State of West Virginia Campaign Financial Statement (Short Form) in Relation to the 2008 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?

Candidate or Committee Name

Candidate or Committee's Treasurer

Political Party (for candidates)

District/Division

City, State, Zip Code

Daytime Phone #

Office Sought (for candidates) Di	istrict/Division	City, State,	Zip Code	Daytime	e Phone #	
Election Cycle R	eportin	g Period (chec	k one):		Check if Applicable:		
Primary - First Report Due March 29 - April 4, 2008 General - First Report	Pre-general Report			Post-primary Report Due May 26 - 30, 2008 Post-general Report		Amended Report You must also check box of appropriate reporting period	
on-Election Cycle eporting Period:	- Due	Annual Report Due last Satur days thereafte	Due in	Due Nov. 17 - 21, 2008 Calendar Year ch or within 6		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)	1.		565. N	TOTAL CONTRIBUTIONS
Total Contributions (from Page 2)	2.	+ 8.00		ELECTION YEAR-TO-DATE (Add line 2 from all reports)
Subtotal (lines 1+2)	3.	=	565.00	TOTAL EVEN DETUDES
Total Expenditures (from Page 2)	4.		0.00	TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)
Ending Balance (lines 3-4)		=	565.00	0.00
*Cannot have a no	*Cannot have a negative ending balance			

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date				Amount	
				Full Name: Address:				
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)				
				Full Name: Address:				
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)				
				Full Name: Address:				
				Contributor's job: (Individual Where contributor work Affiliation: (Political com				
				Full Name: Address:				
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)				
Check if additional pages (add both columns) Check if additional pages (add both columns)								
	ITEMIZED EXPENDITUR	RES (Itemize	3rd	party expenditures	s/ reimbursen	nents)		
Date	Full name, residence address (if p	-			Purpose		Amount	
						-		
	AS MANY COPIES S PAGE AS YOU NEED.				Total Expend	ditures:	000	
		OATH C)R AF	FIRMATION				
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ı	Algher Bookn		. s	wear or affirm that	the attached	statement	is true and	
correc	t, to the best of my knowledge	, for all finan	cial tr	ansactions occurring	g within the p	eriod cove	ered by this	
staten	nent, as required by West Virgin	nia Code §3-8	3-5a.					
	11 1 - B	Mar /	-					
	A Car Soll			Signatu	re of Candidate			
Date 10-21 2009				HANGEN ISEM EO ELVIS Office Use Only in 240ES				
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