State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2010 Election Year

IF YOUR ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES," YOU CANNOT USE THIS FORM, YOU MUST USE THE LONG FORM (FORM F-7) TO FILE YOUR CAMPAIGN FINANCE REPORT.

- 1. Has your committee received any loans?
- 2. Has your committee held any fundraisers?
- 3. Has your committee received any miscellaneous receipts, such as refunds or checking account interest?
- 4. Does your committee have any unpaid bills?
- 5. Have you or anyone else given an in-kind contribution to your campaign?
- 6. Has your committee given or received a transfer of excess campaign funds?

Candidate or Committee Name \(\int \int \int \int \int \int \int \int	OCYAT EX. COMMITTEE District/Division	Candidate or Committee's Treasurer ANGREM H Treasurer's Mailing Address (Street, R 72 S F Or IdA S City, State, Zip Code D BUKKNANNON WV	tra	P.O. Box)
Primary - First Report Due March 27-April 2,2010 General - First Report	Pre-primary Report Due April 26-30, 2010 Pre-general Report Due Oct. 18-22, 2010		i	Amended Report You must also check box of appropriate reporting period Final Report
Non-Election Cycle Reporting Period:	Annual Repo Due last Sati days thereaf	rt Due In Calendar Year urday in March or within 6 ter		Zero balance required. PAC must also file Form F-6 Dissolution

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report) 1.	3091.83				
Total Contributions (from Page 2) 2.	+ -0-				
Subtotal (lines 1+2) 3.	= 3091.83				
Total Expenditures (from Page 2) 4.	0-				
Ending Balance (lines 3-4)	= 3091.83				
*Cannot have a negative ending balance					

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

1246.44

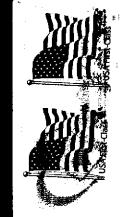
TOTAL EXPENDITURES
ELECTION YEAR-TO-DATE
(Add line 4 from all reports)

1218.64

CONTRIBUTORS OF:

\$250 or Less			- PATC	ore than \$250		
Date Full Name	Amount D	Date				Amount
		Full Name: Address:				
	 	Contributor's j	ob: (Individ	dual) s: (Individual)		
		Affiliation: (Pol	itical comr	mittee)		
		Full Name: Address:	•			
		Contributor's i Where contril Affiliation: (Po	ob: (Indivi- outor work olitical com	idual) ks: (Individual) imittee)		
		Full Name: Address:				
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		Full Name: Address:				
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Check if additional pages have been atached.			(add bo	th columns)	<u> </u>	
ITEMIZED EXPENDITUR	QES (Itemiz	a 3rd parv ex	mendit	ures/ reimbur:	sements)	
Date Full name, residence address (if person		the same of the last of the la		Purpose		Amount
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MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.			· .	Total Expen	ditures:	-0-
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1, Andreak Hays		, swear or af	firm tha	at the attached	statement	is true an
correct, to the best of my knowledge, or	of all financia	al transactions	occurri	ing within the j	perioa cove	ea by u
statement, as required by West Virginia)a.				
Date 01/13 . 20/1	ī.		Signat	ture of Candida	ite, Agent _i r	or Treasur
- NI /12 20 11			-		13	
Date 01/15 2011				Office Use C)nly	
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					w.	V.
			!			(LL)
			Re	eceived By:	. "	

A HAYS 725 Floridast Bucknammon WV



Secretary of State Bldg. 1 Svite 157-K 1900 Kanawha Blud EAST Charleston, WV 25305-0770