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	Gandidate or Committee	Gandidate or Committee's Treasurer Treasurer's Mailing Address (Street, Route or P.O. Box)				
Political Party (for candidates)	Treasurer's Mailing Add					
Office Sought (for candidates) Distr	ict/Division City, State, Zip Code	Daytime Phone #				
Due March 29 - April 4, 2008 General - First Report Due Sept. 22 - 26, 2008 Pre-ge Due O Non-Election Cycle	imary Report oril 28 - May 2, 2008 eneral Report ct. 20 - 24, 2008 Post-primar Due May 26 Post-genera Due Nov. 17 Annual Report Due in Calendar Yea	You must also check box of appropriate reporting period Final Report Zero balance required				
Neudiung Pendu.	Due last Saturday in March or within 6 days thereafter	FAC must also life 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.	3,561.76						
Total Contributions (from Page 2) 2.	+ -						
Subtotal (lines 1+2) 3.	= 3,561.70.						
Total Expenditures (from Page 2) 4.							
Ending Balance (lines 3-4)	= 3,561.70						
*Cannot have a negative ending balance							

TOTAL CONTRIBUTIONS EI ECTION YEAR-TO-DATE (Add line 2 from all reports) **TOTAL EXPENDITURES ELECTION YEAR-TO-DATE** (Add line 4 from all reports)

CONTRIBUTORS OF:

\$250 or less More than \$250

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Date	Full Name	Amount	Date					Amount	
				Full Name: Address:				ŀ	
				Contributor's job: (Individu: Where contributor works: Affiliation: (Political commit	al) (Indiv Itee)	idual)			
		Full Name:		Full Name: Address:					
				Contributor's job: (Individu Where contributor works: Affiliation: (Political commi	ial) (Indiv ittee)	dual)			
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	ITEMIZED EXPENDITURE	S (Itemize	3rd p	party expenditures/	reir	nbursen	nents)		
Date	Full name, residence address (if pers	son); business a	ddress	(if firm)		Purpose		Amount	
		<u> </u>							
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MAKE	AS MANY COPIES								
	IS PAGE AS YOU NEED.			` т	otal	Expend	litures:		
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correct stater	ct, to the best of my knowledge, the nent, as required by West Virginia	Code §3-8-	ial tra 5a.	ansactions occurring	with	in the pe	eriod cov	vered by this	
	Mechele Clogs Cotober 20 2008.	2/		Signature	of C	andidate	. Agent	or Treasurer	
D-4-	· Ostala 20 de				— Signature of Candidate, Agent, or Treasurer				
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