State of West Virginia Campaign Financial Statement (Short Form) in Relation to <u>1020</u> Election Year

IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, 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? NO
- 2. Has your committee held any fundraisers? NO
- 3. Has your committee received any miscellaneous receipts, such as refunds or checking account interest? \sim
- 4. Does your committee have any unpaid bills? いい
- 6. Has your committee given or received a transfer of excess campaign funds? \sim

Committee or Candidate Name:	C. Brian	Ellis	/Circuit: 3
Office Sought: County	Lemmissi	District.	/Circuit: 3
Committee's Treasurer:	Self fu	nded	
Treasurer's Mailing Address:			
Treasurer's Daytime Phone:			
	PLEASE SE	LECT REPORT TYPE	
First Quarter Due April 1-7	Second Quarter Due July 1-7	Third Quarter Due October 1-7	Due January 1-7
Primary Report Due 15 days prior to Primary Election or within 4 business days thereafter	General Report Due 15 days prior to General Election or within 4 business days thereafter	Amendment May be filed at any time	Final Report Zero balance required
	REP	ORT TOTALS	
CASH BA	ALANCE SUMM	IARY	
Beginning Balance (ending balance from previous re	port) 1.	ϕ	TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)
Total Contributions			(Add the 2 Hornan reports)
(from page 2)	2. +	0	
Subtotal		~	
(lines 1+2)	3. =	\mathcal{O}	TOTAL EXPENDITURES
Total Expenditures			ELECTION YEAR-TO-DATE (Add line 4 from all reports)
(from page 2)	4	abla	
Ending Balance		_	

*Cannot have a negative ending balance

(line 3-4)

\$250 or Less

Date	Full Name	Amount

More	than	\$250
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Date		Amount
	Full Name:	
	Address:	
	Contributor's job: (individual)	
	Employer: (individual)	
	Affiliation: (political committee)	1
	Full Name:	
	Address:	
	Contributor's job: (individual)	
	Employer: (individual)	
	Affiliation: (political committee)	
	Full Name:	
	Address:	
	Contributor's job: (individual)	
	Employer: (individual)	
	Affiliation: (political committee)	
	Full Name:	
	Address:	
	Contributor's job: (individual)	[
	Employer: (individual)	
	Affiliation: (political committee)	

Total Contributions: (add both columns)

ITEMIZED	EXPENDITURES
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1			
Date	Full name, residence address (if person);	Purpose	Amount
		Total Expenditures:	_

,	\mathbb{C}	Brian	Ellis	OATH OR AFFIRMATION, swear or affirm that the attached statement i	s true and correct, to the
est of			nancial transacti	ons occurring within the period covered by this state	•

Signature of Candidate, Treasurer, or Agent

Office Use Only Received by:

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MAKE AS MANY COPIES OF THIS PAGE AS NEEDED