

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?

Boone Co. Republican Party		Candidate or Committee's Treasurer	
Candidate or Committee Name		Laurence B. Lyon Sr.	
Republican		Treasurer's Mailing Address (Street, Route or P.O. Box)	
Office Sought (for candidates)		214 Center St Madison, W.Va. 25730	
District/Division		City, State, Zip Code	Daytime Phone #

Reporting Period (check one)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Annual Report <u>Calendar Year</u>
(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 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)	None
EXPENDITURES	
2. Total Expenditures (Schedule 1B)	None

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

None

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

None

CASH BALANCE SUMMARY

A. Beginning Balance (ending balance from previous report)	\$860.00
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)	\$0.00

**Cannot be negative balance*

SCHEDULE 1A

CONTRIBUTIONS

\$250 or less

\$250 or more

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

Schedule 1B

ITEMIZED EXPENDITURES

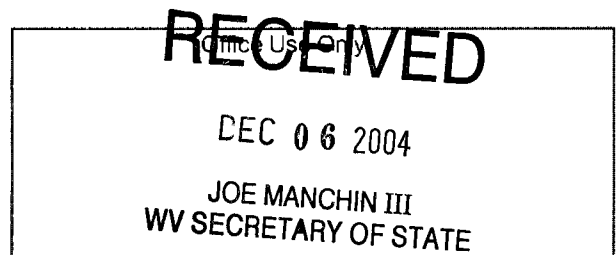
Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.			TOTAL

OATH OR AFFIRMATION

I, _____, 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.

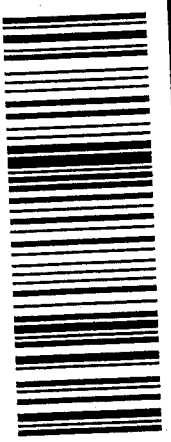
_____ Signature of Candidate, Agent, or Treasurer

Date _____, 200_____.



Lawrence B. Lyford, Jr.
114 Center St
Madison, WI 53713
Bears Co, IL com,

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™



7004 1160 0006 1003 4443

Att: David Williams
Charleston, W.Va.
25705-0770

Mr. Tom Mashin
Secretary of State
B191 Suite 157K
1900 Kanawha Blvd East



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25305

U.S. POSTAGE
PAID
MADISON, WV
25130
DEC 03 '04
AMOUNT
\$465
00031851-03