CAMPAIGN FIN	ANCIAL STA	ATEMENT FOR THE EL	ECTION YEA.	1			
Please check t	he appropriat	te box to indicate which r	eport you are filing	242002			
7 - 10	imary: Due days before a y election.	primary election. \ gene	General: Due 10 days before a 25 - 30 day general or election.	ys after a			
Final report: Campaign fund (YOU MUST FILE A STATEM ACTION COMMITTEE)	has a zero bala IENT OF DISSO	nce and no loans or bills outsteen DLUTION WITH THIS REPORT	nding There will be no further if the filing is for a po	r activity. OLITICAL			
REPORT SUMMARY: COMPLETE ALL ITEMIZED SCHEDULES BEFORE ENTERING TOTALS HERE							
TRANSACTION SCHEDULE		COLUMN A: Total for this reporting period only	COLUMN B: Election to Date Totals from Column B in previous report PLUS total from Column A				
RECEIPTS							
CONTRIBUTIONS OF MONEY				Office Use Only			
1. Candidate contributions	1A	0	487,70				
2. Political committee contribution	is 2A	0	0				
3. Other itemized contributions	3A	Ó	Ŏ				
4. Fundraising events	4A	0	0				
5. TOTAL CONTRIBUTIONS (Add	l Lines 1-4)	()	48770				
OTHER INCOME	ŀ			য			
6. Miscellaneous Income	5A	Ó	0				
7. Loans received	1 B	0	0				
8. TOTAL OTHER INCOME (Add	Lines 6-7)	Ô	0				
IN-KIND CONTRIBUTIONS	·						
9. Value of non-cash contributions	6A	\bigcirc	0	1. Control of the con			
EXPENDITURES							
10. Itemized Expenditures	2В	Q	600.00				
11. Repayment of Loans	1B	Q	OO, OO				
12.TOTAL EXPENDITURES (Add	Lines 10-11)		$\omega \infty$, ∞	Ž			
CASH BALANCE SUMM	ARY						
13. Beginning Balance (from previo	ous report)	2,031.01	17. Unpaid Bills 2B	$\overline{\Box}$			
14. Total Receipts (Add Line 5 & Li	ne 8, Col. A)	+ 0.00	18. Loans	\prec			
15. Subtotal (Add Lines 13 and 14)		= 2,031,01	Outstanding 1B	\mathcal{L}			
16. Total Expenditures (From Line	12, Col. A)	- 0,00	19. Total Debts (Add Lines 17-18)	U			
17. Ending Balance (Subtract Line 1) Note: This number must be used Beginning Balance on your next	d as your	= 2 631 6 \ (THIS NÜMBER IS INCORRECT IF IT REFLECTS A NEGATIVE BALANCE					

SCHEDULE 2B

ITEMIZED EXPENDITURES AND UNPAID BILLS (CONTINUED)

	TIEMIZED EAFENDITORESTE		Column A	Column B
Date	Full Name, residence address (if a person) or business address (if a firm), mailing address	Purpose	Amount Unpaid Bill	Amount Expenditure
•				}
				1
		Totals		
		Totals, All Pages		

·				
		Totals		
		Totals, All Pages		
		AFFIRMATION		
(_	my knowledge, for all financial transaction the second this day of	ns occurring within the per	nature of Candidate, A	ed statement is true and atement. Agent or Treasurer
Notary Seal	STATE OF WEST VIRGINIA JANET REED MOINTY PRE 2472 SYC AMORE LICK ROM/ JANE LEW VIV 261764671 My com ression expires June 29, 2014)	Jan	Signature of No	Matyre otary Public
Note: <u>All</u> West Virgi commission.	nia notaries <u>must</u> use a rubber stamp when nota	rizing any document. Failu		he revoking of the notary's Use Only
			07 6 W 08 1	05 00
			ECEMED	18

WESTON, WV 26752 LCGA PAC So RICHARD WOOF/FR



SECRETARY OF STATE BYCOTUS , SUTTO 157TH 1200 HANAULA BUD BAST CHARLESTOD, W THE MANCHIZO H

PAC REPORT