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?

WEST VIRGINIA MOTOR CARRIER POLITICAL ACTION COMMITTEE Candidate or Committee Name	BERNIE O. YOUNG Candidate or Committee's Treasurer
Political Party (for candidates)	P. O. BOX 5187 Treasurer's Mailing Address (Street, Route or P.O. Box)
Office Sought (for candidates) District/Division	CHARLESTON, WV 25361 City, State, Zip Code (304) 345-2800 Daytime Phone #

Reporting Period (check one)

- ☐ **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)
- ☐ **First Primary** (Due last Saturday in March or within 6 days thereafter. This is the first report for current election year reporting)
- ☐ **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 or within 6 days thereafter)
- ☒ **Pre-general Report** (Due 10 to 17 days before general or special election)
- ☐ **Post-general Report** (Due 25 to 31 days after general or special election)
- ☐ **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)	2,430.50
EXPENDITURES 2. Total Expenditures (Schedule 1B)	800.00

CASH BALANCE SUMMARY

A. Beginning Balance (ending balance from previous report	2,934.79
B. Total Receipts (Line 1)	2,430.50
C. Subtotal (Add lines A & B)	5,365.29
D.Total Expenditures (Line 2)	800.00
E. Ending Balance (Subtract line D from line C)	4,565.29

**Cannot be negative balance*

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

5,040.00

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

3,500.00

SCHEDULE 1A **CONTRIBUTIONS**

$250 or less			$250 or more		
Date	Full Name	Amount	Date		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
9/24	ANN CALVERT CAMPAIGN 1118 SHAMROCK ROAD, CHARLESTON, WV 25314	CONTRIBUTION	50.00
9/24	FRIENDS FOR FACEMYER RT. 1, BOX 142, RIPLEY, WV 25271	CONTRIBUTION	100.00
9/24	SUZANNE MORGAN FOR HOUSE 16 BROOKLINE DR. CHARLESTOWN, WV 25414	CONTRIBUTION	100.00
MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.		**TOTAL**	800.00

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_____ .

RECEIVED

Office Use Only

DEC 0 6 2004

JOE MANCHIN III
WV SECRETARY OF STATE

SCHEDULE 1A **CONTRIBUTIONS**

$250 or less			$250 or more		
Date	Full Name	Amount	Date		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
9/24	BAILEY FOR SENATE P.O. BOX 1793, PINEVILLE, WV 24874	CONTRIBUTION	100.00
9/24	SPENCER FOR HOUSE 4605 BAXTER DRIVE CHARLESTON, WV 25302	CONTRIBUTION	50.00
9/24	SYBOLT FOR SENATE P.O. BOX 389, KINGWOOD, WV 26537	CONTRIBUTION	100.00
9/24	MONTY WARNER FOR GOVERNOR COMMITTEE P.O. BOX 11849, CHARLESTON, WV 25339	CONTRIBUTION	250.00
9/24	WALTERS 2004 P.O. BOX 31665 CHARLESTON, WV 25336	CONTRIBUTION	50.00
MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.		**TOTAL**	

OATH OR AFFIRMATION

I, ROBERT D. BLANKENSHIP 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.

Robert D. Blankenship Signature of Candidate, Agent, or Treasurer

Date DECEMBER 3, 2004.

Office Use Only

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DEC -6 AM 10:49
FILED
SECRETARY OF STATE
STATE OF WEST VIRGINIA