State of West Virginia Campaign Financial Statement (Short Form) in Relation to the 2008 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?

1 Gelieral - Hotilopoit	Due Oct. 20 - 24, 200 Annual Repor		reporting period Final Report Zero balance required. PAC must also file Form F-6 Dissolution		
Due March 29 - April 4, 2008	Pre-primary Report Due April 28 - May 2, Pre-general Report	Post-primary Report Due May 26 - 30, 2008 // Post-general Report	Amended Report You must also check box of appropriate		
Election Cycle Report	Check if Applicable:				
Office Sought (for candidates)	District/Division	Ver MARTIN SULLE W	Daytime Phone # 304-455 - 6068		
Dama COATIC		828 Clearview Perrace			
Political Party (for candidates)		Treasurer's Mailing Address (Street, Route or P.O. Box)			
Candidate or Committee Name U. ET ZEL DemocRAT	ic Cond.	Candidate or Committee's Treasurer	R		

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

		The second secon			
Beginning Balance (ending balance from previous report)	1.	6515,71			
Total Contributions (from Page 2)	2.	+ -			
Subtotal (lines 1+2)	3.	= 6515,71			
Total Expenditures (from Page 2)	4.	- 6			
Ending Balance (lines 3-4)		= 6515-71			
*Cannot have a negative ending balance					
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	TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)	
	-0-	
	TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)	
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CONTRIBUTORS OF:

\$250 or Less

More than \$250

	4200 01 2000							
Date	Full Name	Amount	Date				Amount	
				Full Name: Address:	-			
			-	Contributor's job: (Individent Where contributor works Affiliation: (Political comm	ual) : (Individual) ittee)			
				Full Name: Address:				
				Contributor's job: (Individ Where contributor works Affiliation: (Political comm	: (Individual)			
				Full Name: Address:				
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Date	ITEMIZED EXPENDITE Full name, residence address (if p				Purpose	aments)	Amount	
Date	r un name, residence address (ii p	eraon, business e	3001033	(11 11111)	T dipoco		.,	
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stater	nent, as required by West Virgin	ia Code §3-8	-5a.					
	2	- and))	on back,			_	
	The state of the s			Signature	e of Candidate		Treasurer	
Date_	June 6 , 20 1					0 HVI5		
					Office Use Only	6.000		
				6	7	107		

Received By:

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Mr. Ralph Strippel 828 Clearview Terrace N Martinsvile, WV 26155

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