

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 refunds, checking account interest or transferred funds from a previous campaign?
4. Do you have any unpaid bills?
5. Have you or anyone else given an in-kind contribution to your campaign?

WV Federation of Young Republicans		Stephen Saunders	
Candidate or Committee Name		Candidate or Committee's Treasurer	
		1410 Jerry's Run Rd	
Political Party (for candidates)		Treasurer's Mailing Address (Street, Route or P.O. Box)	
		Apple Grove, WV 25502	
Office Sought (for candidates)	District/Division	City, State, Zip Code	Daytime Phone #

Reporting Period (check one)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Annual Report _____ Calendar Year
(Due last Saturday in March or within 6 days thereafter. This report filed for old campaigns or year following most recent election) | <input type="checkbox"/> First Primary
(Due last Saturday in March or within 6 days thereafter. This is the first report for current election year reporting) | <input type="checkbox"/> Pre-primary Report
(Due 10 to 17 days before primary election) | <input checked="" type="checkbox"/> Post-primary Report
(Due 25 to 31 days after primary election) |
| <input type="checkbox"/> First General Report
(Due first Saturday in September or within 6 days thereafter) | <input type="checkbox"/> Pre-general Report
(Due 10 to 17 days before general or special election) | <input type="checkbox"/> Post-general Report
(Due 25 to 31 days after general or special election) | <input type="checkbox"/> Final Report
(Zero balance required. PAC must also file Form F-6 Dissolution) |
- Amended Report** (check if applicable)
 You must also check box of appropriate reporting period
- *post general may also be final report if "0" balance*

REPORT TOTALS (Fill in totals after you have completed page 2)

	Totals for this period
RECEIPTS	
1. Total Contributions (Schedule 1A)	0
EXPENDITURES	
2. Total Expenditures (Schedule 1B)	0

**TOTAL RECEIPTS
ELECTION YEAR-TO-DATE**
(Add line B from all reports)

0

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

0

CASH BALANCE SUMMARY

A. Beginning Balance (ending balance from previous report)	742.56
B. Total Receipts (Line 1)	0
C. Subtotal (Add lines A & B)	742.56
D. Total Expenditures (Line 2)	0
E. Ending Balance (Subtract line D from line C)	742.56

**Cannot be negative balance*

SCHEDULE 1A

CONTRIBUTIONS

\$250 or less

\$250 or more

Date	Full Name	Amount	Date	Full Name: Address:	Amount
	N/A			Full Name: Address: N/A	
				Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)	
				Full Name: Address:	
				Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)	
				Full Name: Address:	
				Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)	
				Full Name: Address:	
				Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)	
TOTAL					0.00
(both columns)					

Schedule 1B

ITEMIZED EXPENDITURES

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
	N/A		
TOTAL			0.00

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.

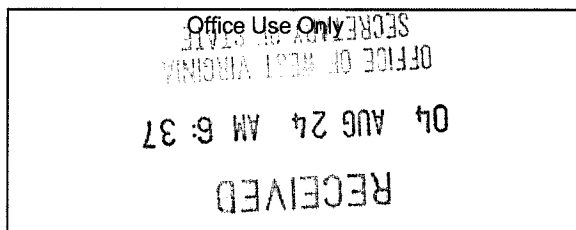
OATH OR AFFIRMATION

I, Stephen Saunders, 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.

Steph Saunders

Signature of Candidate, Agent, or Treasurer

Date 6-11, 20004.



TRANSMISSION VERIFICATION REPORT

TIME : 06/11/2004 09:26
NAME :
FAX : 7035911701
TEL : 7035911701
SER.# : BROJ3J742491

DATE, TIME	06/11 09:25
FAX NO./NAME	13045580900
DURATION	00:00:38
PAGE(S)	02
RESULT	OK
MODE	STANDARD ECM

This is the original w/ signature, please
file this instead of the faxed copy sent 6-11-04.
Sorry for the misunderstanding.

Thanks.
Stephen Saunders
304-674-3725

P.S. I will need confirmation (by phone) that
this has been filed. Thanks.