## State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2006 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?

Candidate or Committee Name Kanawha Valley Labor Council, AFL-CIO くこった)	Candidate or Committee's Treasurer Joan M. Matthews Treasurer's Mailing Address (Street, Route or P.O. Box) 221 Shepherd Avenue			
Political Party (for candidates)				
Office Sought (for candidates) District/Division	City, State, Zip Code So. Chas, WV 25303	Daytime Phone # 304-744-5174		
Election Cycle Reporting Period (che Primary - First Report Due March 25- 31, 2006  General - First Report Due Sept. 2- 8, 2006  Pre-primary Report Due April 22- 29, 20	Post-primary Report Due June 3- 9, 2006  Post-general Report	Check if Applicable:  Amended Report You must also check to appropriate reporting period		
Non-Election Cycle Reporting Period:  Annual Reporting Due last Sature within 6 days	urday in March or	Final Report Zero balance requi PAC must also file Form F-6 Dissolution		

## **REPORT TOTALS**

(Fill in totals after you have completed page 2)

## CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	1.		141.12		
Total Contributions (from Page 2)	2.	+			
Subtotal (lines 1+2)	3.	=	141.12		
Total Expenditures (from Page 2)	4.	-			
Ending Balance (lines 3-4)		=	141.12		
*Cannot have a negative ending balance					

	TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)
	0.00
	TOTALEXPENDITURES
	ELECTION YEAR-TO-DATE
_	(Add line 4 from all reports)
	0.00
_	

## **CONTRIBUTIONS**

Less than \$250

\$250 or more

Date	Full Name	Amount	Date				Amount		
				Full Name: Address:					
				Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)					
			———	Full Name: Address:					
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				Full Name: Address:					
				Contributor's job: (Individ Where works: (Individual) Affiliation: (Political comn					
				Full Name: Address:					
				Contributor's job: (Individual) Where works: (Individual Affiliation: (Political committee)					
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	e veen macheu.	ITEMIZED EX	XPEN	IDITURES					
Date	Full name, residence address (if				Purpose		Amount		
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	MANY COPIES PAGE AS YOU NEED.			-	Total Expend	ditures:	0 /		
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correct,	to the best of my knowledgent, as required by West Virg	ge, of all financi	al tra	wear or affirm that t insactions occurring	he attached of within the p	statement eriod cove	is true and ered by this		
F	thops, for com	Carl		Signature	e of Candidate	e, Agent, o	r Treasurer		
Date <u></u>	RECEVED								
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Kanawha Valley Labor Council

CHARLESTON, WEST VIRGINIA 25301

600 LEON SULLIYAN WAY

PHONE (304) 744-5174

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AFL-CIO

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