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 Hamp. Co. Damocratic Exec	Comm. Candidate or Committee Tire Harry No.				
Political Party (for candidates)		Treasurer's Mailing Address (Street, Route or P.O. Box) ア、の、 易なく ガフン			
Office Sought (for candidates) Distric	/Division City, State, Zip Code High View, WV 2	Daytime Phone #			
Due March 25- 31, 2006 Due Ap	eriod (check one): ary Report Post-primary Due June 3- eral Report Post-genera Due Dec. 2-	9, 2006 You must also check box of appropriate reporting period			
Reporting Period:	nnual Report Due in Calendar Yea ue last Saturday in March or within 6 ays thereafter	 			

. (Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	1. 741.68	TOTAL CONTRIBUTIONS		
Total Contributions (from Page 2)	2. +	ELECTION YEAR-TO-DATE (Add line 2 from all reports)		
Subtotal (lines 1+2)	3. =	TOTAL EVERNOLTHES		
Total Expenditures (from Page 2)	4 255,02	TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)		
Ending Balance (lines 3-4)	= 486,64			
*Cannot have a ne				

CONTRIBUTIONS

Less than \$250

\$250 or more

	Less man yzov				+200 01 111 0110		
Date	Full Name	Amount	Date			Amount	
				Full Name: Address: 			
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)			
				Full Name: Address:			
			_	Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)			
				Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)			
	Check if additional pages ave been atached.				ntributions: h columns)		
		TEMIZED E	XPE	NDITURES			
Date	Full name, residence address (if pe	rson); business a	ıddress	(if firm)	Purpose	Amount	
8/21	8/21 RRIBOX GE-E QUESTO WIN 26704			WV 26704	Postage	67.00	
Plate Full name, residence address (if person); business address (if firm) Plate Robert Walker Rebert Walker Rebert Walker Rel, Box 64-8 Augusta WV 26704 Plampshire County Fair Augusta WV 26704					Replace Doir on booth/Fairsmork Fee for booth	138.02	
8/29	1/29 Hampshire County Fair Auguste WV			sta wv	Fee for booth at Fairgrounds	50,00	
			70	26704			
	AS MANY COPIES S PAGE AS YOU NEED.				Total Expenditures:	255,02	
staten	et, to the best of my knowledge, nent, as required by West Virgini	of all finance	, sv	FIRMATION wear or affirm that ansactions occurring	the attached statemer g within the period co	nt is true and vered by this	
	2/04 200	i d		———— Signatur	e of Candidate, Agent	, or Treasurer	
Date_	707	<u>.</u> ·		T. 18 PARTE	Office Use Only		
	00 SEB - 8 W 3 SO BECENTED						



CLARKSBURG WV 263

OF SEP 2008 PM AT



Office of the Secretary of State, State Cepital Building 1, Room 157-K, 1900 Kanawha Blod, East. Charleston, WV 25305-0778