.17		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/6/10	STANLEY, DANIEL J	\$5.12			

Total Contributions:
(add both columns)

58.96

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:

9/8/09

OATH OR AFFIRMATION

I, [Signature], swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only
Received By: _____

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
5/7/09	STANLEY, TIMOTHY J	\$5.88		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
6/8/09	STANLEY, TIMOTHY J	\$5.90			
7/6/09	STANLEY, TIMOTHY J	\$9.27		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	STANLEY, TIMOTHY J	\$7.10			
9/8/09	STANLEY, TIMOTHY J	9.80		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	STANLEY, TIMOTHY J	\$8.30			
10/30/09	STANLEY, TIMOTHY J	\$8.50		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	STANLEY, TIMOTHY J	\$9.63			

Total Contributions: 64.38
(add both columns)

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:** 6/8/09

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
12/2/09	SULLIVAN, JOHN P	\$7.20		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	SULLIVAN, JOHN P	\$9.20			
2/4/10	SULLIVAN, JOHN P	\$0.15		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	TALBOTT, CHRIS M	\$6.80			
3/6/10	TALBOTT, CHRIS M	1.90		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
4/7/09	TAYLOR, GARY W	\$2.25			
5/7/09	TAYLOR, GARY W	\$9.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
6/8/09	TAYLOR, GARY W	\$10.10			

Total Contributions: (add both columns) 46.60

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:** 1/11/10

OATH OR AFFIRMATION

I, John P. Sullivan, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

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
7/6/09	TAYLOR, GARY W	\$8.55		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	TAYLOR, GARY W	\$7.80			
9/8/09	TAYLOR, GARY W	\$10.50		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	TAYLOR, GARY W	\$7.70			
10/30/09	TAYLOR, GARY W	9.00		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	TAYLOR, GARY W	\$7.55			
1/11/10	TAYLOR, GARY W	\$7.47		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	TAYLOR, GARY W	\$12.27			

Total Contributions: (add both columns) 70.84

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:** 8/10/09

OATH OR AFFIRMATION

I, *Gary W. Taylor*, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

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
3/6/10	TAYLOR, GARY W	\$5.88		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	TEETERS, SCOTT A	\$6.90			
9/8/09	TEETERS, SCOTT A	\$12.15			
10/5/09	TEETERS, SCOTT A	\$8.15			
10/30/09	TEETERS, SCOTT A	9.48			
12/2/09	TEETERS, SCOTT A	\$7.85			
1/11/10	TEETERS, SCOTT A	\$7.60			
2/4/10	TEETERS, SCOTT A	\$14.60			

Total Contributions: 72.61
(add both columns)

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:** 8/10/09

OATH OR AFFIRMATION

I, Scott A Teeters, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
10/30/09	TENNENT, R G	\$7.20		Full Name: Address:	
12/2/09	TENNENT, R G	\$6.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	TENNENT, R G	\$6.90		Full Name: Address:	
2/4/10	TENNENT, R G	\$7.60		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/6/10	TENNENT, R G	8.50		Full Name: Address:	
2/4/10	THORNTON, RALPH	\$7.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
6/8/09	TIMCHO, GEORGE D	\$4.15		Full Name: Address:	
7/6/09	TIMCHO, GEORGE D	\$9.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: (add both columns) 56.35

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:** 12/2/09

OATH OR AFFIRMATION

I, George D Timcho, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
8/10/09	TIMCHO, GEORGE D	\$7.92		Full Name: Address:	
9/8/09	TIMCHO, GEORGE D	\$11.75		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	TIMCHO, GEORGE D	\$8.90		Full Name: Address:	
10/30/09	TIMCHO, GEORGE D	\$9.15		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	TIMCHO, GEORGE D	8.00		Full Name: Address:	
1/11/10	TIMCHO, GEORGE D	\$7.10		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	TIMCHO, GEORGE D	\$14.35		Full Name: Address:	
3/6/10	TIMCHO, GEORGE D	\$10.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: (add both columns) 77.17

Check if additional pages have been attached.

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/ reimbursements)

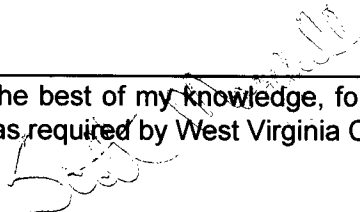
Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.

Total Expenditures: 9/8/09

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.



Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

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
4/7/09	TRIFONOFF, JOHN M	\$8.00			
5/7/09	TRIFONOFF, JOHN M	\$8.00			
6/8/09	TRIFONOFF, JOHN M	\$10.00			
7/6/09	TRIFONOFF, JOHN M	\$8.00			
8/10/09	TRIFONOFF, JOHN M	8.00			
9/8/09	TRIFONOFF, JOHN M	\$10.00			
10/5/09	TRIFONOFF, JOHN M	\$8.00			
10/30/09	TRIFONOFF, JOHN M	\$10.00			

Total Contributions: 70.00
(add both columns)

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: 5/7/09

OATH OR AFFIRMATION

I, John M. Trifonoff, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Amount
12/2/09	TRIFONOFF, JOHN M	\$8.00	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	TRIFONOFF, JOHN M	\$8.00		
2/4/10	TRIFONOFF, JOHN M	\$9.25	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/6/10	TRIFONOFF, JOHN M	\$6.35		
8/10/09	VANCE, DENISE J	6.90	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	VANCE, DENISE J	\$11.25		
10/5/09	VANCE, DENISE J	\$8.30	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/30/09	VANCE, DENISE J	\$8.68		

Total Contributions: (add both columns) 66.73

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:** 1/11/10

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
12/2/09	VANCE, DENISE J	\$7.55		Full Name: Address:	
1/11/10	VANCE, DENISE J	\$7.60		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	VANCE, DENISE J	\$14.10		Full Name: Address:	
3/6/10	VANCE, DENISE J	\$7.50		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
4/7/09	VANDEBORNE, LEE D	8.10		Full Name: Address:	
5/7/09	VANDEBORNE, LEE D	\$8.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
6/8/09	VANDEBORNE, LEE D	\$12.05		Full Name: Address:	
7/6/09	VANDEBORNE, LEE D	\$11.20		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions:
(add both columns)

76.10

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:

1/11/10

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only
Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
8/10/09	VANDEBORNE, LEE D	\$8.80		Full Name: Address:	
9/8/09	VANDEBORNE, LEE D	\$8.80		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	VANDEBORNE, LEE D	\$6.00		Full Name: Address:	
10/30/09	VANDEBORNE, LEE D	\$8.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	VANDEBORNE, LEE D	10.00		Full Name: Address:	
1/11/10	VANDEBORNE, LEE D	\$8.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	VANDEBORNE, LEE D	\$8.00		Full Name: Address:	
3/6/10	VANDEBORNE, LEE D	\$10.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions:
(add both columns)

67.60



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

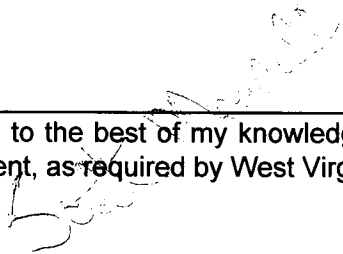
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OF THIS PAGE AS YOU NEED.

Total Expenditures:

9/8/09

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.



Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only
Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
4/7/09	VARGO, RICHARD F	\$7.30		Full Name: Address:	
5/7/09	VARGO, RICHARD F	\$7.60		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
6/8/09	VARGO, RICHARD F	\$9.85		Full Name: Address:	
7/6/09	VARGO, RICHARD F	\$7.85		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	VARGO, RICHARD F	6.50		Full Name: Address:	
9/8/09	VARGO, RICHARD F	\$9.60		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	VARGO, RICHARD F	\$7.38		Full Name: Address:	
12/2/09	VARGO, RICHARD F	\$17.35		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions:
(add both columns)

73.43

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:

5/7/09

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only
Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
1/11/10	VARGO, RICHARD F	\$4.14		Full Name: Address:	
2/4/10	VARGO, RICHARD F	\$6.80		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/6/10	VARGO, RICHARD F	\$4.40		Full Name: Address:	
8/10/09	VENIS, DAVID J	\$2.25		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
4/7/09	VENSEL, JASON T	8.05		Full Name: Address:	
5/7/09	VENSEL, JASON T	\$8.10		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
6/8/09	VENSEL, JASON T	\$10.40		Full Name: Address:	
7/6/09	VENSEL, JASON T	\$7.90		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions:
(add both columns)

52.04

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:

2/4/10

OATH OR AFFIRMATION

I, Scott Marshall, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only
Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
9/8/09	VILLERS, FLOYD J	\$11.35		Full Name: Address:	
10/5/09	VILLERS, FLOYD J	\$3.85		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
4/7/09	WAGNER, KEVIN R	\$10.00		Full Name: Address:	
5/7/09	WAGNER, KEVIN R	\$10.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
6/8/09	WAGNER, KEVIN R	12.50		Full Name: Address:	
7/6/09	WAGNER, KEVIN R	\$10.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	WAGNER, KEVIN R	\$10.00		Full Name: Address:	
9/8/09	WAGNER, KEVIN R	\$12.65		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions:
(add both columns)

80.35

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:

10/5/09

OATH OR AFFIRMATION

I, Justin Mayfield, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only
Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
6/8/09	WELLS, HARRY D	\$4.00		Full Name: Address:	
7/6/09	WELLS, HARRY D	\$8.70		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	WELLS, HARRY D	\$8.00		Full Name: Address:	
9/8/09	WELLS, HARRY D	\$8.65		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	WELLS, HARRY D	8.90		Full Name: Address:	
10/30/09	WELLS, HARRY D	\$9.50		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	WELLS, HARRY D	\$8.00		Full Name: Address:	
1/11/10	WELLS, HARRY D	\$7.60		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Check if additional pages have been attached.

Total Contributions: (add both columns) 63.35

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:** 7/6/09

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

[Handwritten Signature]

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
2/4/10	WELLS, HARRY D	\$14.42		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/6/10	WELLS, HARRY D	\$9.50			
2/4/10	WEST, RICHARD W	\$4.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	WESTFALL, MICHAEL J	\$7.00			
6/8/09	WHITE, GLISSON	4.15		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	WHITE, GLISSON	\$9.00			
8/10/09	WHITE, GLISSON	\$8.70			
9/8/09	WHITE, GLISSON	\$11.30		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: 68.07
(add both columns)

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:** 3/6/10

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
10/5/09	WHITE, GLISSON	\$8.50		Full Name: Address:	
10/30/09	WHITE, GLISSON	\$9.10		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	WHITE, GLISSON	\$7.85		Full Name: Address:	
1/11/10	WHITE, GLISSON	\$7.60		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	WHITE, GLISSON	12.75		Full Name: Address:	
3/6/10	WHITE, GLISSON	\$10.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
4/7/09	WHITEHOUSE, JEFFREY L	\$7.70		Full Name: Address:	
5/7/09	WHITEHOUSE, JEFFREY L	\$9.15		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: 72.65
(add both columns)

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: 10/30/09

OATH OR AFFIRMATION

I, Jeffrey L. Whitehouse, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Amount
6/8/09	WHITEHOUSE, JEFFREY L	\$1.20	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	WHITEHOUSE, JEFFREY L	\$3.00		
8/10/09	WHITEHOUSE, JEFFREY L	\$7.95	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	WHITEHOUSE, JEFFREY L	\$7.57		
10/5/09	WHITEHOUSE, JEFFREY L	9.15	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/30/09	WHITEHOUSE, JEFFREY L	\$5.55		
12/2/09	WHITEHOUSE, JEFFREY L	\$7.45	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	WHITEHOUSE, JEFFREY L	\$6.27		

Total Contributions: 48.14
(add both columns)

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:** 7/6/09

OATH OR AFFIRMATION

I, Jeffrey L. Whitehouse, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
2/4/10	WILLIAMS, BEN	\$7.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/6/10	WILLIAMS, BEN	\$7.55			
9/8/09	WIPF, THOMAS D	\$11.35		Full Name: Address:	
10/5/09	WIPF, THOMAS D	\$8.45		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/30/09	WIPF, THOMAS D	9.50		Full Name: Address:	
12/2/09	WIPF, THOMAS D	\$7.45		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	WIPF, THOMAS D	\$5.60		Full Name: Address:	
4/7/09	WITT, TIMOTHY	\$7.30		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: 64.20
(add both columns)

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: 3/6/10

OATH OR AFFIRMATION

I, Ben Williams, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
1/11/10	WITT, TIMOTHY	\$7.20		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	WITT, TIMOTHY	\$5.70			
2/4/10	YOUNG, STEVE J	\$6.50		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
4/7/09	ZDUNCZYK, JUSTIN J	\$8.00			
5/7/09	ZDUNCZYK, JUSTIN J	7.20		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
6/8/09	ZDUNCZYK, JUSTIN J	\$9.60			
7/6/09	ZDUNCZYK, JUSTIN J	\$7.60		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
8/10/09	ZDUNCZYK, JUSTIN J	\$5.60			

Total Contributions: (add both columns) 57.40

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:** 2/4/10

OATH OR AFFIRMATION

I, Lee Mangels, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

_____ Signature of Candidate, Agent, or Treasurer

Date _____, 20_____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
9/8/09	ZDUNCZYK, JUSTIN J	\$6.80		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
10/5/09	ZDUNCZYK, JUSTIN J	\$8.00			
12/2/09	ZDUNCZYK, JUSTIN J	\$17.60		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
1/11/10	ZDUNCZYK, JUSTIN J	\$7.10			
3/6/10	ZDUNCZYK, JUSTIN J	2.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
7/6/09	ZIADEH, RONNIE D	\$4.50			
8/10/09	ZIADEH, RONNIE D	\$8.70		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
9/8/09	ZIADEH, RONNIE D	\$10.10			

Total Contributions: 64.80
(add both columns)

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:** 10/5/09

OATH OR AFFIRMATION

I, Justin J. Zunczyk, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
10/5/09	ZIADEH, RONNIE D	\$7.50		Full Name: Address:	
10/30/09	ZIADEH, RONNIE D	\$9.10		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/2/09	ZIADEH, RONNIE D	\$7.70		Full Name: Address:	
1/11/10	ZIADEH, RONNIE D	\$7.60		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	ZIADEH, RONNIE D	14.60		Full Name: Address:	
3/6/10	ZIADEH, RONNIE D	\$4.90		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
2/4/10	ZUBA, PAUL A	\$3.60		Full Name: Address:	
3/6/10	ZUBA, PAUL A	\$7.60		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions: (add both columns) 62.60

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:** 10/30/09

OATH OR AFFIRMATION

I, Paul A Zuba, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Agent, or Treasurer

Date _____, 20____.

Office Use Only

Received By: _____

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Serving for the Future of Our Members

Sheet Metal Workers Local 33
Wheeling District OH/WV PAC

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Fax (740) 633-6434



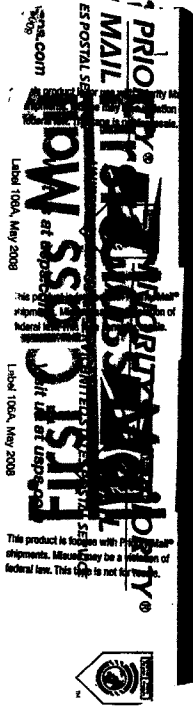
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