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 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		
IAOH-FIECHOH CACIE I I	Post-primary Report Due May 26 - 30, 2008 Post-general Report	Check if Applicable: Amended Report You must also chect box of appropriate reporting period Final Report Zero balance requit 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.	233.5	
Total Contributions (from Page 2) 2.	+	ELECTIONYEAR-TO-DATE (Add line 2 from all reports)
		100.00
Subtotal (lines 1+2) 3.	= 233.59	TOTALEXPENDITURES
Total Expenditures (from Page 2) 4.		ELECTION YEAR-TO-DATE (Add line 4 from all reports)
	4	O
Ending Balance (lines 3-4)	= 233.55	
*Cannot have a negati		

CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date				Amount	
				Full Name: Address:				
				Contributor's job: (Individu Where contributor works: Affiliation: (Political commit	butor's job: (Individual) e contributor works: (Individual) iion: (Political committee)			
			Full Name: Address:					
			Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)					
				Full Name: Address:				
				Contributor's job: (Individu Where contributor works: Affiliation: (Political comm	contributor works: (Individual)			
				Full Name: Address:	ess: ibutor's job: (Individual) e contributor works: (Individual)			
			1	Contributor's job: (Individu Where contributor works: Affiliation: (Political commi				
	Check if additional pages			Total Con (add both	trioutions: columns)		0	
	ave been atached.							
	ITEMIZED EXPENDITUR	·			reimburser	nents)		
Date	Full name, residence address (if pe	erson); business a	ddress	(if firm)	Purpose		Amount	
ļ								
MAKE	AS MANY COPIES			. See November See See See See See See See See See S	111			
	IS PAGE AS YOU NEED.			Т	otal Expend	ditures:	0	
		OATHO	RAF	FIRMATION			Market of a fire wife of	
. –	heresa A. Waxman							
correc	The resal (f. VVa) Amar (1) bt, to the best of my knowledge, nent, as required by West Virgini	for all finance	cial tra	wear or affirm that the ansactions occurring	ne attached s within the p	statement is eriod cover	true and ed by this	
		_	-Ja.					
	Theresa awarm Movember 17, 2008	On		Signature	of Candidate	e, Agent, or	Treasure	
Date_	Movember 17, 20 08							
					Office Use On	ly -1.710		
				n2:	OI 35 81.5	: AM DAA7		
				Possived		1244 00 06		

DOC PAC Rt. 1, Box 352 Clarksburg, WV 26301



U.S. POSTAGE CLARKSBURG.WV 2630 1 NOV 17 08 AMOUNT

The Office of Secretary of State Campaign Finance Bldg. 1, Suite 157-K 1900 Kanawha Blvd. East Charleston, WV 25305-0770

25305/0110

Control of the contro