

State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2022 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: Kathryn West
 Office Sought: Poca Town Council District/Circuit: Poca
 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)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> First Quarter
Due April 1-7 | <input type="checkbox"/> Second Quarter
Due July 1-7 | <input checked="" type="checkbox"/> Third Quarter
Due October 1-7 | <input type="checkbox"/> Fourth Quarter
Due January 1-7 |
| <input type="checkbox"/> Primary Report
Due 15 days prior to Primary Election or within 4 business days thereafter | <input type="checkbox"/> General Report
Due 15 days prior to General Election or within 4 business days thereafter | <input type="checkbox"/> Amendment
May be filed at any time | <input type="checkbox"/> Final Report
Zero balance required |

REPORT TOTALS

CASH BALANCE SUMMARY

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

**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

More than \$250

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

ITEMIZED EXPENDITURES

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

Total Expenditures: 0

OATH OR AFFIRMATION

I, Kathryn West, 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.

Kathryn West Signature of Candidate, Treasurer, or Agent

Date 10-7-22

Office Use Only

Received by: _____

MAKE AS MANY COPIES OF THIS PAGE AS NEEDED