State of West Virginia Campaign Financial Statement

(Supply all information requested. It is required by WV Code §3-8-5a.)								
IF YOUR ANSWER TO ANY OF THE FOLLOW MUST USE THE LONG FORM (FORM F-7) TO 1. Have you made or accepted any loans to y 2. Have you had any fundraisers? 3. Have you received any miscellaneous rece a previous campaign? 4. Do you have any unpaid bills? 5. Have you or anyone else given an in-kind of	FILE YOUR CAMPAIGN FINANCE your campaign? eipts, such as refunds, checking ac	E REPORT.						
Repor	ting Period (check one)	ederation of leasher						
First or Annual Due last Saturday in March or within 15 days thereafter.	e-Primary Post-prime 7 - 10 days before Due 25 - 3 a primary	o days after paign has zero balance, no loans or outstanding bills. Political committees						
Due last Saturday in September Du	e 7 - 10 days before a Due 25 - 3	ment of Dissolution (Form F-6). special election. with this report.)						
Candidate or Committee Name	Treasurer M	e Daniels						
Political Party (for candidates)	Treasurer's Mailing Address	Drive						
Office (for candidates)	Beckley, U	V 25801						
District/Circuit/Division (for candidates)	Treasurer's Daytime Phone #	83-5001						
(Complete pa	REPORT SUMMARY age 2 before entering totals on the Rep COLUMN A Totals for this reporting period	oort Summary) COLUMN B Totals for election cycle*						
Receipts 1. Total Contributions (Schedule 1A)	- O -							
Expenditures 2. Total Expenses (Schedule 1B)	-0-							
CASH BALANCE SU (For information about the Cash Balance S	*To get the numbers for Column B, add this report's Column A figures to Column B figures from the previous report. If this is the first report of the election cycle, Column B will be the same number as Column A.							
3. Beginning Balance (from previous report)								

4. Total Contributions (from line 1) 5. Subtotal (add lines 3 and 4) 6. Total Expenses (from line 2) 7. Ending Balance (subtract line 6 from line 5) (This number is incorrect if it reflects a negative balance.)

CONTRIBUTIONS

\$250 or more

	\$250 or less			<u> </u>		
Date	Fuil Name	Amount	Date	Full Name:		Amount
				Address:		
				Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)		
				Full Name: Address:		
	1			Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)		
	NIA			Full Name: Address:	i / / 1	
·	——————————————————————————————————————		1	Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)	YA	
				Full Name: Address:		
			1	Contributor's job: (Individual) Where works: (Individual Affiliation: (Political committee)	·	
					ATOT	l l
					(both column	s)
Schedu	ile 1B	ITEMIZED E	XPEN	DITURES	· 	
Date	Full name, residence address (if person);	; business address	s (if firm)	Purpos	se	Amount
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	1	IA				
	AS MANY COPIES S PAGE AS YOU NEED.				TOTAL	
		OATH (OR AF	FIRMATION		
State of	West Virginia, County of Roal	piah				
	chin McDaniels	swea	r or affi	m that the attached statement is	true and correct, to	the best of
knowied	lge, of all financial transactions occur	rring within the p	eriod c	overed by this statement.	n in	1
		•		Jaclys 16	1 CNave	Transurar
		H .	00 -	, (candidate, Agent, c	ii iieasuiei
Subscrib	ped and swom to before me this 1	day of	Ma	<u>.</u> , 200_5		
	OFFICIAL S			April 1	4, 2003	
	NOTARY P STATE OF WEST JERRI A. S	T VIRGINIA		My (Commission Expir	es
otary Seal	P. O. BOX BECKLEY, W	494 / 25801		\sim . · \sim	Ston	K
otar	My Commission Expire	es April 14, 2003		- Tolue !	nature of Notary P	ublic