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.

 Has your committee received any loans Has your committee held any fundraise Has your committee received any misce Does your committee have any unpaid Have you or anyone else given an in-kin Has your committee given or received a 	ers? No ellaneous receipts, such as refunds or checking a bills? No	
Committee or Candidate Name:	Paul D. Melton	
Committee's Treasurer:	None	
Treasurer's Mailing Address:	NIA	
Treasurer's Daytime Phone:	NIA	
	PLEASE SELECT REPORTING PERIOD	
Oue 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)	•	_ 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 _
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-	(Add line 2 from all reports)	
	O	
	TOTAL CONTRIBUTIONS	
	ELECTION YEAR-TO-DATE (Add line 4 from all reports)	

TOTAL CONTRIBUTIONS

*Cannot have a negative ending balance

CONTRIBUTIONS

\$250	or	Less
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More than \$250

					more than \$250	•
Date	Full Name	Amount	Date			Amount
				Full Name:		
-				Address:		
				Contributor' Employer: (i	s job: (individual) ndividual)	
1				Affiliation: (r	oolitical committee)	
				Address:		
				Contributor'	ijob: (individual)	
				Employer: (ii	ndividual) olitical committee)	
				Full Name:	ontical continuites)	
				Address:		
				Contributor: Employer: (ir	i job: (individual) idividual	j
			L I	Affiliation: (p	olitical committee)	
				Full Name: Address:		
				Contributor's	job: (individual)	
			1	Employer: (in	dividual)	1
			<u> </u>		plitical committee)	
					ontributions:	-0-
				(au	d both columns)	<i></i>
		ITEMIZED EX	KPENDIT	TURES		
Date	Full name, residence address (if			1		
	(,)	bergoul, positiess and	iress (it ven-		Purpose	Amount
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			· · · · · · · · · · · · · · · · · · ·	<u> </u>		
				Total	Expenditures:	
4	Q 1 0 m 14	OATH OR A	AFFIRMATI			-0-
·	Paul D. Melton	51440 mm	Zf? b		ched statement is true and	d corner to the
best of m	y knowledge, of all financial tranode §3-8-5a.	sactions occurring v	within the n	eriod cov	ared by this statement	a correct, to the
Virginia Co				-1704 2041	area by this statement, as	required by West
4	aul D. Melton					
	an Villian	Signatur	e of Candida	ete, Treasi	arer, or Agent	
Date	10-04-2018					
			Office Use (Only		
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