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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?

Political Party (for candidate Office Sought (for candidate of candida	5958 ates)	Candidate or Committee's Treasurer KOIN LUTY Treasurer's Mailing Address (Street, Route or P.O. Box) IH F Wheatley & Rd. City, State, Zip Code Daytime Phone #		
Election Cycl	e Reporting Period (che	Chapmanulle W. 25	18-28-40E-2016	
Primary - First Report Due March 27-April 2,2010 General - First Report	Pre-primary Report Due April 26-30, 2010 Pre-general Report	Post-primary Report Due May 24-June 23, 2010	Check if Applicable: Amended Report You must also check	
Due Sept. 20-24, 2010	Due Oct. 18-22, 2010	Post-general Report Due Nov 15-Dec 15, 2010	box of appropriate reporting period Final Report	
Non-Election Cycle Reporting Period:	Due last Sati	rt Due In Calendar Year urday in March or within 6 eer	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.	4563 33	TOTAL CONTRIBUTIONS	
Total Contributions (from Page 2)	2. +	0	ELECTION YEAR-TO-DATI (Add line 2 from all reports)	
Subtotal		_		
(lines 1+2)	3. =	#11,563 37	TOTAL VILLENA TOTAL TOTAL	
Total Expenditures (from Page 2)	4	0	TOTAL EXPENDITURES ELECTION YEAR-TO-DATI (Add line 4 from all reports)	
Ending Balance (lines 3-4)	=	#4,56333		
*Cannot have a negative ending balance				

CONTRIBUTORS OF:

\$250 or Less

More than \$250

				more than \$250		
Date	Full Name	Amount	Date		Am	ount
	ω		l	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) 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) Affiliation: (Political committee)		
	back if additional pages			Total Contributions:		
	heck if additional pages ave been atached.			(add both columns)	<u> </u>	
	ITEMATED EVENING					
Date	Full name, residence address (if			d pary expenditures/ reimbursemen	·	 -
Date	T dir Harrie, residence address (II	person), business ac	Jaress (if firm) Purpose	Am	nount
	$\mathcal{A}_{\mathcal{O}}$					
						
	AS MANY COPIES S PAGE AS YOU NEED.			Total Expenditure	s: O	
- Inic	PAGE AS TOO NEED.		,			
orrect	, to the best of my knowledgent, as required by West Virgi	e, of all financi	_, sw al trai	rear or affirm that the attached statemensactions occurring within the period of	ent is true covered by	e and y this
*	fum July			Signature of Candidate, Age	nt, or Trea	surei
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				Received By:		_

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