

# 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?
6. Has your committee given or received a transfer of excess campaign funds?

<b>Candidate or Committee Name</b> West Virginia Motor Truck Political Action Committee		<b>Candidate or Committee's Treasurer</b> Bernie O. Young	
<b>Political Party (for candidates)</b>		<b>Treasurer's Mailing Address (Street, Route or P.O. Box)</b> P.O. Box 5187	
<b>Office Sought (for candidates)</b>	<b>District/Division</b>	<b>City, State, Zip Code</b> Charleston, WV 25361	<b>Daytime Phone #</b> 345-280 0

**Election Cycle Reporting Period (check one):**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> <b>Primary - First Report</b><br>Due March 25- 31, 2006 | <input type="checkbox"/> <b>Pre-primary Report</b><br>Due April 22- 29, 2006 | <input checked="" type="checkbox"/> <b>Post-primary Report</b><br>Due June 3- 9, 2006 |
| <input type="checkbox"/> <b>General - First Report</b><br>Due Sept. 2- 8, 2006   | <input type="checkbox"/> <b>Pre-general Report</b><br>Due Oct. 21- 28, 2006  | <input type="checkbox"/> <b>Post-general Report</b><br>Due Dec. 2- 8, 2006            |

**Check if Applicable:**

- ☐ **Amended Report**  
You must also check box of appropriate reporting period
- ☐ **Final Report**  
Zero balance required. PAC must also file Form F-6 Dissolution

**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

<b>Beginning Balance</b> (ending balance from previous report) 1.	1.	\$6,090.53
<b>Total Contributions</b> (from Page 2) 2.	2.	+ 500.00
<b>Subtotal</b> (lines 1+2) 3.	3.	= \$6,590.53
<b>Total Expenditures</b> (from Page 2) 4.	4.	- 200.00
<b>Ending Balance</b> (lines 3-4)		= \$6,390.53
<i>*Cannot have a negative ending balance</i>		

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

\$500.00

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

\$200.00

## CONTRIBUTIONS

Less than \$250

\$250 or more

Date	Full Name	Amount	Date	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	Amount

*SEE ATTACHED*

*SEE ATTACHED*

☐ Check if additional pages  
have been attached.

Total Contributions:  
(add both columns)

## ITEMIZED EXPENDITURES

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount

*SEE ATTACHED*

MAKE AS MANY COPIES  
OF THIS PAGE AS YOU NEED.

Total Expenditures:

## OATH OR AFFIRMATION

I, Robert E. Stanley, 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.

*X Robert E. Stanley*

Signature of Candidate, Agent, or Treasurer

Date June 1, 2006.

Office Use Only
RECEIVED
JUN 05 2006
WV SECRETARY OF STATE

Page 3.

**CONTRIBUTIONS  
\$250 OR MORE**☐ Check if additional pages  
have been attached.

DATE	INDIVIDUAL CONTRIBUTOR OR COMMITTEE'S NAME	AMOUNT
3/3/06	Full Name: Charles L. Wilson Address: (residential and mailing if they are different) P.O. Box 501 Contributor's Job: (Individual contributor only) Fishersville, VA 22939 Where contributor works: (Individual contributor only) Affiliation: (political committee only)	\$500.00
	Full Name: Address: (residential and mailing if they are different) Contributor's Job: (Individual contributor only) Where contributor works: (Individual contributor only) Affiliation: (political committee only)	
	Full Name: Address: (residential and mailing if they are different) Contributor's Job: (Individual contributor only) Where contributor works: (Individual contributor only) Affiliation: (political committee only)	
	Full Name: Address: (residential and mailing if they are different) Contributor's Job: (Individual contributor only) Where contributor works: (Individual contributor only) Affiliation: (political committee only)	
	Full Name: Address: (residential and mailing if they are different) Contributor's Job: (Individual contributor only) Where contributor works: (Individual contributor only) Affiliation: (political committee only)	
	Full Name: Address: (residential and mailing if they are different) Contributor's Job: (Individual contributor only) Where contributor works: (Individual contributor only) Affiliation: (political committee only)	

MAKE AS MANY COPIES  
OF THIS PAGE AS YOU NEED

Subtotal of all contributions of \$250 or more  
Subtotal of all contributions of less than \$250 (From page 2)

Total Contributions:

+

=



West Virginia



Motor Truck  
Association

2005 QUARRIER STREET  
P.O. BOX 5187  
CAPTOL STATION  
CHARLESTON, WEST VIRGINIA 25361

Office of Secretary of State  
Attn: Betty Ireland  
Building 1, Suite 157-K  
1900 Kanawha Blvd., East  
Chareleston, WV 25305

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