## State of West Virginia Campaign Financial Statement (Short Form) in Relation to Mid-Atlanta 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 Mid-Atlantic Regional Council of Carpenters PAC	Candidate or Committee's Treas urer Rick Eppard		
Political Party (for candidates)  Office Sought (for candidates)  District/Division	• • •	Paytime Phone #	
	Post-primary Report (Due 13 days after Primary election days) or within 4 business days)  Post-general Report (Due 13 days after Primary election	You must also check box of appropriate	

## REPORT TOTALS

(Fill in totals after you have completed page 2)

## **CASH BALANCE SUMMARY**

Beginning Balance (ending balance from previous report) 1.	6,000.00	1 To			
Total Contributions (from Page 2) 2.	+ 0.00				
Subtotal (lines 1+2) 3.	= 6,000.00				
Total Expenditures (from Page 2) 4.	_ 0.00	and the same of th			
Ending Balance (lines 3-4)	= 6,000.00				
*Cannot have a negative ending balance					

FOTAL CONTRIBUTIONS FLECTION YEAR-TO-DATE (Add line 2 from all reports)
 6,000.00
FOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)
0.00

## CONTRIBUTORS OF:

\$250 or Less

More than \$250

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Date	Full Name	Amount	Date	Full Name:		Amount			
			n der a ven	Address:					
			6	Contributor's job: (Individual) Where contributor works: (Ind Affiliation: (Political committee	diridual) )				
				Full Name: Address:					
				Contributor's job: (Individual) Where contributor works: (In Affiliation: (Political committee	d /idual)				
				Full Name: Address:					
			0.000	Contributor's job: (Individual) Where contributor works: (In Affiliation: (Political committee	d <i>i</i> idual)				
				Full Name: Address:					
				Contributor's job: (Individual) Where contributor works: (In Affiliation: (Political committee	d vidual)				
Check if additional pages  Check if additional pages  have been atached.  Total Contributions:  (add both columns)									
, , , , , , , , , , , , , , , , , , , ,	ITEMIZED EXPENDIT	ΓURES (Item	ize 3	rd pary expenditures/	reimbursements)				
Date	Full name, residence address (if p				Purpose	Amount			
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	AS MANY COPIES S PAGE AS YOU NEED.			Tot	al Expenditures:	0.00			
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	ct, to the best of my knowledge nent, strequired by West Virgin			ansactions occurring w	ithin the period cove	red by this			
Staten	liert, astrequired by West light	ina Gode 33-0-	Ja.						
;	Twalson 10 Mily	J		Signature of	f Candidate, Agent, o	r Treasurer			
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Date_	<u>4-24-08</u> , 20	_ <b>·</b>			f ce Use Only				
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