

CONTRIBUTIONS

\$250 or Less

Date	Full Name	Amount

More than \$250

Date	Amount
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)	
Full Name: Address: Contributor's job: (individual) Employer: (individual) Affiliation: (political committee)	

Total Contributions:
(add both columns)

0

ITEMIZED EXPENDITURES

Date	Full name, residence address (if person); business address (if ven-	Purpose	Amount

Total Expenditures:

0

OATH OR AFFIRMATION

I, Barbara Johns Reed, swear or affirm that the attached statement is true and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Barbara Johns Reed Signature of Candidate, Treasurer, or Agent

Date 12-4-18

Office Use Only

Received by: _____