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 ir terest?
- 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 Nan	Democrat Conum.	Candidate or Committee's Treasurer	1		
Political Party (for candidates Office Sought (for candidates		Treasurer's Mailing Address (Street, Route or P.O. Box) POR 403 City, Ştate, Zip Code / / / Daytime Phone #			
	Reporting Period (chec	West Hamlin, WV	314-824-2089		
Primary - First Report Due March 29 - April 4, 2008	Pre-primary Report Due April 28 - May 2,	Post-primary Report	Check if Applicable: Amended Report You must also check		
General - First Report Due Sept. 22 - 26, 2008	Pre-general Report Due Oct. 20 - 24, 200	box of appropriate reporting period Final Report			
Non-Election Cycle Reporting Period:		Due in Calendar Year rday in March or within 6 r	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.	1738.06	TOTAL CONTRIBUTIONS
Total Contributions (from Page 2) 2.	+ -0-	ELECTION YEAR-TO-DATE (Add line 2; from all reports)
Subtotal (lines 1+2) 3.	= 1738.06	-O- •
Total Expenditures (from Page 2) 4.	0-	TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)
Ending Balance (lines 3-4)	= 1738.06	0 -
*Cannot have a negative	e ending balance	2009 MAY -2 PM 3:

CONTRACTOR OF STATE O

CONTRIBUTORS OF:

\$250 or less

More than \$250

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Date	Full Name	Amount	Date				Amount	
				Full Name: Address:				
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)				
				Full Name: Address:			Triple	
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<i>(</i>	Check if additional pages			Total Co	ntributions:	0-		
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	ITEMIZED EXPENDITURE	S (Itemize	3rd p	arty expenditures	s/ reimburseme	nts)		
Date	Full name, residence address (if pers				Purpose		Amount	
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	AS MANY COPIES S PAGE AS YOU NEED.			·	Total Expenditu	res:		
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	Julia (Jay	ruson		Signatur	e of Candidate, A	gent, or Ti	reasurer	
Date_	//ay 2, 2008.					43		
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Judith A. Johnson PO Box 403 West Hamlin, WV 25571

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Secretary of State Building 1, Suite 157-K 1900 Kanawha Blvd., East Charleston, WV 25305