State of West Virginia Campaign Financial Statement (Short Form) in Relation 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?

b. Has your committee given or received a	transfer of excess campaign funds;								
Committee or Candidate Name:	KARI F. MOSS								
Office Sought: Purnam Co. B	one of Educationistric	t/Circuít:							
Committee's Treasurer:	mes A Moss								
Treasurer's Mailing Address:	72 Apollo Love,	Hurriane 25126							
Treasurer's Daytime Phone:	304-610-2771								
PLEASE SELECT REPORTING PERIOD									
Due March 31-April 6, 2018	PRE-PRIMARY Due April 23-27, 2018	POST-PRIMARY Due May 21-June 1, 2018							
FIRST-GENERAL Due September 24-28, 2018	PRE-GENERAL Due October 22-26, 2018	POST-GENERAL Due Nov. 19-Dec. 18, 2018							
ANNUAL REPORT Due in calendar year Due last Saturday in March or within 6 days thereafter	FINAL REPORT Zero balance required PAC must file Dissolution (Form F-6)	AMENDED REPORT Must also check box of appropriate reporting period.							

REPORT TOTALS

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report) 1.		ф
Total Contributions			10
(from page 2)	2.	+	\bigcirc
Subtotal			}
(lines 1+2)	3.	=	Y
Total Expenditures			k
(from page 2)	4.	-	4
Ending Balance			K
(line 3-4)		=	Q

*Cannot have a negative ending balance

TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE

(Add line 2 from all reports)

483.56

ELECTION YEAR-TO-DATE

(Add line 4 from all reports)

483.56

CONTRIBUTIONS

\$250 or Less

More than \$250

Received by: _____

Date	Full Name	Amount	Date		Amount			
				Full Name: Address:				
				Contributor's job: (individual)				
				Employer: (individual) Affiliation: (political committee) Full Name:				
				Full Name: Address:				
				Contributor's job: (individual)				
				Employer: (individual)				
				Affiliation: (political committee) Full Name:				
				Address:				
	4			Contributor's job: (individual)				
				Employer: (individual) Affiliation: (political committee)				
				Full Name: Address:				
				Contributor's job: (individual)				
				Employer: (individual)				
	**************************************		L	Affiliation: (political committee) Total Contributions:				
(add both columns)								
				(ddd both coldinis)				
		ITEMIZED E	EXPENDI	TURES				
Date	Full name, residence address (if person); business address (if ven-				Amount			
		ior)	,	· ·				
		······································		Total Expenditures:	>			
		1 007110		-	α			
1	Anges A.		R AFFIRMA	that the attached statement is tru	e and correct to the			
ار المحمد مط		1		e period covered by this statemen				
		ansactions occurri	ig within the	period covered by this statemen	t, as required by west			
Virginia Code §3/8-5a.								
	1 persion	Signa	ture of Cano	lidate, Treasurer, or Agent				
BRIAN WOOD, CLERK								
D-+								
Date _	LIS C CERT SUNIA							
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				AM COUNTY WV	NIUY			
				***************************************	1741114			

MAKE AS MANY COPIES OF THIS PAGE AS NEEDED