State of West Virginia Campaign Financial Statement Relating to Elections Held in

Short Form

(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

 Have you made or accepted any loans to you Have you had any fundraisers? Have you received any miscellaneous receip a previous campaign? 	ır campaign?					
4. Do you have any unpaid bills?5. Have you or anyone else given an in-kind cor	ntribution to your campaign?	May 7 200				
Reportin	g Period (check one)					
1	- 10 days before Due 25 -	imary 30 days after paign has zero balance, no loans or outstanding bills. Political committees				
Due last Saturday in September Due 7	•					
Candidate or Committee Name	Treasurer					
Political Party (for candidates)	Treasurer's Mailing Address	or 132-A				
Office (for candidates)	Montros	e, WY 26 283				
District/Circuit/Division (for candidates)	Treasurer's Daytime Phone # 304 636 - 3067					
	PORT SUMMARY 2 before entering totals on the Rep COLUMN A Totals for this reporting period	•				
Receipts 1. Total Contributions (Schedule 1A)	NONE	None				
Expenditures 2. Total Expenses (Schedule 1B)	NONE	Nove				
CASH BALANCE SUMI	*To get the numbers for Column B, add this report's Column A figures to Column B figures from the previous report. If this is the first report of the election eyele, Column B will be the same number as Column A.					
3. Beginning Balance (from previous report)	1,742.24					
4. Total Contributions (from line 1)	0000,00					
5. Subtotal (add lines 3 and 4)	0000.00					

6. Total Expenses (from line 2)

7. Ending Balance (subtract line 6 from line 5)

CONTRIBUTIONS

\$250 or less

\$250 or more

Date	Full Name	Amount	Date				Amount
		_		Full Name: Address:			
	(ρ)			Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committe	99)		
				Full Name: Address:		· · · · · · · · · · · · · · · · · · ·	-
				Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committe	ee)		
	7			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	
					(bot	h columns)	
Sched	ule 1B ITE	MIZED EX	(PEN	DITURES	· . • ***- •		
Date	Full name, residence address (if person); busin	ness address (if firm)		Purpose	7	mount
		10					
		MC					
	NO	4.7					
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MAKE	AS MANY COPIES						
	S PAGE AS YOU NEED.					TOTAL	
State of	West Virginia, County of Roma	tolph		TRMATION that the attached stateme	nt is true and	d correct, to th	e best of m
knowled	dge, of all financial transactions occurring v	vithin the per	iod co	vered by this statement.	R	Goden	nì
Subscri	bed and sworn to before me this	day of	May	7 Signature	of Candidate	e, Agent, or Ti	easurer
Notary Seal	OFFICIAL SEAL NOTARY PUBLIC STATE OF WEST VIRGINI DEBRA L. BOHON HOO RANDOLPH COUNTY CIRCUIT CLERKS	A WED	•	Normbu	18 Zooy My Commiss	sion Expires	