State of West Virginia Campaign Financial Statement (Long 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.

	·						
Roone County Exec Comm	Candidate or Commi	A. Cole.					
Candidate or Committee Name	Candidate or Commi	.1 .1					
	1053 /Ark	Treasurer's Mailing Address (Street, Route or P.O. Box)					
Political Party (for candidates)			O. Box)				
		WV 25276 30	4- <i>927-336</i> 9				
Office Sought (for candidates) District/Divisi			time Phone #				
	ting Period (check one						
within 6 days thereafter. This report within 6 filed for old campaigns or year following most recent election) within 6 first reporting the first reporting for the first reporting for the first reporting for the first reporting first reporting for the first reporting for the first reporting for the first reporting for the first report within 6 days thereafter. This report within 6 days the first report wit	st Saturday in March or days thereafter. This is the ort for current election year	Pre-primary Report (Due 10 to 17 days before primary election)	Post-primary Report (Due 25 to 31days after primary election)				
First General Report (Due first Saturday in September Pre-g	eneral Report	Post-general Report	Final Report				
or within 6 days thereafter) (Due	(Due 25 to 31 days after general or PAC must also file For						
Amended Report (check if applicable) specie	e general or al election)	special election)	F-6 Dissolution)				
You must also check box of appropriate reporting period	•	post general may also be find	al report if "0"balance				
	EPORT TOTALS						
ill in totals after you complete pages for contributions, f		-kind contributions, loans, ex	penditures,unpaid bills.				
CONTRIBUTIONS OF MONEY	Totals for this Period	CASH BALANC					
1. Contributions - Schedule 1A	8900	A. Beginning Balance					
1. COMMBUNOTS - Schedule TA	07.00	(ending balance from	-3-60 537				
2. Fund-raising Events - Schedule 2A	· ·	previous report	505281				
3. TOTAL CONTRIBUTIONS (Add lines 1 and 2)	89.00	B. Total Receipts (Add lines 3 & 6)	2900				
4. Other Income - Schedule 3A		C. Subtotal	07.00				
		(Add lines A & B)	<14187				
5. Loans received - Schedule 1B		D.Total Expenditures	3////				
6. TOTAL OTHER INCOME (Add lines 4 and 5)	·	(Line 10)	1/2/70				
7. In-kind (non-cash) contributions - Schedule 4A			431.78				
EXPENDITURES		E. Ending Balance (Subtract line D from line C)	4710.09				
8. Itemized Expenditures - Schedule 2B	431.78	*Cannot be nega	tive balance				
8. Remized Expenditures - Schedule 2B	101.70	TOTAL RE	CEIPTS				
9. Loan Repayment - Schedule 1B		ELECTION YEAR					
10. TOTAL EXPENDITURES (Add lines 8 and 9)	431.78	(Add line B from	n an reports)				
OUTSTANDING LOANS/DEBTS		4468.8	28				
11. Unpaid Bills - Schedule 3B	Market Company of the	TOTAL EXPI					
12. Outstanding Loans - Schedule 1B		ELECTION YEA (Add line D fro					
13. TOTAL DEBTS (Add lines 11 and 12)			_				
		12721.6	5/				

SCHEDULE 1A

CONTRIBUTIONS \$250.00 OR LESS

(For information about contributions, see General Instructions, Page 3.)

DATE	CONTRIBUTOR'S FULL NAME OR COMMITTEE'S NAME	AMOUNT
-28	Mark Sergant	49.00
5-12	Mark Sergant Russell Goodwin	40.00
		

MAKE AS MANY COPIES
OF THIS PAGE AS YOU NEED

Subtotal contributions of \$250.00 or less

89.00

CHEDULE 2B		ITEMIZED EXPENDITURES (For information on Expenditures, see General Instructions, Page 5.)						
Date	Full name, residence address (if a person) or business address (if a firm)	Purpose	Amount expenditure					
7-16-04	WVRC	ad for opening	iej 355.00					
5-10-04	Bob Pully	Supplies	74.78					

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SCHEDULE 3B

UNPAID BILLS

(Enter Total on Page 1, Line 11)

Full name, residence address (if a person)

Purpose Amount

Purpose Amount

Purpose Amount

Purpose Amount

Full name, residence address (if a person)

Purpose Amount

Full name, residence address (if a firm)

Purpose Amount

Full name, residence address (if a person)

Purpose Amount

Full name, residence address (if a person)

Purpose Amount

Full name, residence address (if a person)

Purpose Amount

Total

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1. Shirley A. Cole	, swear or affirm that the attached
statement is true and correct, to the best of my knowledge,	for all financial transactions occurring within the period
covered by this statement.	3
Shaly a. Cole	Signature of Condidate Times aid
	Signature of Candidate, Financial
<i></i>	Agent or Treasurer
Date 6-5	200 4

RECEIVED

JUN 0 9 2004

JOE MANCHIN III WV SECRETARY OF STATE