## State of West Virginia Campaign Financial Statement (Short Form) in Relation to the 20// 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?

Office Sought (for candidates) Distric	t/Division City, State, Zip Code  Wityo WV 25/43	Daytime Phone #
within 6 days thereafter. election or w  General - First Report  Due last Saturday in September  Due 15 days in	ry Report Post-primary Report Due 13 days following prin ithin 4 days thereafter.	Check if Applicable:  Amended Report You must also check box of appropriate reporting period
porting Period:	Annual Report Due In Calendar Ye Due last Saturday in March or within 6 days thereafter	PAC must also file Forr F-6 Dissolution

## REPURI IU IALS

(Fill in totals after you have completed page 2)

## **CASH BALANCE SUMMARY**

Beginning Balance (ending balance from previous report)	1,	79,60	TOTAL
Total Contributions (from Page 2)	2.	+ Ø	ELECTIO (Add line
Subtotal (lines 1+2)	3.	= 79,60	TOTAL
Total Expenditures (from Page 2)	4.	- &	ELECTIO (Add line
Ending Balance (lines 3-4)		- 19.60	
*Cannot have a neg	gativ	e ending balance	

ELECTION YEAR-TO-DATE (Add line 2 from all reports)	
Ø	Section 10 Persons
TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)	
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## CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Amount			
				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: (Individent Where contributor works Affiliation: (Political communication)			
<b>—</b>	Check if additional pages have				ntributions: th columns)	Ø'	
	een atached.			`	,		
	ITEMIZED EXPENDIT	ΓURES (Iten	nize 3ı	rd party expenditu	res/ reimbursemen	ts)	
Date	Full name, residence address (if per	son); business a	ddress (it	f firm)	Purpose	Amount	
		The state of the s					
			**************************************				
	AS MANY COPIES IS PAGE AS YOU NEED.				Total Expenditures	s: <b>Ø</b> /	
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-7							
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	orrect, to the best of my knowled nent, as reguired by West Virgin			transactions occum	ing within the period	covered by uns	
	a Starte						
JA.	Signature of Candidate, Agent,			nt, or Treasurer			
Date 16 November, 20 //.			SAMBLE OF MEET NAMED				
					Office Use Only		
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WVMPL 801 Main Avenue Nitro, West Virginia 25143



West Virginia Secretary of State's Office State Capitol Building 1, Suite 157-K 1900 Kanawha Blvd., East Charleston, West Virginia 25305

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