(Snort Form) in Kelation to 2018 Election Year

Beginning in 2018, all candidates that file Campaign Finance reports with the Secretary of State must file electronically. W. Va. Code §3-8-5b

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:	Guy Robert Cunningham	
Committee's Treasurer:	NONE	
Treasurer's Mailing Address:		
Treasurer's Daytime Phone:	***************************************	
	PLEASE SELECT REPORTING PERIOD	
FIRST-PRIMARY Due March 31-April 6, 201	PRE-PRIMARY Due April 23-27, 2018	POST-PRIMARY Due May 21-June 1, 2018
FIRST-GENERAL Due September 24-28, 203	PRE-GENERAL Due October 22-26, 2018	POST-GENERAL Due Nov. 19-Dec. 18, 2018
ANNUAL REPORT Due in calendar y Due last Saturday in March or within 6 days thereafter.	Disabilities (Fam. F.C)	AMENDED REPORT Must also check box of appropriate reporting period.

REPORT TOTALS

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report	t) 1 .		ZERO
Total Contributions			
(from page 2)	2.	+	\$25.00
Subtotal			
(lines 1+2)	3.	=	\$25.00
Total Expenditures			
(from page 2)	4.		\$25.00
Ending Balance			
(line 3-4)			ZERO

TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)	
\$25.00	
TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 4 from all reports)	
\$25.00	

\$250 or Less

More than \$250

Date	Full Name	Amount	Date
1/8/18	Guy Robert Cunningham	\$25.00	

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

\$25.00

ITEMIZED EXPENDITURES

Date	Full name, residence address (if person); business address (if ven-	Purpose	Amount
1/8/18	Guy Robert Cunningham	******	Filing fee	\$25.00
		AMANDAL S		***************************************
			Total Expenditures:	\$25.00
l,	Guy Robert Cunningham		at the attached statement is t	·
11 11	ny khowledge, of all financial transaction ode §3-8-5a	ons occurring within the pe	eriod covered by this statem	ent, as required by West
		Signature of Candida	ate, Treasurer, or Agent	
^		3.		
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