## 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  RFT Randolph Cope  Political Party (for candidates)   | Candidate or Committee's Treasurer  Necole 5 Rold  Treasurer  Address (Street Boyle at B.O. Boyle)          |   |
|--|---|---|
| Office Sought (for candidates)  District/Division  | Treasurer's Mailing Address (Street, Route or P.O. Box)  PO Box 33 9  City, State, Zip Code Daytime Phone # | -   |
| Election Cycle Reporting Period (check Primary - First Report Due March 29 - April 4, 2008  General - First Report Due Sept. 22 - 26, 2008  Pre-primary Report Due April 28 - May 2,  Pre-general Report Due Oct. 20 - 24, 200 | 2008 Post-primary Report Due May 26 - 30, 2008  Post-general Report  Post-general Report                    | eck   |
| MOH-FIECHON CACIE  | t Due in Calendar Year Irday in March or within 6  Zero balance required PAC must also file                 | Zero balance required<br>PAC must also file<br>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. | 1261 60  | TOTAL CONTRIBUTIONS                                 |
|---|----|----------|---|
| Total Contributions (from Page 2)                       | 2. | +        | ELECTION YEAR-TO-DATE (Add line 2 from all reports) |
| Subtotal<br>(lines 1+2)                                 | 3. | = -      | TOTAL EXPENDITURES                                  |
| Total Expenditures<br>(from Page 2)                     | 4. | - 50000  | ELECTION YEAR-TO-DATE (Add line 4 from all reports) |
| Ending Balance (lines 3-4)                              |    | = 761 66 |   |
| *Cannot have a ne                                       |    |          |   |

## CONTRIBUTORS OF:

\$250 or less

More than \$250

| Date   | Full Name  | Amount       | Date                 |   |  | Amount            |  |  |  |  |  |  |
|--|--|--------------|----------------------|---|--|-------------------|--|--|--|--|--|--|
|  |  |              |                      | Full Name: Address:   |  |                   |  |  |  |  |  |  |
|  |  |              |                      | Contributor's job: (Individu<br>Where contributor works:<br>Affiliation: (Political commi                                     |  |                   |  |  |  |  |  |  |
|  |  |              |                      | Full Name:<br>Address:  |  |                   |  |  |  |  |  |  |
|  |  |              |                      | Contributor's job: (Individu  | Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) |                   |  |  |  |  |  |  |
|  |  |              |                      | Full Name:<br>Address:  |  |                   |  |  |  |  |  |  |
|  |  |              |                      | Contributor's job: (Individu<br>Where contributor works<br>Affiliation: (Political comm                                       |  |                   |  |  |  |  |  |  |
|  |  |              |                      | Full Name: Address:  Contributor's jeb: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) |  |                   |  |  |  |  |  |  |
|  |  |              | 1                    |   |  |                   |  |  |  |  |  |  |
| Check if additional pages (add both columns) |  |              |                      |   |  |                   |  |  |  |  |  |  |
|  | ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/ reimbursements) |              |                      |   |  |                   |  |  |  |  |  |  |
| Date   | Full name, residence address (if pe                                    | •            |                      |   | Purpose  | Amount            |  |  |  |  |  |  |
| 4/8  | Thomas Ditty Rt<br>Committee to Elect                                  | 33 E1        | Kins                 | > WV.   |  |                   |  |  |  |  |  |  |
|  | Committee to Elect   | ty           | for campuic purposes | yn 50000  |  |                   |  |  |  |  |  |  |
|  |  |              |                      |   |  |                   |  |  |  |  |  |  |
|  |  |              |                      |   |  |                   |  |  |  |  |  |  |
|  |  |              |                      |   |  |                   |  |  |  |  |  |  |
|  | AS MANY COPIES<br>IS PAGE AS YOU NEED.                                 |              |                      | -   | Total Expenditure  | es: 500°C         |  |  |  |  |  |  |
|  |  | OATH C       | R AF                 | FIRMATION   |  |                   |  |  |  |  |  |  |
|  | \  |              |                      | •   |  |                   |  |  |  |  |  |  |
| I, <b>\</b>                                  | Vecolle S Baldt  |              | , s                  | wear or affirm that t   | he attached state  | ment is true and  |  |  |  |  |  |  |
|  | ct, to the best of my knowledge,<br>ment, as required by West Virgini  |              |                      | ansactions occurring  | g within the period  | covered by this   |  |  |  |  |  |  |
|  | Mecalle & Bu   | Ur           |                      | Signature   | e of Candidate, Ag   | ent, or Treasurer |  |  |  |  |  |  |
| Date_  | May 14 20 08   |              | ANDAM ISON 40 EMAIS  |   |  |                   |  |  |  |  |  |  |
|  | 8  |              | Office Use Only      |   |  |                   |  |  |  |  |  |  |
| SE:11MA 31 YAM 800S                          |  |              |                      |   |  |                   |  |  |  |  |  |  |
|  |  | Received By: |                      |   |  |                   |  |  |  |  |  |  |

Necolle Baldt

PO Box 339, Beverly, WY 26253

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