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 Na		Candidate or Committee's Treasurer Susan Delong			
Barbour County Ed	lucation Assoc.				
Political Party (for caudidate	es)	Treasurer's Mailing Address (Street, Route or P.O. Box)			
		RR Z BO	X 125A		
Office Sought (for candidate	es) District/Division	City, State, Zip Code Daytime Phone #			
_		Philippi WV 26	46 304-457-5016		
Election Cycle Primary - First Report Due March 27-April 2,2010 General - First Report Due Sept. 20-24, 2010	Reporting Period (che Pre-primary Report Due April 26-30, 2010 Pre-general Report Due Oct. 18-22, 2010	Post-general Report Due Nov 15-Dec 15, 2010	You must also check box of appropriate		
Non-Election Cycle Reporting Period:		ort Due In Calendar Year urday in March or within 6 ter	Zero balance required PAC must also file Form F-6 Dissolution		
	PE	PORT TOTALS			

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report) 1		514.02				
Total Contributions (from Page 2)		+ 0				
Subtotal (lines 1+2)	3.	= 574.02				
Total Expenditures (from Page 2)		_ 0				
Ending Balance (lines 3-4)		= 574.02				
*Cannot have a negative ending balance						

TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)

TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)

882.11

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date				Amount	
				Full Name: Address:				
			1	Contributor's job: (Individu Where contributor works: Affiliation: (Political commi				
			 	FullName: Address:				
				i	ributor's job: (Individual) re contributor works: (Individual) ation: (Political committee)			
			1	Full Name: Address:				
	***			Full Name: Address:	Name:			
				Contributor's job: (Individent Where contributor works Affiliation: (Political comments)	ributor's job: (Individual) re contributor works: (Individual) ation: (Political committee)			
	Check if additional pages			Total Coi (add bot	Total Contributions: 8			
	nave been atached.							
	ITEMIZED EXPENDITU	RES (Iten	nize 3	rd pary expenditur	es/ reimburs	sements)		
Date	Full name, residence address (if pers				Purpose		Amount	
-								
	AS MANY COPIES				Total Expen	ditures:	0	
OF TH	IIS PAGE AS YOU NEED.				<u> </u>			
		OATH	OR AF	FIRMATION				
	Susan DeLong		_	weer or offirm that	the attached	etatement	is true and	
corre	ct, to the best of my knowledge,	of all finar	, s ncial tr	ansactions occurring	g within the p	period cove	ered by this	
state	ment, as required by West Virginia	Code §3-	8-5a.					
	Lucian Do Long							
>	Day 27 20 10.			Signatur	e of Candidat	e, Agent, o	or Treasure	
Date	48 Jay 27 20 10.					* 75 * 55		
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			60 to 18 82 A31007					
				_		. * . *		
Received By:								

usan Delong RR 2 Box 125A Philippi, WV 26416-9639

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

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