## 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 West Virginia Deputy Sheriff's Assoc. (PAC)	Candidate or Committee's Treasurer  D. Todd Murray, Treasurer			
Political Party (for candidates)	Treasurer's Mailing Address (Straet, Route or P.O. Box) PO Box 367			
Office Sought (for candidates) District/Division	City, State, Zip Code Chester, WV 26034	<b>Daytime Phone #</b> 304-387-3247		
Election Cycle Reporting Period (chemotric primary - First Report Due March 29 - April 4, 2008 Pre-primary Report Due April 28 - May 2  General - First Report Due Sept. 22 - 26, 2008 Pre-general Report Due Oct. 20 - 24, 20	Post-primary Report Due May 26 - 30, 2003 t Post-general Report	Check if Applicable:  Amended Report You must also check box of appropriate reporting period  Final Report Zero balance required		
NOH-EIECHOH CVCIE II I '	turday in March or within 6	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.		\$0.00		
Total Contributions (from Page 2)	2.	+	\$0.00		
Subtotal (lines 1+2)	3.	=	0.00		
Total Expenditures (from Page 2)	4.	-	0.00		
Ending Balance (lines 3-4)		=	0.00		
*Cannot have a negative ending balance					

TOTAL CONTRIB ELECTION YEAR [Add line 2 from a	-TO-DATE
	0.00
TOTAL EXPEND ELECTION YEAR (Add line 4 from al	TO-DATE
31	\$0.00

## CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date		01		Amount
				Full Name: Address:			
		\$0.00		Contributor's job: (Individual) Where contributor works: (Indi Affiliation: (Political committee)	udual)		
				Full Name: Address:			
0.00		\$0.00		Contributor's job: (Individual) Where contributor works: (Ind Affiliation: (Political committee)	ividual)		
		0.00		Full Name: Address:			
				Contributor's job: (Individual) Where contributor works: (Ind Affiliation: (Political committee)	ividual)		
		\$0.00		Full Name: Address:			
				Contributor's job: (Individual) Where contributor works: (Ind Affiliation: (Political committee)	i√idual)		
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	ITEMIZED EXPENDITURE	S (Itemize	3rd p	party expenditures/ rei	mbursei	ments)	
Date	Full name, residence address (if per	son); business a	ddress	(if firm)	Purpose		Amount
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				Received By			

WVDSA PO Box 367 Chester, WV 26034

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