# 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 DOC PAC	Candidate or Committee's Treasurer Theresa A. Waxman Treasurer's Mailing Address (Street, Route or P.O. Box) Rt. 1, Box 352		
Political Party (for candidates)			
Office Sought (for candidates) District/Division	City, State, Zip Code Clarksburg, WV 26301	Daytime Phone # 304 624-6548	
	Post-primary Report Due May 26 - 30, 2008  Post-general Report	Check if Applicable:  Amended Report You must also check box of appropriate reporting period  Final Report 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.		133.55	TOTALO	
Total Contributions (from Page 2) 2.	+	100.00	ELECTIO (Add line	
Subtotal (lines 1+2) 3.	=	233.55	TOTALE	
Total Expenditures (from Page 2) 4.	-	0	ELECTIO	
Ending Balance (lines 3-4)	=	233.55		
*Cannot have a negati	ve ending balance			

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

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

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### CONTRIBUTORS OF:

\$250 or less

More than \$250

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Date	Full Name	Amount	Date		Amount
5/12/08	Theresa A. Waxman	\$100.00		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)	
		C		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)	
	Check if additional pages have been atached.			Total Contributions: (add both columns)	100.0
	ITEMIZED EXPENDITURE	S (Itemize	3rd	party expenditures/ reimbursem	ients)
Date	Full name, residence address (if pers	on); business a	ddress	(if firm) Purpose	Amount
	155				
	AS MANY COPIES		**	Total Expend	itures:
OF TH	IIS PAGE AS YOU NEED.		<del></del>	and the second s	
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	1 0 111				
I,	heresa A. Waxman ct, to the best of my knowledge, f	or all finan	, S	wear or affirm that the attached s	tatement is true an
	ment, as required by West Virginia			ansactions occurring within the pe	snou covered by the
	, ,	3			
	Theresa a Waxman 20 08			Signature of Candidate	, Agent, or Treasure
D-4-	May 70 22 08			ŭ	
Date	17 Lay 28 , 20 04.			With the pont	
				STATE TO STATE	S FIN'S
					5.33
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				Received By:	7H U007

The office of the Secretary of State Building 1, Suite 157-K 1900 Kanawha Blvd. East Charleston, WV 25305-0770 DOC PAC Rt. 1, Box 352 Clarksburg, WV 26301





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# App DELIVERY CONFIRMATION TO



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