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	Candidate or Committee's Treasurer				
Clay Co. Democrat Executive Comm	Caroline I Taylor				
Political Party (for candidates)	Treasurer's Mailing Address (Street, Route or P.O. Box)				
	PO BX261				
Office Sought (for candidates) District/Division	City, State, Zip Code	Daytime Phone #			
	Clay WV 23043	304 587-4416			
Election Cycle Reporting Period (che	ck one):	Check if Applicable:			
Primary - First Report Due March 29 - April 4, 2008 Pre-primary Report Due April 28 - May 2,	2008 Post-primary Report Due May 26 - 30, 2008	Amended Report You must also check			
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			
Non-Flection Cycle Annual Repor	t Due in Calendar Year urday in March or within 6	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

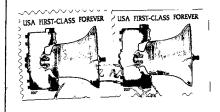
Beginning Balance (ending balance from previous report)	1.	802,27	TOTAL CONTRIBUTIONS
Total Contributions (from Page 2)	2.	+ -0-	ELECTION YEAR-TO-DATE (Add line 2 from all reports)
Subtotal (lines 1+2)	3 .	=	-0-
Total Expenditures (from Page 2)	4.	0-	T OTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)
Ending Balance (lines 3-4)		= 802 X	-0-
*Cannot have a neg	<i>ati</i> v	ve ending balance	

CONTRIBUTORS OF:

\$250 or less

More than \$250

	\$250 Of less					Mole man \$250		
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		Full Name: Address:						
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					Full Name: Address:			
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	No				Full Name: Address:			
					Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)			
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D-4-	ITEMIZED EXPENDIT	<u>iii </u>	-				Amount	
Date	Full name, residence address (i	perso	on); business	address	(if firm)	Purpose	Amount	
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correc	ct, to the best of my knowled nent, as required by West Virg	je, fo jinia	or all finar Code §3-8	ncial tra 3-5a.	ansactions occurring	y within the period q	overed by this	
Co	1 2 de 1							
40	wine J. July		Signature of Candidate, Agent, or Treasurer					
Date			STATE OF WEST VIRGINIA					
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 Office of the Gentary of State Blag 1, Suite 157-K 1900 Kanawha 180-B. E. Charleston, WV 25305

