

State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2020 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: MARK A. SORSAIA

Office Sought: PROSECUTING ATTORNEY District/Circuit: PUTNAM

Committee's Treasurer: NA

Treasurer's Mailing Address: NA

Treasurer's Daytime Phone: NA

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)

\$	1,081	<u>92</u> <u>100</u>
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TOTAL EXPENDITURES ELECTION YEAR-TO-DATE

(Add line 4 from all reports)

\$	1,081	<u>92</u> <u>100</u>
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**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	
		<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:			0

I, MARK A. SORSAINA, 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.

OATH OR AFFIRMATION

Total Expenditures:

6

1. MARK A. CORSIA

, 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.

ode 93-8-5a.

Signature of Candidate, Treasurer, or Agent

Date Jan. 6, 2021

Office Use Only

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Received by: