## 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 (FORMF-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  Mineral County Democrat Assoc,  Political Party (for candidates)   | Candidate or Committee's Treasurer  Pobert D OX  Treasurer's Mailing Address (Street, Route or P.O. Box)              |  |  |  |
|---|---|--|--|--|
| Office Sought (for candidates) District/Division  | City, State, Zip Code Daytime Phone #  KEYSER W/A 26726 304-813-6654  |  |  |  |
| Election Cycle Reporting Period (che Primary - First Report Due March 25- 31, 2006  General - First Report Due Sept. 2- 8, 2006  Pre-primary Report Due April 22- 29, 20 Pre-general Report Due Oct. 21- 28, 20 | Post-primary Report  Due June 3- 9, 2006  Post-general Report  Amended Report  You must also check box of appropriate |  |  |  |
|   | rtCalendar Year   |  |  |  |

## REPORT TOTALS

(Fill in totals after you have completed page 2)

## CASH BALANCE SUMMARY

| Beginning Balance (ending balance from previous report) |            |              | TOTAL CONTRIBUTIONS                                 |  |  |
|---|------------|--------------|---|--|--|
| Total Contributions (from Page 2)                       | 2. +       | -0-          | ELECTION YEAR-TO-DATE (Add line 2 from all reports) |  |  |
|   |            |              | -0-   |  |  |
| Subtotal (lines 1+2)                                    | 3. =       | 1631.36      | TOTAL EXPENDITURES                                  |  |  |
| Total Expenditures<br>(from Page 2)                     | 4          | -0-          | ELECTION YEAR-TO-DATE (Add line 4 from all reports) |  |  |
| Ending Balance<br>(lines 3-4)                           | =          | 1631. 36     | -0-   |  |  |
| *Cannot have a ne                                       | egative en | ding balance |   |  |  |

## CONTRIBUTIONS

\$250 or less

\$250 or more

|           |                                   | Ψ200 OI IC33                 |                     |         |  |                             |                              |                          |
|-----------|-----------------------------------|------------------------------|---------------------|---------|--|-----------------------------|------------------------------|--------------------------|
| Date      |                                   | Full Name                    | Amount              | Date    |  |                             |                              | Amount                   |
|           |                                   |                              |                     | ]       | Full Name:<br>Address:   |                             |                              |                          |
|           |                                   |                              |                     |         | Contributor's job: (Individual)<br>Where works: (Individual)<br>Affiliation: (Political committee) |                             |                              |                          |
|           |                                   |                              |                     |         | Full Name:<br>Address:   |                             |                              |                          |
|           |                                   |                              |                     |         | Contributor's job: (Individe<br>Where works: (Individual<br>Affiliation: (Political comm           |                             |                              |                          |
|           |                                   |                              |                     |         | Full Name:<br>Address:   |                             |                              |                          |
|           |                                   |                              |                     |         | Contributor's job: (Individi<br>Where works: (Individual)<br>Affiliation: (Political comm          |                             |                              |                          |
|           |                                   |                              |                     |         | Full Name:<br>Address:   |                             |                              |                          |
|           |                                   |                              |                     |         | Contributor's job: (Individual<br>Where works: (Individual<br>Affiliation: (Political com          |                             |                              |                          |
|           | 1 1                               | ATA I                        |                     |         | Total Cor  | ntributions:                | -0-                          | -                        |
|           |                                   | additional pages<br>atached. |                     |         | irod bos)  | n columns)                  |                              |                          |
| <u></u>   | · · ·                             |                              | ITEMIZED E          | XPE     | NDITURES   |                             |                              |                          |
| Date      | Fu                                | l name, residence addres     |                     |         |  | Purpose                     |                              | Amount                   |
|           |                                   |                              |                     |         |  |                             |                              |                          |
| <b></b> _ |                                   | i i                          |                     |         |  |                             |                              |                          |
|           |                                   |                              |                     |         |  |                             |                              |                          |
|           |                                   |                              |                     |         |  |                             |                              | -                        |
|           |                                   |                              |                     |         |  |                             | ·                            |                          |
|           |                                   |                              |                     |         |  |                             |                              |                          |
|           |                                   | COPIES<br>S YOU NEED.        |                     |         | -  | Total Expen                 | ditures:                     | ~0~                      |
|           |                                   | ,                            | OATHO               | R AF    | FIRMATION  |                             | ***                          |                          |
|           | V                                 | BERT W. CO                   | <b>,</b>            |         |  |                             |                              |                          |
|           | , to the                          | best of my knowle            | edge, of all financ | ial tra | wear or affirm that t<br>ansactions occurring  | he attached<br>within the p | statement is<br>period cover | s true and<br>ed by this |
| statem    | ent, as                           | required by West V           | irginia Code §3-8-  | ·ɔa.    |  |                             |                              |                          |
|           |                                   | 1 Jet 1 0                    | 2                   |         | Signature  | e of Candidat               | e. Agent. or                 | Treasurer                |
| Det       | Signature of Candidate, Agent, or |                              |                     |         |  |                             | • • • •                      |                          |
| ⊔ate_∠    | Pate Apr. 27 200 6                |                              |                     |         |  |                             |                              |                          |
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|           |                                   |                              |                     |         |  |                             |                              |                          |
|           |                                   |                              |                     |         | 1  |                             |                              | 1                        |

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SECRETARY OF STATE

Attn: Chuck Flannery

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