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 DEMOCRATS FOR A REHER WVA. | Candidate or Committee's Treasurer Robert W. Cox Treasurer's Mailing Address (Street, Route or P.O. Box) 60 Old Orchard Drive | | | |
|--|--|--|--|--|
| | | | | |
| | City, State, Zip Code Daytime Phone # KEYSER UV 26726 304-813-6654 | | | |
| Election Cycle Reporting Period (check Primary - First Report Due March 25- 31, 2006 General - First Report Due Sept. 2- 8, 2006 Election Cycle Reporting Period (check Pre-primary Report Due April 22- 29, 2006 Pre-general Report Due Oct. 21- 28, 2006 | one): Check if Applicable: Amended Report You must also check box of appropriate Due June 3- 9, 2006 | | | |
| Non-Election Cycle Reporting Period: Annual Report Due last Saturda within 6 days the | | | | |

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

| Beginning Balance (ending balance from previous report) | 1. | 1,283.92 | | | | |
|---|----|------------|--|--|--|--|
| Total Contributions (from Page 2) | 2. | . + 0 - | | | | |
| Subtotal (lines 1+2) | 3. | = 1,283.92 | | | | |
| Total Expenditures (from Page 2) | 4. | 0 - | | | | |
| Ending Balance (lines 3-4) | | = 1,283.92 | | | | |
| *Cannot have a negative ending balance | | | | | | |

| TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports) |
|---|
| -0- |
| TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports) |
| -0- |

CONTRIBUTIONS

\$250 or less

\$250 or more

| | \$250 OI 1655 | | | - | 230 OF HIOTE | | |
|--------|--|---------------------------------------|----------|--|----------------------------------|------------------------------|------------------------|
| Date | Full Name | Amount | Date | | | | Amount |
| | | | | Full Name: Address: | | | |
| | | | 1. | 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: | | | |
| | | | 1 | Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee) | | | |
| | | | | Full Name: Address: | Full Name: | | |
| | | | | Contributor's job: (Individual) Where works: (Individual Affiliation: (Political committee) | | | |
| | Total Contributions: | | | | | 0 | |
| | Check if additional pages ave been atached. | | | (add boti | h columns) L | 1 | |
| ····· | | ITEMIZED E | XPE | NDITURES | | | |
| Date | Full name, residence address (if | | | | Purpose | | Amount |
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| | AS MANY COPIES S PAGE AS YOU NEED. | | | • | Total Exper | | -o- |
| | | OATH | R AF | FIRMATION | | | |
| | | · | | | | | |
| | Robert W. Cox | ge, of all finance | cial tra | wear or affirm that t ansactions occurring | the attached so within the po | statement is eriod covere | true and ed by this |
| staten | neht, as required by West Virg | inia Code §3-8 | | | | | |
| | Nost N. OR | | | Signatur | e of Candidate | e, Agent, or | Treasure |
| Date | act. 27 200-6 | • . | | | | | |
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Robert W. Cox
60 Old Orchand Drive
Keyser W/A 26726

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