State of West Virginia Campaign Financial Statement (Short Form) in Relation to _____ Election Year For political committees, list the current election year. For candidates, list the current campaign or the year of an open past campaign. Supply all information requested. It is required by WV Code §3-8-5a. 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. Have you made or accepted any loans to your campaign? 2. Have you had any fundraisers? 3. Have you received any miscellaneous receipts, such as refunds, checking account interest or transferred funds from a previous campaign? 4. Do you have any unpaid bills? 5. Have you or anyone else given an in-kind contribution to your campaign? onn Candidate or Committee's andidate or Committee Name Political Party (for candidates) aytime Phone # City, State, Zip Code District/Division Office Sought (for candidates) Reporting Period (check one) Post-primary Report **Pre-primary Report** Calendar Year Annual Report_ **First Primary** (Due 25 to 31days (Due 10 to 17 days (Due last Saturday in March or (Due last Saturday in March or after primary election) before primary elecwithin 6 days thereafter. This report within 6 days thereafter. This is the tion) filed for old campaigns or year first report for current election year following most recent election) reporting)

Totals for this period

RECEIPTS 1. Total Contributions (Schedule 1A)	
EXPENDITURES 2. Total Expenditures (Schedule 1B)	
	
TOTAL RECEIPTS ELECTION YEAR-TO-DAT	rie -

(Add line B from all reports)

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

CASH BALANCE SUMMARY					
A. Beginning Balance (ending balance from previous report	838.45				
B. Total Receipts (Line 1)					
C. Subtotal (Add lines A & B)	_				
D.Total Expenditures (Line 2)					
E. Ending Balance (Subtract line D from line C)	828.45				
*Cannot be neg	cative balance				

Final Report

F-6 Dissolution)

(Zero balance required.

PAC must also file Form

CONTRIBUTIONS

\$250 or less

\$250 or more

WV SECRETARY OF STATE

Date	Full Name	Amount	Date			Amount
				Full Name: Address:		
				Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)		
				Full Name: Address:		
				Contributor's Job: (Individual) Where works: (Individual) Affiliation: (Political committee)		
				Full Name: Address:		
				Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)		
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					(both columns)	
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state	ment.					
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				Signature of Ca	indidate, Agent, o	r reasure
Date	<u>///30 /0 / , 200</u>					
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