State of West Virginia Campaign Financial Statement (Short Form) in Relation to 20 20 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?

6. Has your committee given	Of received a frameror		
Candidate or Committee Na Creent (Creent) Political Party (for candidate	es)	Treasurer's Mailing Address (Street	Route or P.O. Box)
Primary - First Report	e Reporting Period (che	eck one):	Check if Applicable: Amended Report You must also check
Due March 27-April 2,2010 General - First Report Due Sept. 20-24, 2010	Due April 28-20, 2940 2 -13-27 Pre-general Report Due Oct. 18-22, 2010	Post-general Report Due Nov 15-Dec 15, 2010	box of appropriate reporting period Final Report Zero balance required.
Non-Election Cycle Reporting Period:	Due last Sa days therea		PAC must also file Form F-6 Dissolution
	DE	PORT TOTALS	

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	1.	8347	TOT.
Total Contributions (from Page 2)	2.	+- 0 -	(Add
Subtotal (lines 1+2)	3.	= 43 1/	тот
Total Expenditures (from Page 2)	4.	0 -	ELE (Ad
Ending Balance (lines 3-4)		= 43 11 XX	
*Cannot have a n	egati	ive ending balance]
*Cannot have a n	egati	ive ending balance	_

TAL CONTRIBUTIONS CTION YEAR-TO-DATE d line 2 from all reports)

FALEXPENDITURES CTION YEAR-TO-DATE d line 4 from all reports)

CONTRIBUTORS OF:

More than \$250

age z	\$250 or Less			THOIC S.		Amount	
Date	Full Name	Amount	Date	Full Name:			
				Address:	7		
			1	Contributor's job: (Individual) Where contributor works: (Ind Affiliation: (Political committee)	ívidual)		
		4_}_	 -	Full Name:			
] ,	Address:			
			Y	Contributor's job: (Individual) Where contributor works: (In Affiliation: (Political committee	dividual) :)		
				Full Name: Address:			
		1-1	1	Contributor's job: (Individual) Where contributor works: (In Affiliation: (Political committe	dividual)		
			-	Full Name:	θ)		
			_	Address: Contributor's job: (Individual)	Circulation (V		
			Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)				
				Total Contr (add both	ibutions:		
Che	ck if additional pages			(add botti			
have	been atached.			a la servenditures	/ reimbursements)	
	ITEMIZED EXPENDIT	URES (Iter	nize	3rd pary expenditures	Purpose	Amount	
Date	Full name, residence address (if p	erson); business	adules	is (ii iiiii)			
		f					
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			(
MAKE AS	S MANY COPIES			T	otal Expenditures:	L	
OF THIS	PAGE AS YOU NEED.	0.4.71		AFFIRMATION			
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1,	to the best of my knowledgent, as required by West Virg	re-of all fina	ancial	transactions occurring	within the period of	overed by th	
stateme	ent, as required by West Virg	ipia Code §3	3-8-5	1.			
)	ر د	Sinn abura	e of Candidate, Agen	nt. or Treasu	
1	angle the	1000	1-	Signature	; Of Carididate, rigori	,	
Date	HOL 27, 20 L	Z.(1		Office Use Only		
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				Recei	ved By:		

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