

# 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 Name <i>WV Democratic County Chairs Assn</i>		Candidate or Committee's Treasurer <i>Jerry Brookover</i>	
Political Party (for candidates) <i>Democrat</i>		Treasurer's Mailing Address (Street, Route or P.O. Box) <i>PO Box 280</i>	
Office Sought (for candidates)	District/Division	City, State, Zip Code <i>Elizabeth WV 26143</i>	Daytime Phone # <i>275-4314</i>

**Election Cycle Reporting Period (check one):**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Primary - First Report<br>Due March 25- 31, 2006 | <input type="checkbox"/> Pre-primary Report<br>Due April 22- 29, 2006 | <input type="checkbox"/> Post-primary Report<br>Due June 3- 9, 2006 |
| <input type="checkbox"/> General - First Report<br>Due Sept. 2- 8, 2006   | <input type="checkbox"/> Pre-general Report<br>Due Oct. 21- 28, 2006  | <input type="checkbox"/> Post-general Report<br>Due Dec 2- 8, 2006  |

**Check if Applicable:**

- Amended Report  
You must also check box of appropriate reporting period
- Final Report  
Zero balance required.  
PAC must also file Form F-6 Dissolution

**Non-Election Cycle Reporting Period:**

- Annual Report <sup>05</sup> Calendar Year  
Due last Saturday in March or within 6 days thereafter

## REPORT TOTALS

(Fill in totals after you have completed page 2)

### CASH BALANCE SUMMARY

<b>Beginning Balance</b> (ending balance from previous report) 1.			<i>3208.31</i>
<b>Total Contributions</b> (from Page 2) 2.	+		<i>710.00</i>
<b>Subtotal</b> (lines 1+2) 3.	=		<i>3918.31</i>
<b>Total Expenditures</b> (from Page 2) 4.	-		<i>0</i>
<b>Ending Balance</b> (lines 3-4)	=		<i>3918.31</i>
<i>*Cannot have a negative ending balance</i>			

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

*710.00*

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

*0*

**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
5/2	Wirt Co. Dem. Ex. Comm.	25			
5/2	Pleasants Co. " "	25			
5/2	Wood Co. " "	25			
5/2	Taylor Co. " "	25			
5/2	Kanawha Co. " " "	25			
5/2	Grant Co. " " "	25			
5/2	Putnam Co. " "	25			
5/2	Braxton Co. " "	25			

**Total Contributions:** (add both columns) 200.

Check if additional pages have been attached.

**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 Expenditures:**

**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, as required by West Virginia Code §3-8-5a.

\_\_\_\_\_ Signature of Candidate, Agent, or Treasurer

Date \_\_\_\_\_, 200\_\_\_\_\_.

Office Use Only

**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
5/2	Brooke Co. Dem Ex Comm	25			
5/2	Jackson Co. " " "	25			
5/2	Roane Co. Dem. Ex Comm	25			
5/2	Hampshire Co. " "	25			
5/2	Hardy Co. Dem " "	25			
5/2	Marion Co. " "	25			
5/2	Wyoming Co. " "	25			
5/2	Greenbrier Co. " "	25			

**Total Contributions:** (add both columns) 200.

Check if additional pages have been attached.

**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 Expenditures:**

**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, as required by West Virginia Code §3-8-5a.

\_\_\_\_\_ Signature of Candidate, Agent, or Treasurer

Date \_\_\_\_\_, 200\_\_\_\_\_.

Office Use Only

**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
5/2	Preston Co. Dem. Ex. Comm.	25			
5/2	Mingo Co " " "	25			
6/17	Mercer Co " " "	35			
6/17	Clay Co " "	25			
6/17	Lewis Co " "	25			
6/17	Marshall Co. " "	25			
6/17	Randolph Co " "	25			
6/17	Hampshire Co " "	25			

**Total Contributions:** (add both columns) 210.

Check if additional pages have been attached.

**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 Expenditures:**  

**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, as required by West Virginia Code §3-8-5a.

\_\_\_\_\_  
Signature of Candidate, Agent, or Treasurer

Date \_\_\_\_\_, 200\_\_\_\_\_.

Office Use Only

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
6/17	Upshire Co. Dem. Ex. Comm	25			
6/17	Jefferson Co. Dem. " "	25			
6/17	Barbour Co. " " "	25			
6/17	Raleigh Co. " " "	25			

Check if additional pages have been attached.

Total Contributions: (add both columns) 100.  
(4 pages) 710.00

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 Expenditures: \_\_\_\_\_

OATH OR AFFIRMATION

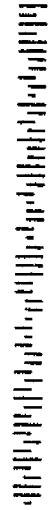
I, Jerry Brookover, swear or affirm that the attached statement is true and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Jerry Brookover Signature of Candidate, Agent, or Treasurer

Date 3-31, 2006

Office Use Only

RECEIVED  
JUN 15 06  
AM 11:50



Mr. Jerry  
PO Box  
Martinsburg, WV 26148



263  
JUN 14  
PM  
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263  
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WV 263

WV SECRETARY OF STATE  
ATTN: ~~SECRETARY~~ *Elections*  
1900 KANAWHA BLVD E, W-139  
CHARLESTON, WV 25305-0770