State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2006 Election Year

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. Has your committee received any loans?
- 2. Has your committee held any fundraisers?
- 3. Has your committee received any miscellaneous receipts, such as refunds or checking account interest?
- 4. Does your committee have any unpaid bills?
- 5. Have you or anyone else given an in-kind contribution to your campaign?
- 6. Has your committee given or received a transfer of excess campaign funds?

*			
Candidate or Committee Nam Le Le Later of Teo	ne Putram Co. icher (COPE)	Candidate or Committee's Treasury Way D. Cample	ell
Political Party (for candidates		Treasurer's Halling Address (Street	p Ka.
Office Sought (for candidate	s) District/Division	City, State, Zip Code Hurricane, WV a	Daytime Phone # 25524 757-8808
Election Cycle	Reporting Period (che	eck one):	Check if Applicable:
Primary - First Report Due March 25- 31, 2006	Pre-primary Report Due April 22- 29, 20	Post-primary Report Due June 3- 9, 2006	Amended Report You must also check box of appropriate
General - First Report Due Sept. 2-8, 2006	Pre-general Report Due Oct. 21-28, 20		reporting period
Non-Election Cycle Reporting Period:	Annual Repo Due last Sat within 6 days	ortCalendar Year urday in March or s thereafter	Zero balance required PAC must also file Form F-6 Dissolution

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	1.	#316,56
Total Contributions (from Page 2)	2.	+ -
Subtotal (lines 1-2)	3.	= 316.56
Total Expenditures (from Page 2)	4.	_ —
Finding Balance (lines 3-4)		= 316,56
*Cannot have a n	egati	ve ending balance

TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)

TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)

3,000,00

CONTRIBUTIONS

\$250 or more

	Less than 3250				OI BIOLE				
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Date	Full name, residence address (if p				Purpose		Amount		
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	Tary D. Car	mpbell		Signature	e of Candidate	, Agent, or	reasurer		
Date_	ate <u> </u>								
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