

# State of West Virginia Campaign Financial Statement (Short Form) in Relation to \_\_\_\_\_ 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?
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?

Committee or Candidate Name: Barbara Johns Reed

Office Sought: Council District/Circuit: Buffalo

Committee's Treasurer: \_\_\_\_\_

Treasurer's Mailing Address: \_\_\_\_\_

Treasurer's Daytime Phone: \_\_\_\_\_

**SELECT REPORT TYPE (Filing deadlines falling on Saturday, Sunday or a legal holiday will be extended to the next business day.)**

First Quarter  
Due April 1-7

Second Quarter  
Due July 1-7

Third Quarter  
Due October 1-7

Fourth Quarter  
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

## REPORT TOTALS

### CASH BALANCE SUMMARY

<b>Beginning Balance</b> (ending balance from previous report) 1.	<u>0</u>
<b>Total Contributions</b> (from page 2) 2.	<u>0</u>
<b>Subtotal</b> (lines 1+2) 3. =	<u>0</u>
<b>Total Expenditures</b> (from page 2) 4. -	<u>0</u>
<b>Ending Balance</b> (line 3-4) =	<u>0</u>

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

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

*\*Cannot have a negative ending balance*

## CONTRIBUTIONS

**\$250 or Less**

**More than \$250**

Date	Full Name	Election Check One	Amount	Date	Contributor Information	Election Check One	Amount
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address:  Contributor's job: Employer: (individual) Affiliation: (political committee)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address:  Contributor's job: (individual) Employer: (individual) Affiliation: (political committee)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address:  Contributor's job: (individual) Employer: (individual) Affiliation: (political committee)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address:  Contributor's job: (individual) Employer: (individual) Affiliation: (political committee)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address:  Contributor's job: (individual) Employer: (individual) Affiliation: (political committee)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address:  Contributor's job: (individual) Employer: (individual) Affiliation: (political committee)	<input type="checkbox"/> Primary <input type="checkbox"/> General	

## ITEMIZED EXPENDITURES

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

**Total Expenditures:**

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.

Signature of Candidate, Treasurer, or Agent

Date Dec 7-20

**Office Use Only**

**MAKE AS MANY COPIES OF THIS PAGE AS NEEDED**

**Received by:** \_\_\_\_\_