State of West Virginia Campaign Financial Statement (Long Form) in Relation to 2004 Election Year

For political committees, list the current election year. For candidates, list the current campaign or the year of an open past campaign.

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

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Fayette Co. Fed. of Teachers	Confe Susan	Ferre!
Candidate or Committee Name		
	Box 2	
Political Party (for candidates)		Address (Street, Route or P.O. Box)
	Boomer	Daytime Phone #
Office Sought (for candidates) District/Divi	sion City, State, Zip Code	Daytime Phone #
	orting Period (check one	· _
(Due last Saturday in March or (Due within 6 days thereafter. This report within	Primary last Saturday in March or 6 days thereafter. This is the eport for current election year ting)	Pre-primary Report (Due 10 to 17 days before primary election) Post-primary Report (Due 25 to 31days after primary election)
or within 6 days thereafter) Amended Report (check if applicable) You must also check box of appropri-	general Report e 10 to 17 days ore general or cial election)	Post-general Report (Due 25 to 31 days after general or special election) *post general may also be final report if "0"balance
ate reporting period	REPORT TOTALS	
Fill in totals after you complete pages for contributions CONTRIBUTIONS OF MONEY		n-kind contributions, loans, expenditures,unpaid bills. CASH BALANCE SUMMARY
1. Contributions - Schedule 1A	198.05	A. Beginning balance 2550.43
2. Fund-raising Events - Schedule 2A	0.00	J. Seg. 9
3. TOTAL CONTRIBUTIONS (Add lines 1 and 2)	198.05	B. Total Receipts 1167.05
4. Other Income - Schedule 3A	959.00	C. Subtotal 3707.43
5. Loans received - Schedule 1B	0.00	D. Total Expenditures 0.00 E. Ending Balance 3707.43
6. TOTAL OTHER INCOME (Add lines 4 and 5)	959.00	E. Ending Balance 3707.43
7. In-kind (non-cash) contributions - Schedule 4A	0.00	³ 1
EXPENDITURES		,
8. Itemized Expenditures - Schedule 2B	0.00	TOTAL RECEIPTS
9. Loan Repayment - Schedule 1B	0.00	ELECTION YEAR-TO-DATE (Add line B from all reports)
10. TOTAL EXPENDITURES (Add lines 8 and 9)	0.00	
OUTSTANDING LOANS/DEBTS		3343.87 TOTAL EXPENDITURES
11. Unpaid Bills - Schedule 3B	0.00	ELECTION YEAR-TO-DATE
12. Outstanding Loans - Schedule 1B	0.00	(Add line D from all reports)
13. TOTAL DEBTS (Add lines 11 and 12)	0.00	1200 00

SCHEDULE 1A

CONTRIBUTIONS \$250.00 OR LESS

(For information about contributions, see General Instructions, Page 3.)

DATE	CONTRIBUTOR'S FULL NAME OR COMMITTEE'S NAME	AMOUNT
4-19-04	Members of Fagette Coty. Federation of reachers.	198.05
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Subtotal contributions of \$250.00 or less

198.05

SCHEDULE 1A

CONTRIBUTIONS OVER \$250.00

(For information about contributions, see General Instructions, Page 3.)

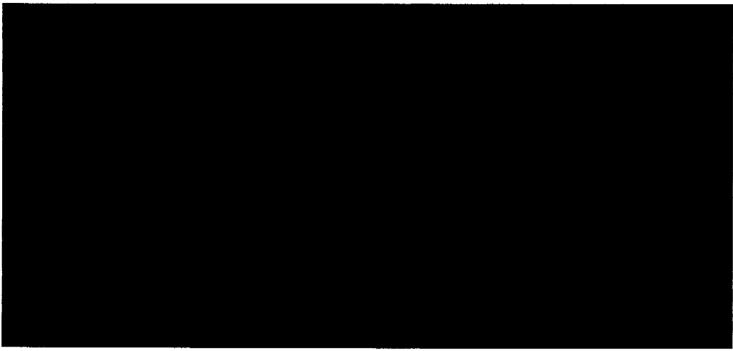
DATE	INDIVIDUAL CONTRIBUTOR OR COMMITTEE'S NAME By law, you must report an individual contributor's occupation and business affiliation. For a committee, you must report the affiliation (the group, association, corporation, or union with which it is connected.)	AMOUN'
	Full Name:	
	Address:	
	Contributor's job: (individual contributor only)	
	Where contributor works: (individual contributor only)	
	Affiliation: (political committee only)	
	Full Name:	
	Address:	
	Contributor's job: (Individual contributor only)	
	Where contributor works: (Individual contributor only)	
	Affiliation: (political committee only)	
	Full Name:	
	Address:	
	Contributor's job: (individual contributor only)	
	Where contributor works: (individual contributor only)	
	Affiliation: (political committee only)	
	Full Name:	
	Address:	
	Contributor's job: (Individual contributor only)	
	Where contributor works: (individual contributor only)	
	Affiliation: (political committee only)	
	Full Name:	<u> </u>
	Address:	
	Contributor's job: (individual contributor only)	
	Where contributor works: (individual contributor only)	
	Affiliation: (political committee only)	
	Full Name:	
	Address:	
	Contributor's job: (individual contributor only)	
	Where contributor works: (individual contributor only)	
	Affiliation: (political committee only)	

OF THIS PAGE AS YOU NEED

Subtotal contributions of \$250.00 or less

Total ____

LOANS



How to report loans

- 1. Each loan for your campaign should be listed on a separate line. (Each time you loan money to the campaign or get a loan, it is a considered to be a separate loan.) Include the following information on the form below:
 - loan(s) from prior reporting periods and the balance of each loan (Col. A.) If a payment was made on the loan, list that in Col. C. Any loan that was repaid in previous reporting periods does not have to be listed.
 - b. new loans, the amount (Col. B), any repayments (Col. C), and the balance (Col. D.)
- 2. Add the amounts of all new loans (Col. B total) and carry that number to the Report Summary, Page 1, Col. A, line 5.
- 3. Add the amounts of all repayments (Col. C total) and carry the total to the Report Summary, Page 1, Col. A, line 9.
- 4. Add amounts of outstanding loans (Col. D total), and carry the total to the Report Summary, Page 1, Col. A, line 16.
- 5. Attach a copy of the loan agreement for each loan received during the reporting period.

SCHEDULE 1B

LOANS

Bank Loans: List name & address of financial institution Candidate or Candidate's Spouse Loans: List name, residence and mailing address of	Column A Balance of previous loan at end of period	Column B Amount of new loan received during period		Column C Repayments during period		Column D Balance outstanding at end of period	
person(s) makingor cosigning loan	Amount	Date	Amount	Date	Amount	Amount	
2.							
3.							
k.							
5.							

(Enter Totals on Report Summary, Page 1.)

Totals

FUND-RAISING EVENTS

EVENT SUMMARY

The state of the s		
Date of Event	Type of Event	
Name of Place Held		
Address of Place Held		. , <u></u>
Total Receipts	Total Expenditures	
NET RECEIPTS (Subtract total expenditu	res from total receipts)	

WARNING: ALL monies received by fundraisers must be reported under Schedule 2A, regardless of the type of fundraiser. If contributors and amounts are not listed, WV Code §3-8-5a requires that the money be turned over to the West Virginia General Revenue Fund. The only exception to this is detailed in West Virginia Code §3-8-5a and applies only to political party committees. (For additional information, see General Instructions, Page 4.)

\$250.00 OR LESS			OVER \$250.00			
Date	Full Name	Amount	Date		Amount	
				Full Name: Address:		
			ł	Contributor's job: (Individual only)		
			1	Where works: (Individual only)		
				Affiliation: (Political commmittee only)		
				Full Name: Address:		
		,	1	Contributor's job: (Individual only)		
				Where works: (Individual only)		
				Affiliation: (Political committee only)		
				Full name:		
				Address:		
			1	Contributor's job: (Individual only)		
				Where works: (Individual only)	1	
				Affiliation: (Political committee only)	!	
				Full name: Address:		
		****		Contributor's job: (Individual only)		
				Where works: (Individual only)		
				Affiliation: (Political committee only)		
				Full Name: Address:	·	
- -				Contributor's job: (Individual only)		
				Where works: (Individual only)		
				Affiliation: (Political committee only)		
			Sui	ototal contributions of more than \$250.00		
Subtota	contributions of less than \$250.00		s	ubtotal contributions of \$250.00 or less		
			. (8	Enter Total on Page 1, Line 2) TOTAL		

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SCHEDULE 2B	ITEMIZED EXPENDIT (For information on Expenditures, see Genera	URES I Instructions, Page 5.)	
Date	Full name, residence address (if a person) or business address (if a firm)	Purpose	Amount expenditure

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(Enter Total on Page 1, line 8)

Total

SCHEDULE 3A

OTHER INCOME: INTEREST, REFUNDS, MISCELLANEOUS RECEIPTS (For information, see General Instructions, Page 4.)

Date	Source of Income	Type of Receipt	<u>.</u>	Amount
4-19-04	WV Federation of teachers	refund		959.00
,				
			<u>.</u>	
		(Enter Total on Page 1, line 4)	Total	95900

SCHEDULE 4A

IN-KIND CONTRIBUTIONS

(For information, see General instructions, Page 4.)

Date	Full name, address, occupation and place where works (if total contributions by individual or committee are more than \$250.00)	Description of contribution	Value (amount)
· ·			

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SCHEDULE :	3B
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UNPAID BILLS

Date	Full name, residence address (if a person) or business address (if a firm)	Purpose	Amount
	or succession (if a fifth)		
1			
	(Enter Total on Page 1, Line 1	i) Total _	****
	OATH OR AFFIRMATION		
	OATH OR AFFIRMATION		
5usa	a Ferrell	CC************************************	
ment is true and cor ered by this stateme	rect, to the best of my knowledge, for all financial train	swear or affirm the isactions occurring v	at the attache vithin the peric
	ont.		
Quea	n Leneel si	gnature of Candida	. 57
•	51	Agent or Trea	ie, Financial Isurer
	Date May 1 , 200	4_	
	8		
	Γ—	Office Use Or	nlv
		Office Use Or	nly

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MAY 0 6 2004

JOE MANCHIN III WV SECRETARY OF STARE