## State of West Virginia Campaign Financial Statement (Short Form) in Relation to the 20// Election Year

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

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

6. Has your committee given or received a transfer	of excess campaign funds?
Candidate or Committee Name    Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Committee Name   Candidate or Candidate	Candidate or Committee's Treasurer  WHYNE (Lb)Ch  Treasurer's Mailing Address (Street, Route or P.O. Box)  2366 S FAYEHF S F.  City, State, Zip Code  Beckley W 2880 304-253-828/
Election Cycle Reporting Period (comprising Period	check one):  Post-primary Report Due 13 days following primary election or within 20 business days thereafter.  Post-general Report Due 13 days following general election or within 20 business days thereafter.  Post-general Report Due 13 days following general election or within 20 business days thereafter.  Due 13 days following primary election or within 20 business days thereafter.  Post-general Report Due 13 days following general election or within 20 business days thereafter.  Due 13 days following primary election or you must also check box of appropriate reporting period  Final Report Zero balance required
porting Period:  Due last days then	Saturday in March or within 6 PAC must also file Form F-6 Dissolution PAC must also file Form PAC must
CASH BALANCE SUMM	after you have completed page 2)  ARY
Beginning Balance (ending balance from previous report) 1.	41088.83 TOTAL CONTRIBUTIONS
Total Contributions	ELECTION YEAR-TO-DATE (Add line 2 from all reports)

Beginning Balance
(ending balance from previous report) 1. 4 988 . 83

Total Contributions
(from Page 2) 2. +

Subtotal
(lines 1+2) 3. = 4088 . 83

Total Expenditures
(from Page 2) 4. 
Ending Balance
(lines 3-4) = 4088 83

\*Cannot have a negative ending balance

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

## **CONTRIBUTORS OF:**

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Amount					
				Full Name: Address:					
				Contributor's job: (Individu Where contributor works: Affiliation: (Political comm	ual) (Individual) uittee)				
		11		Full Name: Address:					
	A			Contributor's job: (Individent Where contributor works: Affiliation: (Political communication)	ual) (Individual) nittee)				
		111		Full Name: Address:					
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)					
and the second	/			Full Name: Address:			A recommendation of the second		
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)					
	Charlie die Total Contributions:						/		
B E	Check if additional pages have been atached.			(add DOU	h columns)	haman kana ana ana ana ana			
ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/ reimbursements)									
Date	Full name, residence address (if person)	consistent was a second and the			es/ reimburs  Purpose	sements)	Amount		
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				and the second s					
	AS MANY COPIES IS PAGE AS YOU NEED.				Total Expend	ditures:	-1-		
		OATH O	RAF	FIRMATION					
I,, 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.									
Lagne Rebich Signature of Candidate, Agent, or Treasurer									
Date	4-18 20 11					hi Shij	13,735		
Office Use Only									
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				Recei	ived By:	W. D.			



West Virginia AFL-CIO

Beckley, WV 25801-0718





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