## 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?

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Candidate or Committee Name	Candidate or Committee's Treasurer				
UMWA Local S958 PAC	Kewin Luthy				
Political Party (for candidates)	Treasurer's Mailing Address (Street, Route or P.O. Box)  14 F Wheatley Banch Road				
Office Sought (for candidates) District/Division	City, State, Zip Code Daytime Phone #				
	Chapmanuille WV 2550x 304855-9167				
Election Cycle Reporting Period (che					
Primary - First Report Due March 25- 31, 2006  Pre-primary Report Due April 22- 29, 20		Check if Applicable:  Amended Report You must also check			
General - First Report Pre-general Report Due Sept. 2- 8, 2006 Due Oct. 21- 28, 20	Post-general Report Due Dec 2- 8, 2006	box of appropriate reporting period			
	rtCalendar Year urday in March or thereafter	Final Report 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)	<b>1.</b>	£,563,32	Т
Total Contributions (from Page 2)	2.	+ 0	EI (.
Subtotal (lines 1+2)	3.	5 E. EdZ, d #- =	
Total Expenditures (from Page 2)	4.	- 0	EI ()
Ending Balance (lines 3-4)		= # 6,563.32	
*Cannot have a ne	egativ	ve ending balance	

TOTAL CONTRIBUTIONS
ELECTION YEAR-TO-DATE
(Add line 2 from all reports)

08,E1RIZ

TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)

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## **CONTRIBUTIONS**

Less than \$250

\$250 or more

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Date	Full Name	Amount	Date	Full Name:		Amount		
				Address: Contributor's job: (Individual)				
				Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)				
				Full Name: Address:				
				Contributor's job: (Individual) Where works: (Individual ) Affiliation: (Political committee)				
				Full Name: Address:				
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				Full Name: Address:				
				Contributor's job: (Individual) Where works: (Individual Affiliation: (Political committee)				
(	Check if additional pages  Total Contributions: (add both columns)		0					
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correc staten	ct, to the best of my knowledge, nent, as required by West Virginia	of all financ a Code 83-8-	ial tra -5a	nsactions occurring within the p	eriod cover	ed by this		
		a 00a0 30 0	ou.					
	Korne Juga			Signature of Candidate	e, Agent, or	Treasurer		
Date	918106 2000			ati di di	ZEUBETY!			
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SAINT FRANCIS HOSPITAL

333 Laidley Street • P.O. Box 471 • Charleston, WV 25322

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