

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?
6. Has your committee given or received a transfer of excess campaign funds?

| | | | |
|---|--------------------------|--|------------------------|
| Candidate or Committee Name | | Candidate or Committee's Treasurer | |
| Political Party (for candidates) | | Treasurer's Mailing Address (Street, Route or P.O. Box) | |
| Office Sought (for candidates) | District/Division | City, State, Zip Code | Daytime Phone # |

Election Cycle Reporting Period (check one):

- | | | |
|---|---|--|
| <input type="checkbox"/> Primary - First Report Due last Saturday in March or within 6 days thereafter. | <input type="checkbox"/> Pre-primary Report Due 15 days preceding primary election or within 4 days thereafter. | <input type="checkbox"/> Post-primary Report Due 13 days following primary election or within 20 business days thereafter. |
| <input type="checkbox"/> General - First Report Due 43 days preceding general election or within 6 days thereafter. | <input type="checkbox"/> Pre-general Report Due 15 days preceding general election or within 4 days thereafter. | <input type="checkbox"/> Post-general Report Due 13 days following general election or within 20 business days thereafter. |

Check if Applicable:

- Amended Report**
You must also check box of appropriate reporting period
- Final Report**
Zero balance required.
PAC must also file Form F-6 Dissolution

Non-Election Cycle Reporting Period:

- Annual Report Due In _____ Calendar Year**
Due last Saturday in March or within 6 days thereafter

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

| | | |
|---|---|--|
| Beginning Balance (ending balance from previous report) 1. | | |
| Total Contributions (from Page 2) 2. | + | |
| Subtotal (lines 1+2) 3. | = | |
| Total Expenditures (from Page 2) 4. | - | |
| Ending Balance (lines 3-4) | = | |
| *Cannot have a negative ending balance | | |

**TOTAL CONTRIBUTIONS
ELECTION YEAR-TO-DATE**
(Add line 2 from all reports)

**TOTAL EXPENDITURES
ELECTION YEAR-TO-DATE**
(Add line 4 from all reports)

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: (Individual) Where contributor works: (Individual) Affiliation: (Political committee) | |

**Total Contributions:
(add both columns)**

| |
|--|
| |
|--|

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

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

**MAKE AS MANY COPIES
OF THIS PAGE AS YOU NEED.**

Total Expenditures:

| |
|--|
| |
|--|

OATH OR AFFIRMATION

I, _____, 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.

_____ Signature of Candidate, Agent, or Treasurer

Date _____, 20_____.

| |
|---------------------------|
| Office Use Only |
| Received By: _____ |