# 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: _Chad Thaxton_

Office Sought: _Town 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

| | |
|---|---|
| **Beginning Balance** (ending balance from previous report) **1.** | 0 |
| **Total Contributions** (from page 2) **2.** | + 0 |
| **Subtotal** (lines 1+2) **3.** | = 0 |
| **Total Expenditures** (from page 2) **4.** | - 0 |
| **Ending Balance** (line 3-4) | = 0 |

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

0

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

0

*\*Cannot have a negative ending balance*
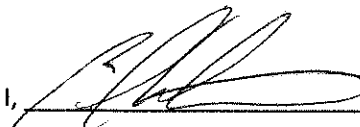
# CONTRIBUTIONS

## $250 or Less

| Date | Full Name | Election<br>Check One | Amount |
|------|-----------|------------------------|--------|
| | | ☐ Primary<br>☐ General | |
| | | ☐ Primary<br>☐ General | |
| | | ☐ Primary<br>☐ General | |
| | | ☐ Primary<br>☐ General | |
| | | ☐ Primary<br>☐ General | |
| | | ☐ Primary<br>☐ General | |
| | | ☐ Primary<br>☐ General | |
| | | ☐ Primary<br>☐ General | |

## More than $250

| Date | Contributor Information | Election<br>Check One | Amount |
|------|-------------------------|------------------------|--------|
| | Full Name:<br>Address:<br><br>Contributor's job:<br>Employer: (individual)<br>Affiliation: (political committee) | ☐ Primary<br>☐ General | |
| | Full Name:<br>Address:<br><br>Contributor's job: (individual)<br>Employer: (individual)<br>Affiliation: (political committee) | ☐ Primary<br>☐ General | |
| | Full Name:<br>Address:<br><br>Contributor's job: (individual)<br>Employer: (individual)<br>Affiliation: (political committee) | ☐ Primary<br>☐ General | |
| | Full Name:<br>Address:<br><br>Contributor's job: (individual)<br>Employer: (individual)<br>Affiliation: (political committee) | ☐ Primary<br>☐ General | |

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

# ITEMIZED EXPENDITURES

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

**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, Treasurer, or Agent

Date __12/10-20__

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

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