State of West Virginia Campaign Financial Statement (Short Form) in Relation to <u>২০০৭</u> 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?

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Im PAC Candidate or Committee Name		Robert m Nyaw Candidate or Committee's Treasurer				
Candidate of Committee Name						
Political Party (for candidates)		2 PLAYers Club Drive ST 100 Treasurer's Mailing Address (Street, Route or P.O. Box)				
	Charleston WN 25311 343-4188					
Office Sought (for candidates) District	t/Division	City, State, Zip C	ode	Daytime Phone #		
Re	porting Per	riod (check one))			
(Due last Saturday in March or within 6 days thereafter. This report filed for old campaigns or year		ay in March or ereafter. This is the rrent election year	Pre-primary Report (Due 10 to 17 days before primary election)	Post-primary Rep (Due 25 to 31days after primary electi		
(Due first Saturday in September or within 6 days thereafter) (Due first Saturday in September or within 6 days thereafter) (Due first Saturday in September or within 6 days thereafter)	Pre-general Re Due 10 to 17 defore general special election	days or	Post-general Report (Due 25 to 31 days after general or special election)	Final Report (Zero balance requi PAC must also file F F-6 Dissolution)		
You must also check box of appropri- ate reporting period		,	*post general may also be fin	al report if "0"balanc		
	DEDO					
		RT TOTALS				
(Fill i		RT TOTALS	page 2)			
	n totals after y		page 2) CASH BALANC	E SUMMARY		
RECEIPTS	n totals after y	ou have completed	CASH BALANC A. Beginning Balance	E SUMMARY		
RECEIPTS . Total Contributions (Schedule 1A)	n totals after y	for this period	page 2) CASH BALANC			
	n totals after y	for this period	CASH BALANC A. Beginning Balance (ending balance from previous report	E SUMMARY		
ECEIPTS . Total Contributions (Schedule 1 A) XPENDITURES	n totals after y	for this period	CASH BALANC A. Beginning Balance (ending balance from			
ECEIPTS . Total Contributions (Schedule 1A) XPENDITURES . Total Expenditures (Schedule 1B) TOTAL RECEIPTS	Totals 1	for this period	CASH BALANC A. Beginning Balance (ending balance from previous report B. Total Receipts	544.54		
ECEIPTS Total Contributions (Schedule 1A) EXPENDITURES Total Expenditures (Schedule 1B) TOTAL RECEIPTS ELECTION YEAR-TO-D (Add line B from all reports)	Totals 1	for this period	CASH BALANC A. Beginning Balance (ending balance from previous report B. Total Receipts (Line 1) C. Subtotal	544.54		
TOTAL RECEIPTS Total Contributions (Schedule 1A) XPENDITURES TOTAL RECEIPTS ELECTION YEAR-TO-D.	ATE ES ATE	for this period	CASH BALANC A. Beginning Balance (ending balance from previous report B. Total Receipts (Line 1) C. Subtotal (Add lines A & B) D.Total Expenditures	544.54 -0- 544.54		

CONTRIBUTIONS

\$250 or less

\$250 or more

Date	Full Name	Amount	Date				Amount			
				Full Name: Address:						
	· <u>* * * * * * * * * * * * * * * * * * *</u>			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)						
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					(both	columns)			
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Sched	ule 1B	ITEMIZED E	XPEN	IDITURES		· · · · · · · · · · · · · · · · · · ·				
Date	Full name, residence address (if per	son); business address	(if firm)	F	ourpose		Amount			
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MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.										
OF THI	S PAGE AS YOU NEED.	CATILO	D 4 F	FIDMATION						
		OATHO	K AF	FIRMATION						
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	Holust on by a			Signature of	Candidate	, Agent, o	r Treasurer			
Date	July 15, 200	4								
Will Woffice Tise Only										
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	BECEINED									