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 Kanawha Valley Labor Council, AFL-CIO-COPE	Candidate or Committee's Treasurer Joan M. Matthews				
Political Party (for candidates)	Treasurer's Mailing Address (Street 221 shepherd Avenue	Treasurer's Mailing Address (Street, Foute or P.O. Box) 221 shepherd Avenue			
Office Sought (for candidates) District/Division	City, State, Zip Code So. Charleston, WV 25303	Caytime Phone # 3.04-744-5174			
1011-FIECHON GACIE	Post-primary Report Due May 26 - 30, 2008 The Post-general Report Due Nov. 17 - 21, 2008 Port Due in Calendar Year Dury aturday in March or within 6	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

1 2000		•	
Beginning Balance (ending balance from previous report) 1.	\$391.12	TOTAL	
Total Contributions (from Page 2) 2.	+	ELECTI (Addli	
Subtotal (lines 1+2) 3.	= 391.12	TOTA	
Total Expenditures (from Page 2) 4.	_	ELECTI (Add lin	
Ending Balance (lines 3-4)	= 391.12		
*Cannot have a negative	e ending balance		

TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)
250.00
TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)
-0-

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date				Amount		
				Full Name: Address:	-				
				Contributor's job: (Individ Where contributor works Affiliation: (Political comm	iual) s: (Individual) nittee)				
				Full Name: Address:					
391.12		\$391.12		Contributor's job: (Individual Where contributor works Affiliation: (Political communication)	dual) s: (Individual) mittee)				
				Full Name: Address:		·			
				Contributor's job: (Individ Where contributor work Affiliation: (Political com	dual) s: (Individual mittee)				
				Full Name: Address:					
				Contributor's job: (Individual Where contributor work: Affiliation: (Political communication)	ibutor's job: (Individual) e contributor works: (Individual) tion: (Political committee)				
	Check if additional pages have been atached.			Total Co (add bot	ntributions: h columns)	- o			
	ITEMIZED EXPENDITURE	S (Itemize	3rd p	party expenditures	s/ reimburse	ements)			
Date	Full name, residence address (if pers	son); business a	ddress	(if firm)	Purpose		Amount		
					 				
				,	 				
	E AS MANY COPIES IIS PAGE AS YOU NEED.				Total Exper	nditures:	-0-		
5 ···	OATH OR AFFIRMATION								
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	of to the least of all the				inc attached	Statement	. io trao arra		
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Min Admin 1705

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Kanawha Valley Labor Council

600 LEON SULLIVAN WAY CHARLESTON, WEST VIRGINIA 25301 PHONE (304) 744-5174

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Building 1, Swite 157-K
Charleston, W. 26305