

State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2012 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 Name <i>Boleson County Ed. Assoc. Political Action Comm.</i> | | Candidate or Committee's Treasurer <i>Carla A. Beckett</i> | |
| Political Party (for candidates) | | Treasurer's Mailing Address (Street, Route or P.O. Box) <i>135 Lillybrook Lane</i> | |
| Office Sought (for candidates) | District/Division | City, State, Zip Code <i>Crab Orchard, WV 25827</i> | Daytime Phone # <i>304-513-7249</i> |

Election Cycle Reporting Period (check one):

- | | | |
|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Primary - First Report Due March 31-April 6, 2012 | <input type="checkbox"/> Pre-primary Report Due April 23-27, 2012 | <input type="checkbox"/> Post-primary Report Due May 21-June 19, 2012 |
| <input type="checkbox"/> General - First Report Due Sept. 24-28, 2012 | <input type="checkbox"/> Pre-general Report Due Oct. 22-26, 2012 | <input checked="" type="checkbox"/> Post-general Report Due Nov 19-Dec 19, 2012 |

Check if Applicable:

- Amended Report**
You must also check box of appropriate reporting period
- Final Report**
Zero balance required.
PAC must also file Form

Non-Election Cycle Reporting Period:

- Annual Report Due In** _____ **Calendar Year**
Due last Saturday in March or within 6 days thereafter

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

| | | | |
|-------------------------------------------------------------------|----|---|-----------------|
| Beginning Balance (ending balance from previous report) | 1. | | <i>14,29.78</i> |
| Total Contributions (from Page 2) | 2. | + | <i>- 0 -</i> |
| Subtotal (lines 1+2) | 3. | = | |
| Total Expenditures (from Page 2) | 4. | - | <i>- 0 -</i> |
| Ending Balance (lines 3-4) | | = | <i>14,29.78</i> |
| <i>*Cannot have a negative ending balance</i> | | | |

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

\$ 1,419.00

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

\$ 753.73

CONTRIBUTORS OF:

\$250 or Less

More than \$250

| Date | Full Name | Amount | Date | Amount |
|------|-----------|--------|----------------------------------------------------------------------------------------------------------------|--------|
| | N/A | | 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)

-0-

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 |
|------|----------------------------------------------------------------------|---------|--------|
| | N/A | | |
| | | | |
| | | | |
| | | | |
| | | | |

Total Expenditures:

-0-

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.

OATH OR AFFIRMATION

I, Sarita A. Beckett, 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.

Sarita A. Beckett

Signature of Candidate, Agent, or Treasurer

Date 12/9, 2012.

STATE OF WEST VIRGINIA
Office Use Only
2012 DEC 11 AM 10:23
RECEIVED
Received By: _____

Shirley A. Beckett
1350 Willybrook Lane
Crab Orchard, VA 25827



Secretary of State
Metairie E. G. G. G. G.
Rt. 1, Suite 157-K
1900 Fenwick Blvd. East
Charleston, WV 25301