

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Amount
			Full Name:	
			Address:	
			Contributor's job: (Individual)	
			Where contributor works: (Individual)	
			Affiliation: (Political committee)	
			Full Name:	
			Address:	
			Contributor's job: (Individual)	
			Where contributor works: (Individual)	
			Affiliation: (Political committee)	
			Full Name:	
			Address:	
			Contributor's job: (Individual)	
			Where contributor works: (Individual)	
			Affiliation: (Political committee)	
			Full Name:	
			Address:	
			Contributor's job: (Individual)	
			Where contributor works: (Individual)	
			Affiliation: (Political committee)	

Total Contributions:
(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

Total Expenditures:

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.

OATH OR AFFIRMATION

I, Joe Gresham, 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.

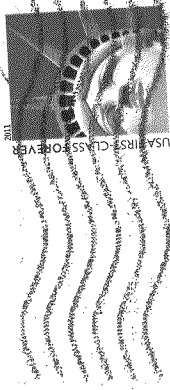
Joe Gresham

Signature of Candidate, Agent, or Treasurer

Date 19 July, 20 11.

Office Use Only

RECEIVED BY: 21 JUL 21 2011



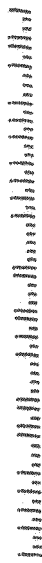
WV State Council of Machinists
International Association of Machinists
and Aerospace Workers, AFL-CIO



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Nitro, WV 25143



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State Capitol
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