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?

6. Has your committee given or received a	transfer of excess campaign funds?			
Committee or Candidate Name:	RAY Helmick			
Committee's Treasurer: N/N	4			
Treasurer's Mailing Address:	/A			
Treasurer's Daytime Phone:	9			
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.	TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)
Total Contributions	\wedge	\overline{a}
(from page 2)	2. +	
Subtotal	A A	
(lines 1+2)	=	TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE
Total Expenditures	$ \rangle$	(Add line 4 from all reports)
(from page 2)	ı. U	
Ending Balance		
(line 3-4)		<u> </u>

^{*}Cannot have a negative ending balance

CONTRIBUTIONS

\$250 or Less

Date Full Name Amount

More than \$250

Date		Amount
	Full Name:	
	Address:	
	<u> </u>	
į	Contributor's job: (individual)	ĺ
: -	Employer: (individual)	
	Affiliation: (political committee)	
	Full Name:	
	Address:	
. !	Contributor's job: (individual)	
l	Employer: (individual)	
	Affiliation: (political committee)	
ŀ	Full Name:	
,	Address:	
ļ		
ļ	Contributor's job: (individual)	
ļ	Employer: (individual)	
	Affiliation: (political committee)	
ļ	Full Name:	
	Address:	
	1	
l	Contributor's job: (individual)	
	Employer: (individual)	
	Affiliation: (political committee)	

Received by:

Total Contributions: (add both columns)

ITEMIZED EXPENDITURES

Full name, residence address (if person); business address (if ven-	Purpose	Amount		
Total Expenditures:				
I,				
ode §3-8-5a.		,		
10/19/2018	Offic	e Use Only		
	OATH OR AFFIRMATION swear or affirm that my knowledge, of all financial transactions occurring within the periode §3-8-5a.	Total Expenditures: OATH OR AFFIRMATION Total Expenditures: OATH OR AFFIRMATION Total Expenditures: OATH OR AFFIRMATION Total Expenditures: Swear or affirm that the attached statement is the statement of the period covered by this statement on the period covered by this statement of the period covered by the per		

MAKE AS MANY COPIES OF THIS PAGE AS NEEDED