# 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.

Rakigh Co. Republican Ex Com Candidate or Committee Name	m Beverly	Bevery R. Lund Candidate or Committee's Treasurer		
Candidate or Committee Name		134 Wade Road		
Political Party (for candidates)		ddress (Street, Route or P.0	D. Box)	
	Beckley WV.	25801-8876 30429 Dayt	52-9885	
Office Sought (for candidates) District/Division	n City, State, Zip Code	Dayt	ime Phone #	
	ing Period (check one	<u>*</u>		
within 6 days thereafter. This report within 6	t Saturday in March or days thereafter. This is the ort for current election year	(Due 10 to 17 days before primary election)	Post-primary Report (Due 25 to 31days after primary election	
or within 6 days thereafter) (Due 1	neral Report 0 to 17 days general or	Post-general Report (Due 25 to 31 days after general or	Final Report (Zero balance required PAC must also file Form	
You must also check box of appropriate reporting period	election)	special election)  ipost general may also be fina	F-6 Dissolution) al report if "0"balance	
RE	PORT TOTALS			
Fill in totals after you complete pages for contributions, for CONTRIBUTIONS OF MONEY	undraisers, other income, in Totals for this Period	-kind contributions, loans, ex		
1. Contributions - Schedule 1A	لديخ	A. Beginning Balance (ending balance from		
2. Fund-raising Events - Schedule 2A		previous report	1601,49	
3. TOTAL CONTRIBUTIONS (Add lines 1 and 2)	25-10	B. Total Receipts (Add lines 3 & 6)	2500	
4. Other Income - Schedule 3A		C. Subtotal		
5. Loans received - Schedule 1B		(Add lines A & B)	1626.49	
6. TOTAL OTHER INCOME (Add lines 4 and 5)		D.Total Expenditures (Line 10)	700.40	
7. In-kind (non-cash) contributions - Schedule 4A	110.70	E. Ending Balance	7 00 . 40	
EXPENDITURES		(Subtract line D from line C)	926.09	
8. Itemized Expenditures - Schedule 2B	70040	*Cannot be nego TOTAL RE		
9. Loan Repayment - Schedule 1B		ELECTION YE.  (Add line B from	AR-TO-DATE	
10. TOTAL EXPENDITURES (Add lines 8 and 9)	700.40	·		
OUTSTANDING LOANS/DEBTS		TOTAL STATE		
11. Unpaid Bills - Schedule 3B		TOTAL EXPI		
12. Outstanding Loans - Schedule 1B		(Add line D fro		
13. TOTAL DEBTS (Add lines 11 and 12)				

#### 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
	Cleple D. Peter	25.00
- 1		
	MANY COPIES  AGE AS YOUNEED. Subtotal contributions of \$250,00 or less.	25.00

#### **SCHEDULE 3A**

OTHER INCOME: INTEREST, REFUNDS, MISCELLANEOUS RECEIPTS (For information, see General Instructions, Page 4.)

Date	Source of Income	Type of Receipt	Amount
		**************************************	
	<b>,_</b>		
	(E	nter Total on Page 1, line 4) Total	

#### SCHEDULE 4A

#### **IN-KIND CONTRIBUTIONS**

(For information, see General instructions, Page 4.)

Date	Full name, address, occupation and place where works (if total contributions by individual or committee are more than \$250.00)	Description of contribution	Value (amount)
=/2/os	Joseph Red Leter Rock 85 Flat Top Leter Rock Son Dent, WV 25843	Lichn Day Diner Brie Cavay	110.70
+40.			
	ANY COPIES GE AS YOU NEED.	(Enter Total on Page 1, line 7) Total	110.70

CHEDULE 2B	(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
122/05	Postrader	Factage Server and ocher	expenditure
13/05	Jay Rosest Flerd	Cantley Juneal	40.20
13/05	Central Prenting	500 ticketa Lenaren Dey Dennes	125,2
114/05	Kapy Spreen	Waley for Seneral	48.00
	Releigh County armony	Levertion Server Denser	30000
122/05 17	Kopy Xpiew	Selly more Capito	29.40
			<u>                                     </u>
AS MANY CO	PIES		

#### SCHEDULE 3B

## UNPAID BILLS

(For information, see General Instructions	(For information, see General Instructions, Page 5.)			
Full name, residence address (if a person) or business address (if a firm)	Purpose	Amount		
	·			
	·			
(Enter Total on Page 1, Line	₃ 11) Totai L			
OATH OR AFFIRMATION				
l	swear or affirm th	hat the attacl		
et, to the best of my knowledge, for an imanetal t	transactions occurring	within the per		
	Signature of Candida Agent or Tre	ate, Financial		
Data Trull 20 21	_			
	Full name, residence address (if a person) or business address (if a firm)  (Enter Total on Page 1, Line  OATH OR AFFIRMATION  Let, to the best of my knowledge, for all financial to the best of my knowledge, for all financial to the best of my knowledge.	Full name, residence address (if a person) or business address (if a firm)  (Enter Total on Page 1, Line 11)  Total  OATH OR AFFIRMATION  , swear or affirm to the best of my knowledge, for all financial transactions occurring		

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