

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: HELEN L. MARTIN

Office Sought: POCA TOWN COUNCIL District/Circuit: _____

Committee's Treasurer: HELEN L. MARTIN

Treasurer's Mailing Address: P.O. BOX 513 POCA WV. 25159

Treasurer's Daytime Phone: 304-206-6835

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.	+			
				25-
Subtotal (lines 1+2) 3.	=			
				25-
Total Expenditures (from page 2) 4.	-			
				-25
Ending Balance (line 3-4)	=			
				-0-

**TOTAL CONTRIBUTIONS
ELECTION YEAR-TO-DATE**

(Add line 2 from all reports)

25-

**TOTAL EXPENDITURES
ELECTION YEAR-TO-DATE**

(Add line 4 from all reports)

25-

**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	
	HELEN L MARTIN	<input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	25-		Full Name: Address:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	25	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Contributor's job: Employer: (individual) Affiliation: (political committee)			
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address:	<input type="checkbox"/> Primary		
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Contributor's job: (individual) Employer: (individual) Affiliation: (political committee)	<input type="checkbox"/> General		
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address:	<input type="checkbox"/> Primary		
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Contributor's job: (individual) Employer: (individual) Affiliation: (political committee)	<input type="checkbox"/> General		
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address:	<input type="checkbox"/> Primary		
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Contributor's job: (individual) Employer: (individual) Affiliation: (political committee)	<input type="checkbox"/> General		
Total Contributions: (add both columns).								25-

ITEMIZED EXPENDITURES

Date	Full name, residence address (if person);	Purpose	Amount
	PUTNAM Co. Clerk	Filing Fee	25

Total Expenditures: 25-

I, HELEN L. MARTIN OATH OR AFFIRMATION
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.

Helen L Martin Signature of Candidate, Treasurer, or Agent

Date 12-6-22

Office Use Only

Received by: _____