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 Monroe Co Democrat Executive	Candidate or Committee's Treasurer Joyce Pri ## Treasurer's Mailing Address (Street, Route or P.O. Box) RR 2 Box 279			
Political Party (for candidates) Com Democrat				
Office Sought (for candidates) District/Division	City, State, Zip Code	Daytime Phone #		
	Sinks Grove, WU24976	304-772-5357		
Election Cycle Reporting Period (che Primary - First Report Due March 29 - April 4, 2008 Pre-primary Report Due April 28 - May 2, General - First Report Due Sept. 22 - 26, 2008 Pre-general Report Due Oct. 20 - 24, 20	Post-primary Report Due May 26 - 30, 2008	Check if Applicable: Amended Report You must also check box of appropriate reporting period Final Report		
	rt Due in Calendar Year urday in March or within 6 er	Zero balance require 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.	1,105. 52		
Total Contributions (from Page 2)	2.	+ 0		
Subtotal (lines 1+2)	3.	= 1,105,52		
Total Expenditures (from Page 2)	4.	- 87.64		
Ending Balance (lines 3-4)		= /01/7.8 %		
*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)
87.64

CONTRIBUTORS OF:

\$250 or less

More than \$250

MAKE AS MANY COPIES Sonier Class. 75.9 Building for Convention 25.9 Convention 25.9 Convention 94/17/08 Monroe Watch man Newsfaper Publications 37.6	Address Contributor's (ic. (Individual)) Where conflicted works: (Individual) Address Contributor's (ic. (Individual)) Address Contributor's (ic. (Individual)) Address Contributor works: (Individual) Where conflicted works: (Individual) Address Contributor works: (Individual) Address Contributor works: (Individual) Address Contributor's (ic. (Individual)) Address (add both columns) Total Contributions: (add both columns) Total Contributions: (add both columns) American Contributor's (Individual) Address (add both columns) Total Contributions: (add both columns) American Contributor's (Individual) Address (add both columns) Total Contributions: Total Expenditures: Total Expenditures: Total Expenditures: Total Expenditures: Total Expenditures: Soft of the best of my knowledge, for all financial transactions occurring within the period covered by statement, as required by West Virginia Code §3-8-5a. Agas Autt Signature of Candidate, Agent, or Treat Office Use Only Office Use Only Office Use Only	Date	Fyll Name	Amount	Date				Amount	
Full Name: Address: Contributor's job: (individual) Where contributor works: (individual) Adfiliation: (Political committee) Full Name: Address: Contributor's job: (individual) Where contributor works: (individual) Where	Address: Contributor's lob: (Individual) Affiliation: (Political committee) Full Name: Address: Contributor's lob: (Individual) Affiliation: (Political committee) Full Name: Address: Contributor's lob: (Individual) Affiliation: (Political committee) Full Name: Address: Contributor's lob: (Individual) Affiliation: (Political committee) Full Name: Address: Contributor's lob: (Individual) Affiliation: (Political committee) Full Name: Address: Contributor's lob: (Individual) Affiliation: (Political committee) Full Name: Address: Contributor's lob: (Individual) Affiliation: (Political committee) Full Name: Address: Contributor's lob: (Individual) Affiliation: (Political committee) Full Name: Address: Contributor's lob: (Individual) Affiliation: (Political committee) Full Name: Address: Contributor's lob: (Individual) Affiliation: (Political committee) Full Name: Address: Contributoris lob: (Individual) Affiliation: (Political committee) Full Name: Address: Contributor's lob: (Individual) Affiliation: (Political committee) Full Name: Address: Contributor's lob: (Individual) Affiliation: (Political committee) Full Name: Address: Contributor's lob: (Individual) Affiliation: (Political committee) Full Name: Address: Contributor's lob: (Individual) Affiliation: (Political committee) Full Name: Address: Contributor's lob: (Individual) Affiliation: (Political committee) Full Name: Address: Contributor's lob: (Individual) Affiliation: (Political committee) Full Name: Address: Contributor's lob: (Individual) Affiliation: (Political committee) Full Name: Address: Contributor's lob: (Individual) Affiliation: (Political committee) Full Name: Address: Contributor's lob: (Individual) Affiliation: (Political committee) Full Name: Address: Contributor's lob: (Individual) Affiliation: (Political committee) Full Name: Address: Contributor's lob: (Individual) Affiliation: (Political committee) Full Name: Affiliation: (Political committee) Full Name: Affiliation: (Political committee) Full Name: Affiliation: (Po		N/4							
Address: Contributor's job: (Individual) Affiliation: (Political committee) Full Name: Address: Contributor's job: (Individual) Affiliation: (Political committee) Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) Full Name: Address: Contributor works: (Individual) Affiliation: (Political committee) Total Contributions: (add both columns) Affiliation: (Political committee) Total Contributions: (add both columns) Date Full name, residence address (if person); business address (if firm) Purpose An JIMAS Project G raudation Sanist Class. Total Expenditures: An An An An An An An An An A	Address: Contributor's job: (Individual) Where confiduor works (Individual) Affiliation: (Political committee) Full Name: Address: Contributor's job: (Individual) Where confiduor works (Indi		T A			Contributor's job: (Individ Where contributor works Affiliation: (Political comm	ual) : (Individual) iittee)			
Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) Full Name: Address: Contributor's iob: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) Check if additional pages have been atached. ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/ reimbursements) Date Full name, residence address (if person); business address (if firm) Purpose An An ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/ reimbursements) Date Full name, residence address (if person); business address (if firm) Purpose An An ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/ reimbursements) Date Full name, residence address (if person); business address (if firm) Purpose An An ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/ reimbursements) Date Full name, residence address (if person); business address (if firm) Purpose An An ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/ reimbursements) Date Full name, residence address (if person); business address (if firm) Purpose An An ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/ reimbursements) Date Full name, residence address (if person); business address (if firm) Purpose An An ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/ reimbursements) Purpose An An ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/ reimbursements) An ITEMIZED EXPENDITU	Full Name: Address: Contributor's job: (individual) Affiliation. (Policial committee) Check if additional pages have been atached. ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/ reimbursements) Date Full name, residence address (if person): business address (if firm) Purpose Amage Monroe Senior Center Wortch man Meus Paper OATH OR AFFIRMATION I. Conventing OATH OR AFFIRMATION OATH OR AFFIRMATION OATH OR AFFIRMATION Signature of Candidate, Agent, or Treat Date Page Signature of Candidate, Agent, or Treat Date Page Signature of Candidate, Agent, or Treat Date Page Signature of Candidate, Agent, or Treat Office Use Only Soffice Use Only Signature of Candidate, Agent, or Treat Office Use Only Signature of Candidate, Agent, or Treat Signature of Candidate, Agent, or Treat Office Use Only Soffice Use Only Soffice Use Only Soffice Use Only		Full Name:							
Address: Contributor spot: (Individual) Where contributor works: (Individual) Affiliation. (Political committee) Full Name: Address: Contributor works: (Individual) Where contributor works: (Individual) Where contributor works: (Individual) Where contributor works: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) Total Contributors: (add both columns) Total Contributors: (add both columns) Date Full name, residence address (if person); business address (if firm) Purpose An Total Contributors: (add both columns) An Total Expenditures: 37. An Total Expenditures: 37. Total Expenditures: 37.	Address Contributor's jeb: (Individual) Where contributor works: Individual) Where contributor works: (Individual) Affiliation: (Political committee)					Contributor's job: (Individ Where contributor works Affiliation: (Political comr	lual) s: (Individual) nittee)			
Where contributor works: (Individual) Affiliation: (Political committee) Address: Contributor's iob: (Individual) Where contributor works: (Indiv	Where contributes works: (Individual) Address: Contributors iob: (Individual) Address: Contributors iob: (Individual) Address: Contributor works: (Individual) Address: Contributor works: (Individual) Address: And Contributions: (add both columns) ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/ reimbursements) Date Full name, residence address (If person); business address (If firm) Purpose Amo Amo Julian for Convention Author for Senior Class, 75.45 Author for Convention Convention Author for Convention Convention Author for Convention Convention Author for Convention Conv									
Address: Contributor's iob: (Individual) Where contributor works: (Individual) Where contributor works: (Individual) Where contributor works: (Individual) Where contributor works: (Individual) Where contributions: (add both columns) Total Contributions: (add both columns) ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/ reimbursements) Date Full name, residence address (if person); business address (if firm) Purpose An July JMHS Project Graudation Sonier Closs. 25.9 While Monroe Senior Center Convention Total Expenditures: 87.	Check if additional pages have been atached. ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/ reimbursements) Date Full name, residence address (if person), business address (if firm) Purpose Amount of Senier Class 25.4 Total Contributions: (add both columns) Affiliation: (Policial committee) ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/ reimbursements) Purpose Amount of Senier Class 25.4 Monroe Senior Center Convention 37.4 Make as Many copies OF This Page As You NEED. OATH OR AFFIRMATION AMAKE AS MANY COPIES OF THIS PAGE AS YOU NEED. OATH OR AFFIRMATION AMAKE AS MANY COPIES OF This Page As You Need to make the attached statement is true correct to the best of my knowledge, for all financial transactions occurring within the period covered by statement, as required by West Virginia Code §3-8-5a. Agrae Full Signature of Candidate, Agent, or Treat Date 4/49/ 2008 Office Use Only					I Where contributor works	s: (Individual)			
Where contributor works: (Individual) Affiliation: (Political committee) Total Contributions: (add both columns) Total Contributions: (add both columns) ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/ reimbursements) Date Full name, residence address (if person); business address (if firm) Purpose An Jan Jan Jan Project Grandation Sanier Class, 75.9 Julian for Convention Value Monroe Senior Center Watch man Newsfaper Publications 37.6 MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.	Where confribution contributions Affiliation (Pictucal committee)									
Check if additional pages have been atached. ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/ reimbursements)	Check if additional pages have been atached. ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/ reimbursements) Date Full name, residence address (if person); business address (if firm) Purpose Among Senior Class. 75.99 12/05 Monroe Senior Center Convention Watch man Newspaper Convention Qualitations 37.99 OATH OR AFFIRMATION I. Joyce Fut OATH OR AFFIRMATION OATH OR AFFIRMATION Signature of Candidate, Agent, or Trease Date 4/29/ Signature of Candidate, Agent, or Trease Date 4/29/ Signature of Candidate, Agent, or Trease Office Use Only Office Use Only Office Use Only					Where contributor works	s: (Individual)			
Date Full name, residence address (if person); business address (if firm) Purpose And Mark of Total Expenditures: 87.	Date Full name, residence address (if person); business address (if firm) Purpose Amo Senier Class. 75.4 Purpose Amo Senier Class. 75.4 Purpose Amo Senier Class. 75.4 Building for Convention 25.4 Convention Publications 37.4 MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED. OATH OR AFFIRMATION I. Occupant Senior Center Senior Class. OATH OR AFFIRMATION I. Occupant Senior Class. 75.4 OATH OR AFFIRMATION I. Superfix Senior Class. 75.4 OATH OR AFFIRMATION I. Superfix Senior Class. 75.4 Senior Class. 75.4	Check if additional pages (add both columns)								
MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED. Sonier Class. 75.9 Building for Convention 25.9 Convention Publications 37.6	MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED. OATH OR AFFIRMATION I. Joyce first statement, as required by West Virginia Code §3-8-5a. Date 4/29/ Date 4/29/ Date 4/29/ Date 4/29/ Date 4/29/ Date 2/29/		ITEMIZED EXPENDITURES	(Itemize	3rd p	party expenditures	s/ reimbursem	ents)		
MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED. Building for Convention 25. Convention Publications 37. Total Expenditures: 87.	Make as many copies OF THIS PAGE AS YOU NEED. OATH OR AFFIRMATION I		Full name, residence address (if perso	n); business a	ddress	(if firm)	Purpose		Amount	
MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED. Convention Convention Publications 37.	MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED. OATH OR AFFIRMATION I	3/4/00	JMHS Project Gra	aud at 1 or	2		Somer Clas	ss. A	5. 00	
MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED. Convention Publications 37.6 Total Expenditures: 87.	MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED. OATH OR AFFIRMATION I,	4/12/08	Monroe Senior Center				Building for	3F 2	5. <u>°°</u>	
MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED. Total Expenditures: \$7.	MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED. OATH OR AFFIRMATION I,	4/17/08			No	ews paper	convention		7 64	
OF THIS PAGE AS YOU NEED.	OF THIS PAGE AS YOU NEED. OATH OR AFFIRMATION I,									
OF THIS PAGE AS YOU NEED.	OF THIS PAGE AS YOU NEED. OATH OR AFFIRMATION I,									
OATH OR AFFIRMATION	swear or affirm that the attached statement is true correct to the best of my knowledge, for all financial transactions occurring within the period covered by statement, as required by West Virginia Code §3-8-5a. Signature of Candidate, Agent, or Treason Date 4/29/						Total Expend	itures: 🙎	7. 49	
	correct/to the best of my knowledge, for all financial transactions occurring within the period covered by statement, as required by West Virginia Code §3-8-5a. Signature of Candidate, Agent, or Trease Date 4/29 . Office Use Only		72	OATH O	RAF	FIRMATION				
correct/to the best of my knowledge, for all financial transactions occurring within the period covered be	Date 4/29/ , 20 0 8 . Office Use Only									
// //	Office Use Only		Joege Frith			Signatur	e of Candidate	, Agent, or	Treasure	
		Date	, 2008.				3.2	<u>"</u>		
	30 :01 MA 1 - YAM 800S						90:01 MA 1-	- YAM 800S	•	



Joyce Pritt Rt. 2 Box 279 Pickaway, WV 24976 Betly Luland Sert of State 1309! Linte 157-K 1900 Konowho selvy E. Charleston, M. 9 25305

MOROCOMOCOON COOL

Bertettetter filleren felt fres fles eller teleferte freite ferte freite f