State of West Virginia Campaign Financial Statement (Long Form) in Relation to the 2011 Election Year

| Candidate of Committee Name Political Party (for candidates) Office Sought (for candidates) District/Division Election Cycle Reporting Period (check Primary - First Report Due March 26-April 1, 2011 General - First Report Due April 29-May 3, 2011 General - First Report Due Aug. 22-26, 2011 Pre-general Report Due Sept. 19-23, 2011 | Treasurer's Mailing Address (Street, Route or P.O. Box) Treasurer's Mailing Address (Street, Route or P.O. Box) City, State, Zip Code City, State, Zip Code CHALLESTON, W/25327 Check if Applicable: Post-primary Report Due May 27-Jun 28, 2011 Post-general Report Que Oct. 17- Nov. 15, 2011 Check if Applicable: Amended Report You must also check box of appropriate reporting period Final Report |
|--|--|
| Non-Flection Cycle Re- Annual Report | Final Report Zero balance required. PAC must also file Form F-6 Dissolution F-6 Dissolution |
| | RT TOTALS e completion of the report. |
| RECEIPTS OF FUNDS: Totals for this P | CACRETA A RATION CHINARA IDA |
| Contributions (Page 3) Monetary Contributions from all Fund-Raising Events (Page 4) Receipt of a Transfer of | previous report) 32, 470, 00 |
| Excess Funds (Page 8) + | |
| In-Kind Contributions (Page 5) + ϕ Total Contributions: = 2.000 . | Total Other Income + 9 Subtotal: a. = 34,470,00 |
| Other Income(Page 5) | Total Expenditures (Page 7) |
| Loans Received (Page 6) + | Total Disbursements of Excess Funds (Page 8) + |
| Total Other Income: $= 2,000$ | Repayment of Loans (Page 6) + |
| OUTSTANDING LOANS & DEBTS: | Subtotal: b. = $34.470.00$ |
| Unpaid Bills (Page 9) | |
| Outstanding Loans (Page 6) + Total Debts: = | Ending Balance: (Subtotal a Subtotal *Cannot be negative balance **Tannot be negative balance* |
| TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add total contributions from all reports) | TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add total expenditures from all reports) |

| Page 3. Contributors of More than \$250 Check if addit | | | |
|--|--|---|--|
| | | | |
| DATE | INDIVIDUAL CONTRIBUTOR OR COMMITTEE'S NAME | AMOUNT | |
| | | | |
| , | Full Name: FLED PARSON 5 | 500,°° | |
| a/ 1 | Address: (residential and mailing if they are different) | | |
| 1/15/2011 | Address: (residential and mailing if they are different) P.O. Box 183 Contributor's job: (individual contributor only) Automobile DEALER | | |
| | Where contributor works: (individual contributor only) KENT PARSONS FORD | | |
| | Affiliation: (political committee only) | | |
| / / | Full Name: David WEAVER | 500,00 | |
| 10/20/2011 | Address: (residential and mailing if they are different) 14 HAWTHORNE CT | 200 | |
| | Contributor's job: (individual contributor only) WHEELING, WU 26003 | | |
| | Address: (residential and mailing if they are different) Contributor's job: (individual contributor only) Where contributor works: (individual contributor only) Address: (residential and mailing if they are different) Where contributor's job: (individual contributor only) Address: (residential and mailing if they are different) Where contributor's job: (individual contributor only) Address: (residential and mailing if they are different) Where contributor's job: (individual contributor only) Address: (residential and mailing if they are different) Where contributor's job: (individual contributor only) Address: (residential and mailing if they are different) Where contributor's job: (individual contributor only) Address: (residential and mailing if they are different) Where contributor works: (individual contributor only) Address: (residential and mailing if they are different) | | |
| | Affiliation: (political committee only) | | |
| in// | Full Name: LARREY LA FON | 1,000.00 | |
| 14/24/2011 | Address: (residential and mailing if they are different) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | Address: (residential and mailing if they are different) KIT RD CHARLESTON, WU 25304 Where contributor works: (individual contributor only) | | |
| | Where contributor works: (individual contributor only) | | |
| | Affiliation: (political committee only) | | |
| seminolisa de la calca de la c | Full Name: | | |
| **Control Control Cont | Address: (residential and mailing if they are different) | | |
| | Contributor's job: (individual contributor only) | | |
| | Where contributor works: (individual contributor only) | | |
| | Affiliation: (political committee only) | | |
| | Full Name: | | |
| | Address: (residential and mailing if they are different) | | |
| | Contributor's job: (individual contributor only) | | |
| | Where contributor works: (individual contributor only) | | |
| | Affiliation: (political committee only) Full Name: | | |
| | Address: (residential and mailing if they are different) | | |
| | Contributor's job: (individual contributor only) | | |
| | Where contributor works: (individual contributor only) | | |
| | Affiliation: (political committee only) | | |
| | Parameter (permeter comp) | | |

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED Subtotal of all contributors of more than \$250

2) +

Subtotal of all contributors of \$250 or less (From page 2)

Total Contributions:

| Page 9 | | |
|--------|--|--|
|--------|--|--|

UNPAID BILLS

| Sec. 1 | Check if additional pages | have |
|--------|---------------------------|------|
| | heen attached. | |

| Date | Owed to Whom | Affiliated with what Company or Group | Purpose | 9 | Amount |
|---|--------------------------|---|--|------------------------|---|
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| Total Unpaid Bills: | | | | | |
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| | | OATH OR AFFIRMATION | | | |
| I,\. ment is tru | ue and correct, to the b | est of my knowledge, for all financial transaction, West Virginia Code §3-8-5a. | swear or affirm ons occurring v | n that th within th | ne attached state ne period covered |
| by this sta | ath Jan | Date Notonlar 11 20 1 | Signature of C Agent | Candida t or Trea | te, Financial surer |
| | | | | | |

Office Use Only

Received By: