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?

s refunds, checking account interest or transferred funds				
to your campaign?				
,				
Candidate or Committee's Treasurer RR 4 Dox 159 A Treasurer's Mailing Address (Street, Route or P.O. Box) New Comberland W 26047 564-5471				
				City, State, Zip Code Daytime Phone #
				eriod (check one)
				Pre-primary Report (Due 10 to 17 days hereafter. This is the surrent election year Pre-primary Report (Due 10 to 17 days before primary election) Pre-primary Report (Due 25 to 31day after primary election)
				Report Post-general Report (Zero balance required on) Post-general or Special election) Final Report (Zero balance required on) PAC must also file F-6 Dissolution)
				*post general may also be final report if "0"balan
ORT TOTALS				
you have completed page 2)				
or this period CASH BALANCE SUMMARY				
A. Beginning Balance				
(ending balance from previous report				
previous report 7403, 14				
B. Total Receipts (Line 1)				
C. Subtotal (Add lines A & B)				
D.Total Expenditures (Line 2)				
E. Ending Balance (Subtract line D from line C) 403.14				

CONTRIBUTIONS

\$250 or less

\$250 or more

Date	Full Name	Amount	Date			Amount		
	,			Full Name: Address:				
				Contributor's job: (Individ Where works: (Individual) Affiliation: (Political comm				
				Full Name: Address:				
				Contributor's job: (Individent Where works: (Individual Affiliation: (Political comm				
				Full Name: Address:				
				Contributor's job: (Individ Where works: (Individual) Affiliation: (Political comm				
				Full Name: Address:	me:			
				Contributor's job: (Individent Where works: (Individual Affiliation: (Political comm				
					тот	AL		
(both columns)								
Schedule 1B ITEMIZED EXPENDITURES Date Full name, residence address (if person); business address (if firm) Purpose						Amount		
Date	Tuir name, residence address (il per	sorr), business address	(11 111111)		Amount			
MAKE	AS MANY COPIES							
	OF THIS PAGE AS YOU NEED. TOTAL							
		OATH O	R AFF	FIRMATION				
, ,	Kinberly Spice		e.	waar or affirm that t	ha attachad statama	nt is true and		
corre	ct, to the best of my knowle	edge, of all financ	ial tra	nsactions occurring	within the period co	vered by this		
stater	ment.							
4	Kuthely Smiler					_		
	Kentrely Smeder June 6 200		<u> </u>	Signature	e of Candidate, Agent	, or Treasurer		
Date June 6 , 200 4 . Office Use Only								
	RECEIVED							
					JUN 0 9	2004		