State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2006. Election Year

For political committees, list the current election year. For candidates, list the current campaign or the year of an open past campaign.

Supply all information requested. It is required by WV Code §3-8-5a.

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. Have you made or accepted any loans to your campaign?
- 2. Have you had any fundraisers?
- 3. Have you received any miscellaneous receipts, such as refunds, checking account interest or transferred funds from a previous campaign?
- 4. Do you have any unpaid bills?
- 5. Have you or anyone else given an in-kind contribution to your campaign?

WUNFAC	SA	MH FLETCH	lec
Candidate or Committee Name	Candidate	or Committee's Treasurer	-
	HC	10 30+139	1
Political Party (for candidates)			
	$\mathcal{O}_{\mathcal{O}}$	AUIS LUV O	x6260 6370018
Office Sought (for candidates) District/	Division City, Sta	te, Zip Code	Daytime Phone #
Rep	orting Period (che	ck one)	
(Due last Saturday in March or within 6 days thereafter. This report filed for old campaigns or year following most recent election) (Due with filed for old campaigns or year first following most recent election)	st Primary we last Saturday in March nin 6 days thereafter. The report for current electio orting)	is is the before primary elec	(Due 25 to 31days
or within 6 days thereafter) (C	re-general Report oue 10 to 17 days efore general or necial election)	Post-general Report (Due 25 to 31 days after general or	PAC must also file Form
You must also check box of appropriate reporting period		*post general may also	be final report if "0"balance
Candidate or Committee Name Political Party (for candidates) Office Sought (for candidates) Rep Annual Report Calendar Year (Due last Saturday in March or within 6 days thereafter. This report filed for old campaigns or year following most recent election) First General Report (Due first Saturday in September or within 6 days thereafter) Amended Report (check if applicable) You must also check box of appropri-	Candidate Treasure City, Star Corting Period (che st Primary le last Saturday in March in 6 days thereafter. The report for current election corting) re-general Report lue 10 to 17 days efore general or lecial election)	r's Mailing Address (Street, Rote, Zip Code ck one) Pre-primary Report (Due 10 to 17 days before primary election) Post-general Report (Due 25 to 31 days after general or special election)	Daytime Phone # Post-primary Report (Due 25 to 31days after primary election) Final Report (Zero balance required PAC must also file Form F-6 Dissolution)

REPORT TOTALS

(Fill in totals after you have completed page 2)

Totals for this period

RECEIPTS 1. Total Contributions (Schedule 1A)	400
EXPENDITURES 2. Total Expenditures (Schedule 1B)	8

TOTAL RECEIPTS ELECTION YEAR-TO-DATE

(Add line B from all reports)

7191.24

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

594840

CASH BALANCE SUMMARY

CASH DALANCE SUMMARI		
A. Beginning Balance (ending balance from previous report	959.11	
B. Total Receipts (Line 1)	400.00	
C. Subtotal (Add lines A & B)	1354.11	
D.Total Expenditures (Line 2)	8.60	
E. Ending Balance (Subtract line D from line C)	1 351.11	
*Cannot be neg	ative balance	

CONTRIBUTIONS

\$250 or less

\$250 or more

,	230 OI IESS			·		
e	Full Name	Amount	Date			Amount
	List Fleschen			Full Name: Address: Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee))
	NEN	100		Full Name; Address: Contributor's job: (Individual)		
Joy	clue	50	1	Where works: (Individual) / Affiliation: (Political committee)		
FALL	Luane	25		Full Name: Address:		
	ELA CAUSUNE	25		Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)		
_	bana Kuster	l l		Full Name: Address:	•	
To Desu	ENSPIEL	25		Contributor's job: (Individual) Where works: (Individual Affiliation: (Political committee)		
					TOTAL	1100
					(both columns)	700

Sche	dul	e 1B
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ITEMIZED EXPENDITURES

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
4/8	BANKOUE/CLASE PUBOX1113 CLAN(ExTON)25324	SENVICE ESTLY AUG	500
	AS MANY COPIES S PAGE AS YOU NEED.	ТОТА	L 5-00

OATH OR AFFIRMATION

l,	SARAL	T. FLESchier	, swear o	or affirm that the attached statement is true and
correct,	to the best of r	ny knowledge, of all fina	ncial transaction	tions occurring within the period covered by this
stateme	ent.			
	San	Sut Hese	lti	Signature of Candidate, Agent, or Treasurer
Date	918	20006		organization of an annual of a grant of the annual of the

RÉCEIVED

SEP 1 2 2006

WV SECRETARY OF STATE



West Virginia Nurses Policital Action Committee c/o Sarah T. Fletcher, RN, Treasurer HC 70 Box 139 Davis, Wv 26260-9706

CLARKSBURG WV 263

TO MAY SENDED AND SELECTION OF



Secretary of State
Building I, Suite 157-K
1900 Kanawha Boulevard East
Charleston, WV 25305