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

Candidate or Committee Name		Candidate or Committee's Treasurer Treasurer's Mailing Address (Street, Route or P.O. Box)				
Political Party (for candidates)						
Office Sought (for candidates)	District/Division	City, State, Zip Code	Daytime Phone #			
Election Cycle Re Primary - First Report Due last Saturday in March or within 6 days thereafter. General - First Report Due last Saturday in September or within 6 days thereafter.	Pre-primary Report Due 15 days preceding prim election or within 4 days ther Pre-general Report Due 15 days preceding general election or within 4 days thereaft	Post-primary Report Due 13 days following primary election or within 20 business days thereafter. Post-general Report Due 13 days following general election	You must also check box of appropriate			
Non-Election Cycle Re- porting Period:		t Due In Calendar Year rday in March or within 6 er	PAC must also file Form F-6 Dissolution			

CASH BALANCE SUMMARY

*Cannot have a negative ending balance

Beginning Balance (ending balance from previous report)	1.		TOTAL CONTRIBUTIONS		
Total Contributions (from Page 2)		+	ELECTION YEAR-TO-DATE (Add line 2 from all reports)		
Subtotal (lines 1+2)	3.	=	TOTAL EXPENDITURES		
Total Expenditures (from Page 2)		_	ELECTION YEAR-TO-DATE (Add line 4 from all reports)		
Ending Balance (lines 3-4)		=			

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Amount					
				Full Name: Address:					
				Contributor's job: (Individu Where contributor works: (Affiliation: (Political commi					
				Full Name: Address:					
				Contributor's job: (Individu Where contributor works: Affiliation: (Political comm	Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)				
				Full Name: Address:					
				Contributor's job: (Individu Where contributor works: Affiliation: (Political comm					
				Full Name: Address:					
				Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)					
Check if additional pages have the columns (add both columns) been atached.									
	ITEMIZED EXPEND	ITURES (Itemi	ize 3r	d party expenditure	es/ reimburs	ements)			
Date	Full name, residence address (if pe	erson); business add	lress (if	firm)	Purpose		Amount		
	AS MANY COPIES IS PAGE AS YOU NEED.			-	Total Expend	litures:			
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	orrect, to the best of my knowle nent, as required by West Virgi	edge, of all finar	ncial t	_, swear or affirm tl ransactions occurrin	nat the attacl g within the p	ned stateme period cover	ent is true red by this		
				Signature	e of Candidate	e, Agent, or	Treasurer		
Date_									
					Office Use	Only			
				Receiv	ved By:				