## State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2010 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  DEMOCRATS FOR A BEHER WVA	Candidate or Committee's Treas	surer <		
Political Party (for candidates)	Treasurer's Mailing Address (Street, Route or P.O. Box) 60 old Orchard DR: VE			
Office Sought (for candidates) District/Division	City, State, Zip Code KEYSER WYA 26724	Daytime Phone # 304- 813 - 6654		
Election Cycle Reporting Period (che- Primary - First Report Due March 27-April 2,2010  General - First Report Due Sept. 20-24, 2010  Pre-general Report Due Oct. 18-22, 2010		Check if Applicable:  Amended Report You must also check box of appropriate reporting period  Final Report		
	rt Due InCalendar Year urday in March or within 6 er	Zero balance required PAC must also file Form F-6 Dissolution		

(Fill in totals after you have completed page 2)

## CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	1.	# 1283,92	TOTAL CON ELECTION Y
Total Contributions (from Page 2)	2.	+ 0	ELECTIONY (Add line 2 fr
Subtotal (lines 1±2)	3.	= *1283.92	TOTALEXP
Total Expenditures (from Page 2)	4.	0	ELECTION Y
Ending Balance (lines 3-4)		= 1283.92	
*Cannot have a ne	gativ	ve ending balance	

TRIBUTIONS EAR-TO-DATE om all reports)

ENDITURES EAR-TO-DATE om all reports)

## CONTRIBUTORS OF:

\$250 or Less

More than \$250

	\$250 OF Less			,		
Date	Full Name	Amount	Date	C. if Name		Amount
			1	Full Name: Address:		
			1	Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)		
				Full Name: Address:		
			1	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) Affillation: (Political committee)		
	CI 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1			Total Contributions: (add both columns)	0	
	Check if additional pages have been atached.			(add both columns)		
	ITCMIZED EVDENDE	FUDES /Hom	ino 2	rd pary expenditures/ reimbur	sements)	
Date					3011011007	Amount
Date	T did righter, reducertor address (in p	0.00.17, 0.00.1000		, , , , , , , , , , , , , , , , , , ,		
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	E AS MANY COPIES HIS PAGE AS YOU NEED.			Total Exper	iditures:	-0 -
		OATH	OR AF	FIRMATION		
I,	ROBERT W. COX		\$	swear or affirm that the attached	statement is	s true and
corre state	ect, to the best of my knowledge ement, as required by West Virgin	e, of all finan nia Code §3-6	icial tr 3-5a.	ansactions occurring within the	period cover	ea by thi
	Post 1) (a.			or cash recall has	da Amart	Troperies
	Post D. Cox 2010	-		Signature of Candida	ile, Agent, of	reasure
Date	: //-/5 20 <u>/0</u>	_ ·		Office Use C	) nhu	
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