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.

Candidate or Committee's Treasurer

- 1. Has your committee received any loans?
- 2. Has your committee held any fundraisers?

Candidate or Committee Name

- 3. Has your committee received any miscellaneous receipts, such as refunds or checking account interest?
- 4. Does your committee have any unpaid bills?

WEST VIRGINIA DEMOCRATIC COUNTY CHAIRS ASSN

- 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?

Political Party (for candidates		Treasurer's Mailing Address (Street, Route or P.O. Box) PO BOX 280			
Office Sought (for candidates) District/Division	City, State, Zip Code ELIZABETH WV 26143 275-	Daytime Phone # 4314 -—		
Election Cycle R	eporting Period (che	eck one):	Check if Applicable:		
Primary - First Report Due March 25- 31, 2006	Pre-primary Report Due April 22- 29, 20		Amended Report You must also check		
General - First Report Due Sept. 2- 8, 2006	Pre-general Report Due Oct. 21- 28, 20		box of appropriate reporting period		
Non-Election Cycle Reporting Period:	Annual Repo	rtCalendar Year urday in March or	Final Report Zero balance required. PAC must also file Form F-6 Dissolution		

JERRY BROOKOVER

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	1.		3,918.31	TOTAL CONTRIBUTIONS		
Total Contributions (from Page 2)	2.	+		ELECTION YEAR-TO-DATE (Add line 2 from all reports)		
	••			0.00		
Subtotal (lines 1+2)	3.	-		TOTALEXPENDITURES		
Total Expenditures (from Page 2)	4.			ELECTION YEAR-TO-DATE (Add line 4 from all reports)		
				0.0		
Ending Balance (lines 3-4)		=	3,918.31			
*Cannot have a ne	gati	ve ending balance	?			

CONTRIBUTIONS

Less than \$250

\$250 or more

	Less than \$250			\$250 of facte		
Date	Full Name	Amount	Date	Full Name:		Amount
	Full Name: Address: 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:			
		Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)				
				Full Name: Address:		
-		-	1	Contributor's job: (Individual) Where works: (Individual Affiliation: (Political committee)		
				Total Contributions (add both columns)	:	
	Check if additional pages wave been atached.			(add both columns)		
		ITEMIZED E	EXPEN	NDITURES		
Date	Full name, residence address (if				,	Amount
	I AS MANY COPIES IS PAGE AS YOU NEED.			Total Expe	nditures:	
<u> </u>	OTACE ACTION NEED.	OATH O	RAF	FIRMATION		
را	Terry Brookover		, sv	wear or affirm that the attached insactions occurring within the	I statement	is true and
	ct, to the best of my knowledg nent, as required by West Virgi			insactions occurring within the	period cove	red by this
State	nem, as required by vvest virgi	illa Code 30-0	-Ja.			
	Jenn Broken			Signature of Candida	ate Agent c	r Treasure
	Feb 5 200 7			Oighatare of Carlaide	no, rigorii, o	1 170abaro
Date_	1-eb 5 200)	·		AMORIA REST VIRGINIA	<u> 15 </u>	
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