## 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?

Candidate or Committee Name McDowell County Republican Executive Committee	Candidate or Committee's Treasurer Michael F. Lushbaugh			
Political Party (for candidates)	Treasurer's Mailing Address (Stree) 72 Summers Street	, Route or P.O. Box)		
Office Sought (for candidates) District/Division	City, State, Zip Code Welch, WV 24801	Daytime 304-436	e Phone# 6-5267	
Election Cycle Reporting Period (cheen Primary - First Report Due March 29 - April 4, 2008 Pre-primary Report Due April 28 - May 2,	Post-primary Report	Che	eck if Applicable Amended Report You must also chec	
General - First Report Due Sept. 22 - 26, 2008  Pre-general Report Due Oct. 20 - 24, 200	Post-general Report Due Nov. 17 - 21, 2008	]	box of appropriate reporting period  Final Report  Zero balance requirements also file Form F-6 Dissolution	
INDII-FIECHOIL CAPIE # 1 .	t Due in Calendar Year Irday in March or within 6 er			

## REPORT TOTALS

(Fill in totals after you have completed page 2)

## **CASH BALANCE SUMMARY**

Beginning Balance (ending balance from previous report)	1.		\$4,545.07		
Total Contributions (from Page 2)	2.	+	\$0.00		
Subtotal (lines 1+2)	3.	=	4545.07		
Total Expenditures (from Page 2)	4.	_	0		
Ending Balance (lines 3-4)		=	4545.07		
*Cannot have a negative ending balance					

TRIBUTIONS EAR-TO-DATE com all reports)
0.00
and the second s
PENDITURES
EAR-TO-DATE

## CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name		Amount	Date				Amount			
	1				Full Name: Address:						
					Contributor's job: (Individu Where contributor works: Affiliation: (Political commi	iai) (Individual) ittee)					
					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)						
					Full Name: Address:						
					Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)						
	Theck if additional pages ave been atached.				Total Con (add both	tributions: columns)		0			
	ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/ reimbursements)										
Date	Full name, residence addres	s (if persor	n); business a	ddress (	(if firm)	Purpose		Amount			
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	AS MANY COPIES S PAGE AS YOU NEED.				Т	otal Expend	ditures:	O			
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	ALLHAEL F. LUSHE			', sv	vear or affirm that th	ne attached :	statement	is true and			
correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.											
	111 1 /1	5			Signature	of Candidate	e, Agent, c	or Treasurer			
Date	6-6 20	) S			IN TIMIC	y .					
Date_		AMBAN TRANS Office As Out AMBAN TRANS Office As Out AMBAN TRANS OF THE AMBAN TRANSPORTED TO THE									
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> Inhihimiliannihilanimilanihimilanihimili Hon. Betty Ireland, Secretary of State Bidg. 1, Suite 157-K 1900 Kanawha Bivd. East Charleston, WV 25305-0770