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 FINANCIE 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 Joan M. Matthews Treasurer's Mailing Address (Street, Route or P.O. Box) 221 Shepherd Avenue			
Political Party (for candidates)				
Office Sought (for candidates) District/Division	City, State, Zip Code So. Charleston, WV 25303	Daytime Phone # 304-744-5174		
	Post-primary Report Due May 26 - 30, 2008 Post-general Report Due Nov. 17 - 21, 2008 Due in Calendar Year day in March or within 6	Check if Applicable: Amended Report You must also check box of appropriate reporting period 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.		\$891.12		
Total Contributions (from Page 2)	2.	+	\$0.00		
Subtotal + (lines 1+2)	3.	=	891.12		
Total Expenditures (from Page 2)	4.	_	\$0.00		
Ending Balance (lines 3-4)		=	891.12		
*Cannot have a negative ending balance					

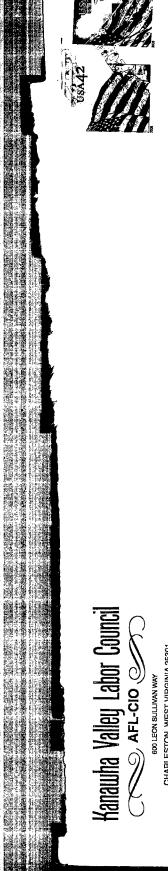
TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)
750.00
TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Ad:line 4 from all reports)
\$0.00

CONTRIBUTORS OF:

\$250 or less

More than \$250

	\$250 or less				More man \$2	J0
Date	Full Name	Amount	Date			Amount
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	Check if additional pages			Total Co	ntributions:	-0-
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	ITEMIZED EXPENDITU	RES (Itemize	3rd	party expenditures	/ reimbursen	nents)
Date	Full name, residence address (if	person); business a	address	(if firm)	Purpose	Amount
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7	with the	line		Signatur	e of Candidate	e, Agent, or Treasure
Date_	2003				S. William	
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				Receive	ed By:	



Kanawha Valley Labor Council

CHARLESTON, WEST VIRGINIA 25301 PHONE (304) 744-5174 600 LEON SULLIVAN WAY

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