# State of West Virginia Campaign Financial Statement (Short Form) in Relation to the <u>20//</u> 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 Nam WY PHYSical	THERAPY PAC	Candidate or Committee's Treasurer  ERIC TARR					
	Political Party/(for candidates	)						
	Office Sought (for candidates	) District/Divisio						
	within 6 days thereafter.	eck if Applicable: Amended Report You must also check box of appropriate reporting period Final Report						
Non-Election Cycle Reporting Period:		4 9	eport Due InCalendar Year Saturday in March or within 6 eafter		Zero balance required PAC must also file Ford 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.		1086.72			
Total Contributions (from Page 2)	2.	+	0.00			
Subtotal (lines 1+2)	3.		1086.72			
Total Expenditures (from Page 2)	4.		0.00			
Ending Balance (lines 3-4)		THE PROPERTY OF THE PROPERTY O	1086.72			
*Cannot have a negative ending balance						

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

19,907.79

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

23, 157.79

# CONTRIBUTORS OF:

\$250 or Less

## More than \$250

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Date	Full Name	Amount	Date	Amount Full Name:	material de la constantina della constantina del	and the second s	
		-		Address:			
			_	Contributor's job: (Individual)			
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			<u> </u>	Full Name:			
				Address:			
			-	Contributor's job: (Individual)			
				Where contributor works: (Individua			
			<del> </del>	Affiliation: (Political committee) Full Name:			
				Address:			
			-	Contributor's job: (Individual)	-11		September 2009
				Where contributor works: (Individual Affiliation: (Political committee)			
			1	Full Name:			
				Address:			
			1	Contributor's job: (Individual) Where contributor works: (Individual)	af)		
				Affiliation: (Political committee)			
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b	een atached.						
	ITEMIZED EXPENDIT	JRES (Item	nize 3	rd parv expenditure	es/ reimburs	ements)	
Date	Full name, residence address (if person				Purpose		Amount
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	AS MANY COPIES S PAGE AS YOU NEED.			•	Total Expend	ditures:	0
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	ERIC THER						
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	orrect, to the best of my knowledg nent, as required by West Virginia			transactions occurrir	ng within the p	period cove	red by this
	•	•					
	E Tall 20 11			Signature	e of Candidat	e. Agent. or	Treasurer
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Date, 20_//					Office Use		1
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				Recei	ved By:	January Street	



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The Office of the Secretary of State Elections – Attention: Missi Kinder 1900 Kanawha Blvd., East Building 1, Suite 157-K Charleston, WV 25305-0770