State of West Virginia Campaign Financial Statement (Short 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.

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. Have you made or accepted any loans to your campaign?

 2. Have you had any fundraisers? 3. Have you received any miscellaneous receipts, such as from a previous campaign? 4. Do you have any unpaid bills? 5. Have you or anyone else given an in-kind contribution to 		est or transferred funds			
Cope-Boone County Federation & Teacher Candidate or Committee Name Political Party (for candidates)	Carrena C. Rouse Candidate or Committee's Treasurer 913 SouthDrew Street Treasurer's Mailing Address (Street, Route or P.O. Box)				
Office Sought (for candidates) District/Division	St. A 10ans WV 25177 389-3738 City, State, Zip Code Daytime Phone #				
first report for cu reporting) First General Report (Due first Saturday in September or within 6 days thereafter) Pre-general Report (Due 10 to 17 to before general)	reafter. This is the trent election year tion) port Post-general (Due 25 to 3 after general parts)	al Report Final Report (Zero balance require			
Amended Report (check if applicable) You must also check box of appropriate reporting period REPO		special election) F-6 Dissolution) *post general may also be final report if "0"balance			
(Fill in totals after y	ou have completed page 2)	BALANCE SUMMARY			
RECEIPTS 1. Total Contributions (Schedule 1A) EXPENDITURES	A. Beginn	ing Balance			
2. Total Expenditures (Schedule 1B)	B. Total F (Line 1)	Receipts			
TOTAL RECEIPTS		al es A & B)			
ELECTION YEAR-TO-DATE (Add line B from all reports)	D.Total E (Line 2)	xpenditures			
TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line D from all reports)	E. Ending (Subtract from lin	t line D ne C)			
		*Cannot be negative balance			

CONTRIBUTIONS

\$250 or less

\$250 or more

Date	Full Name	Amount	Date				Amount	
	-			Full Name: Address:				
				Contributor's job: (Individual Where works: (Individual Affiliation: (Political com	ddress: contributor's job: (Individual) vhere works: (Individual) ffiliation: (Political committee) ull Name:			
				Full Name: Address:				
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				Contributor's job: (Individual Where works: (Individual Affiliation: (Political com	ributor's job: (Individual) re works: (Individual) ation: (Political committee)			
				Full Name: Address:	II Name:			
				Contributor's job: (Individua Where works: (Individua Affiliation: (Political com				
						TOTAL	0	
					(both co	olumns)		
Sched	ule 1B	ITEMIZED EX	XPEN	DITURES				
Date	Full name, residence address (if per				Purpose	A	mount	
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	AS MANY COPIES S PAGE AS YOU NEED.		•••		то	ral	0	
		OATH OF	RAFF	IRMATION	I			
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stateme	ent.							
Date <u>5</u>	Urrena C. Ro 1-2, 200_C	04		——— Signature	of Candidate, Ag	ent, or T	reasurer	
7	, 255	 ·			OFRECE	IVE	D	
				APR 0 5 2004				

JOE MANCHIN III
WV SECRETARY OF STATE

Carrena Rouse 903 South Drewstreet St. Albans, WV 25177





Secretary of State Bldg. 1, Suite 157-K 1900 Kanawha Blvd. East Mr. Joe Manchin, II Charleston WU 25205-0770