## 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 Na	me	Candidate or Committee's Treasurer				
MASON-JACKSON-RO Political Party (for candidate		RICHARD GILKEY Treasurer's Mailing Address (Street, Route or P.O. Box)				
Office Sought (for candidate	s) District/Division	P.O.BOX 182 City, State, Zip Code MIDDLEPORT OH 4576	Daytime Phone #			
Primary - First Report Due March 25- 31, 2006  General - First Report Due Sept. 2-8, 2006	Reporting Period (chec Pre-primary Report Due April 22- 29, 200 Pre-general Report Due Oct. 21- 28, 200	Post-general Report	Check if Applicable:  Amended Report You must also check box of appropriate reporting period  Final Report			
Non-Election Cycle Reporting Period:	Calendar Year day in March or nereafter	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.	\$ 1051.74
Total Contributions (from Page 2)		+ - 0 -
Subtotal (lines 1+2)	3.	= -0-
Total Expenditures (from Page 2)	4.	-
Ending Balance (lines 3-4)		= \$ 1051.74
*Cannot have a ne	gativ	e ending balance

## CONTRIBUTIONS

\$250 or less

\$250 or more

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Date	Full Name	Amount	Date				Amount
				Full Name: Address:			
		Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)					
	-		<b>†</b>	Full Name: Address:	<del>                                     </del>		
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			1	Full Name: Address:			
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				Full Name: Address:	113.3.46933		
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	eck if additional pages e been atached.		· · · · · · · · ·	Total Cont (add both	ributions:		
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Date	Full name, residence address (if po	erson); business a	ddress	if firm)	Purpose		Amount
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	ICHARD D.GILKEY to the best of my knowledge	of all finance	, sv	ear or affirm that the	e attached s	tatement is	true and
statemer	as required by West Virgini	ia Code §3-8-	5a.	isactions occurring v	vitilit the pe	andu covere	ed by tins
K							
1 fre	my V Mary			Signature o	of Candidate	, Agent, or	Treasurer
Date	JUNE 19 . 200 6						
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				EB	REGENA		

RICHARD GILKEY PO 182 ETHELEPORT OH 45760

> HUNTINGTON WY 25% 19 JUN 2006 PM

THE OFFICE OF THE SECRETARY OF STATE BLDG. 1 SUITE 157-K
1900 KAWAWHA BLVD.EAST CHARLESTON WV. 25305-0770

25305+0009