State of West Virginia Campaign Financial Statement (Short Form) in Relation to the 2011 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?

REPORT TOTALS									
		ort Due In Calendar Year curday in March or within 6 fter	PAC must also file Form F-6 Dissolution						
Primary - First Report Due last Saturday in March or within 6 days thereafter. General - First Report Due last Saturday in September or within 6 days thereafter.	Check if Applicable: Amended Report You must also check box of appropriate reporting period Final Report								
Political Party (for candidate Office Sought (for candidate		Treasurer's Mailing Address (Street, Route or P.O. Box) City, State, Zip Code Daytime Phone # Beckley Daytime Phone #							
Candidate or Committee Nar	ne _/	Candidate or Committee's Treasurer							

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)		46(1,83				
Total Contributions (from Page 2)	2.	+				
Subtotal (lines 1+2)	3.	_				
Total Expenditures (from Page 2)	4.					
Ending Balance (lines 3-4)		= 4611.83				
*Cannot have a negative ending balance						

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

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

HG1/183 Blog / Site 157-K 1908Kan, Blad E 1908Kan, Blad E

Official Form F-7A

Issued by the WV State Election Commission

CONTRIBUTORS OF:

\$250 or Less

More than \$250

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Date	Full Name	Amount	Date	Amount				
- Control of the Cont				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)				
	and the second s			Full Name: Address:				
			-	Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)				
				and the state of t	tributions:	-7		
	Check if additional pages have			(add both	columns) L			
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	ITEMIZED EXPENDITU					:ments)	Amount	
Date	Full name, residence address (if person	n); business ac	idress (i	if firm)	Purpose		Amount	
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and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this								
state	ment, as required by West Virgini	a Code §3-	-8-5a.					
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/4	Myn Offin		2020000	Signatul	re of Candidate	e, Agent,	or Treasure	
Date	11-14 2011							
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South Central Labor Council

West Virginia AFL-CIO PO Box 718 Beckley, WV 25801-0718

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