## 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?

Political Party (for candidates)  Office Sought (for candidates)	Signon/PAC Wayne D. S Treasurer's Mailing Ad			
Due March 29 - April 4, 2008 Due  General - First Report Pre	-primary Report Post-prima April 28 - May 2, 2008 Due May 26 -general Report Post-gener	You must also check box of appropriate		
Non-Election Cycle Reporting Period:	Annual Report Due in Calendar Ye Due last Saturday in March or within 6 days thereafter	Zero balance required.		

## REPORT TOTALS

(Fill in totals after you have completed page 2)

## CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	1.	\$ 1,315.77		
Total Contributions (from Page 2)	2.	+ 0		
Subtotal (lines 1+2)	3.	= <sup>\$</sup> 1, 315, 77		
Total Expenditures (from Page 2)	4.	- 0		
Ending Balance (lines 3-4)		=\$1,315.77		
*Cannot have a negative ending balance				

TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)

\$ 491.50

TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)

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## **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 works: (Individual) Affiliation: (Political committee)				
				Full Name: Address:				
				Contributor's job: (Individual)				
	Check if additional pages (add both columns)  Check if additional pages (add both columns)							
				party expenditures/ reimbursements)				
Date	Full name, residence address (if per	son); business a	ddress	(if firm) Purpose	Amount			
-			***					
	AS MANY COPIES IS PAGE AS YOU NEED.			Total Expenditures:	0			
		OATH O	R AF	FIRMATION				
correc	vayne D. Spangler ot, to the best of my knowledge, nent, as required by West Virginia	for all finance	cial tra	wear or affirm that the attached statement ansactions occurring within the period cover	is true and ered by this			
	Nayne D. Span April 29 2008	gler		Signature of Candidate, Agent, o	or (reasurer)			
Date_	April 29 2008			Office Use Only				
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	Received By:							
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