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

Due March 25-31, 2006 General - First Report Due Sept. 2-8, 2006	□ p	ue April 22- 29, 200 re-general Report ue Oct. 21- 28, 200	06 — Du	e J une 3-9, 2006 st-general Report e Dec 2-8, 2006		You must also check box of appropriate reporting period Final Report Zero balance required.
Election Cycle Primary - First Report Due March 25, 31, 2006	P	re-primary Report	ck one):	5/26-5/36/C st-primery Report	ld	eck if Applicable: Amended Report
Office Sought (for candidates	s)	District/Division	City State Zip	/	Daytime	Phone # 3 v 4 - 732 - 7/ Ks
Candidate or Complittee Nan WYOMING COUNTY Political Party for candidates	Dem	OCRATIC EXE COMM	Treasurer's Mai	ommittee's (Treasure) (AMBE) Illing Address (Street,	? 7	r P.O. Box)

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

			And the second s
Beginning Balance (ending balance from previous report)	1.		76.16
Total Contributions (from Page 2)	2.	+	-0-
Subtotal (lines 1+2)	3.	=	76.16
Total Expenditures (from Page 2)	4.	_	-0-
Ending Balance (lines 3-4)		=	76.16
*Cannot have a nego	ativ	re end	ling 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)	
-0-	

CONTRIBUTIONS

\$250 or less

\$250 or more

Date	Full Name		T		
Date	Full Name	Amount	Date	Fuil Name:	Amount
	N/A.			Address:	
	7,			Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)	ŀ
				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)	,
	k if additional pages		•	Total Contributions:	
have	been atached.				
	r	TEMIZED E	XPEN	DITURES	
Date	Full name, residence address (if per	son); business ac	ddress (f firm) Purpose	~Amount
	N/A	œ.			
	7				
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AKE AS M	ANY COPIES				133.8T . 9 88
F THIS PA	GE AS YOU NEED.			Total Expenditur	res:
orrect, to tatement,	the best of my knowledge, as required by West Virginia	Cof all financia	_, swa	RMATION ear or affirm that the attached state sactions occurring within the period	ement is true and d covered by this
	Tay Xambe	rt		Signature of Candidate, Ag	gent, o Treasurer
ate	ay 27 , 200 8	•			<u> </u>
				VINUCOffice Use Only IV	.5
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Sentary State 157 K
Bldg I Suite 157 K
1900 Kanawha Blod East
1900 Kanawha Blod East
Charleston W U 253 05-0770

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