State of West Virginia Campaign Financial Statement

Relating to Elections Held in 2002 be the current election year. For candidates, this will be the year you were or are on the ballot.)

(Supply all information requested. It is required by WV Code §3-8-5a.)

| IF YOUR ANSWER TO ANY OF THE FOLLOW!! MUST USE THE LONG FORM (FORM F-7) TO F 1. Have you made or accepted any loans to you 2. Have you had any fundraisers? 3. Have you received any miscellaneous received a previous campaign? 4. Do you have any unpaid bills? 5. Have you or anyone else given an in-kind control of the provious campaid bills? | FILE YOUR CAMPAIGN FINAN our campaign? ipts, such as refunds, checking | NCE REPORT. 司 | 2 9 20 | | | | | | | |
|--|--|--------------------------------|---|--|--|--|--|--|--|--|
| Reporting Period (check one) | | | | | | | | | | |
| Due last Saturday in March or Due | 7 - 10 days before Due 25 | - 30 days after pury election. | Final Report (Campaign has zero balance, no loans or outstanding bills. | | | | | | | |
| Due last Saturday in September Due | 7 - 10 days before a Due 25 | General n - 30 days after | Political committees must also file Statement of Dissolution (Form F-6), with this report.) | | | | | | | |
| Candidate or Committee Name MARION COUNTY LABOR FELERATION COPE ASL-CIO | Treasurer | 5. Carr | | | | | | | | |
| Political Party (for candidates) | Treasurer's Mailing Addres | iling Address | | | | | | | | |
| Office (for candidates) | FAIRMONT. | | | | | | | | | |
| District/Circuit/Division (for candidates) | Treasurer's Daytime Phone (304) 366- | # | | | | | | | | |
| REPORT SUMMARY (Complete page 2 before entering totals on the Report Summary) COLUMN A COLUMN B Totals for this reporting period Totals for election cycle* | | | | | | | | | | |
| Receipts 1. Total Contributions (Schedule 1A) | -0- | 1,335 | 5.00 | | | | | | | |
| Expenditures 2. Total Expenses (Schedule 1B) | -0- | 1,614 | 1.60 | | | | | | | |
| CASH BALANCE SUM (For information about the Cash Balance Sum | | report's Column A fig | ous report. If this is the tion cycle, Column B er as Column A. | | | | | | | |
| 3. Beginning Balance (from previous report) | 261.41 | SC CS | | | | | | | | |
| 4. Total Contributions (from line 1) | | | RA R | | | | | | | |

Official Form F-7A

5. Subtotal (add lines 3 and 4)

6. Total Expenses (from line 2)

7. Ending Balance (subtract line 6 from line 5) (This number is incorrect if it reflects a negative balance.)

CONTRIBUTIONS

\$250 or less

\$250 or more

| Date | Full Name | Amount | Date | | | | Amount | |
|-------------|--|-----------------|----------|---|--|-------------|-------------|--|
| | | | | Full Name: Address: | | | | |
| | | | | Contributor's job: (Individ Where works: (Individual) Affiliation: (Political comm | ual)) nittee) | | | |
| | | | | Full Name: Address: | | | | |
| | | | | | ontributor's job: (Individual) /here works: (Individual) ffiliation: (Political committee) ull Name: | | | |
| | | | | Full Name: Address: | | | | |
| | | | | Contributor's job: (Individe Where works: (Individual) Affiliation: (Political comm | | | | |
| | | | | Fuil Name: Address: | - | | | |
| | | | ! | Contributor's job: (Individual Where works: (Individual Affiliation: (Political comm | ributor's job: (Individual) re works: (Individual lation: (Political committee) | | | |
| | | | | | | OTAL | | |
| | | | | | (both coi | umns) | -0 - | |
| Schoo | dule 1B ITE | MIZED EX | /DEN | DITUDES | | | | |
| Date | Full name, residence address (if person); busin | | | DITURES | D | | | |
| Date | ruii name, residence address (ii person), busir | iess address (i | it term) | | Purpose | A | mount | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| <u> </u> | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | . | | | | | | |
| MAKE | AS MANY COPIES | | | | | | | |
| | S PAGE AS YOU NEED. | | | | TOT | | -0 - | |
| | | OATH OF | RAFF | IRMATION | | | | |
| State o | f West Virginia, County of | | | | | | | |
| ا عندان | - · · · · · · | V | | | | | | |
| knowle | dge, of all financial transactions occurring w | swear or | r affirm | that the attached states | ment is true and corre | ct, to the | best of my | |
| | -ga, o. di ilidi)adi kansaciona occaning P | within the pen | 100 001 | rered by this statement. | 00 | | | |
| |) 1 | | ۱ م | Signati | ure of Candidate, Ager | nt or Tre | asiliter | |
| Subsori | ited and sware to before me this 20 |) / | 14 | | · - | , 01 110 | | |
| 200201 | ibed and sworn to before me this <u>CMD</u> | day of ((| | ·, 200 <u>_2</u> | <u></u> . | | | |
| | OFFICIAL SEAL | ~ | | ()c+ | 26 20 |)()(9 | | |
| es es | Both A. Wilson | | | | My Commission E | xpires | , , , , , | |
| Notary Seal | Notary Public State of West Virginia | | | | | | | |
| ž | PO Box 2123, Februard, WV 26555 Signature of Notary Public | | | | | | | |

ž