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:	JIN KARNES				
Committee's Treasurer:					
Treasurer's Mailing Address:	WATER SIDE CIR	WINFIELD, WU 25213			
Treasurer's Daytime Phone: 304	-552-6948	/			
PLEASE SELECT REPORTING PERIOD					
FIRST-PRIMARY Due March 31-April 6, 2018 FIRST-GENERAL Due September 24-28, 2018 ANNUAL REPORT Due in calendar year Due last Saturday in March or within 6 days thereafter.	PRE-PRIMARY Due April 23-27, 2018 PRE-GENERAL Due October 22-26, 2018 FINAL REPORT Zero balance required PAC must file Dissolution (Form F-6)	POST-PRIMARY Due May 21-June 1, 2018 POST-GENERAL Due Nov. 19-Dec. 18, 2018 AMENDED REPORT Must also check box of appropriate reporting period.			

REPORT TOTALS

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report) 1.	THE RELATIONS OF THE PROPERTY	06	TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)
Total Contributions		00	
(from page 2) 2 .	. +	O,	
Subtotal (lines 1+2) 3.		Ô.00	TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE
Total Expenditures		- 00	(Add line 4 from all reports)
(from page 2) 4.	·	0.	
Ending Balance (line 3-4)	Anna Commission of the Commiss	0.00	

^{*}Cannot have a negative ending balance

CONTRIBUTIONS

\$250 or Less

More than \$250

Office Use Only

Received by: ___

Date	Full Name	Amount	Date		Amount
				Full Name: Address:	
				Contributor's job: (individual) Employer: (individual) Affiliation: (political committee) Full Name: Address:	
				Contributor's job: (individual) Employer: (individual) Affiliation: (political committee) Full Name:	
				Address:	
				Contributor's job: (individual) Employer: (individual) Affiliation: (political committee)	
				Full Name: Address:	
				Contributor's job: (individual) Employer: (individual) Affiliation: (political committee)	
				Total Contributions: (add both columns)	

ITEMIZED EXPENDITURES

Date	ruii name, residence address (ii person); business address (ii ven-	rurpose	Amount
	/ /	Total Expenditures:	
, KI	,	the attached statement is	•
	y knowledge, of all financial transactions occurring within the per	riod covered by this staten	nent, as required by West
Virginia Co	ode \$3-8-5a.		
7	Signature of Candidat	te, Treasurer, or Agent	

MAKE AS MANY COPIES OF THIS PAGE AS NEEDED