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 Political Party (for candidates)	h.t.	Candidate or Committee's Treasurer Leasurer's Mailing Address (Street, Route or P.O. Box) 304-436-420/			
Office Sought (for candidates)	District/Division	City, State, Zip Code	Daytime Phone #		
Primary - First Report Due March 25- 31, 2006 General - First Report Due Sept. 2- 8, 2006	orting Period (che 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	Check if Applicable: Amended Report You must also check box of appropriate reporting period Final Report		
Non-Election Cycle Reporting Period:	Annual ReportCalendar Year Due last Saturday in March or within 6 days thereafter		Zero balance required. PAC must also file Form F-6 Dissolution		
	REF	PORT TOTALS			

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	1.		TOTAL CONTRIBUTIONS		
Total Contributions (from Page 2)	2.	+0060	ELECTION YEAR-TO-DATE (Add line 2 from all reports)		
		Mone	nan		
Subtotal (lines 1+2)	3.	=	TOTAL EXPENDITURES		
Total Expenditures (from Page 2)	4.	_	ELECTION YEAR-TO-DATE (Add line 4 from all reports)		
Ending Balance (lines 3-4)		=	none		
*Cannot have a ne	gatir	ve ending balance			

CONTRIBUTIONS

\$250 or less

\$250 or more

WV SECRETARY OF STATE

Date	Full Name	Amount	Date			Amount		
				Full Name: Address:				
				Contributor's job: (Individ Where works: (Individual) Affiliation: (Political comm	ual)) nittee)			
				Full Name: Address:				
	111			Contributor's job: (Individ Where works: (Individual Affiliation: (Political comm)			
				Full Name: Address:				
				l. Where works: (Individual)	Contributor's job: (Individual)			
				Full Name: Address:				
			Contributor's job: (Individual) Where works: (Individual Affiliation: (Political committee)					
Chec have	ck if additional pages been atached.			Total Cor (add boti	ntributions:			
		ITEMIZED E	XPEN	IDITURES				
Date	Full name, residence address				Purpose	Amount		
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	(·				
	MANY COPIES AGE AS YOU NEED.)	• • •	-	Total Expenditures:			
		OATH O	R AF	FIRMATION				
	o the best of my knowled t, as required by West Vir		ial tra		he attached statement within the period cove			
Şe	ine Samo	T		Signature	e of Candidate, Agent, o	or Treasurer		
Date_ ×	Sept 200_7	<u> </u>						
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	SEP 1 2 2006							

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Secretary of State
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