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?

o. I say your continues given or received	a transier or excess carribaryir runus:	
Commiliae or Candidate Name:	BRIAN! KAIDBR	
Commi [©] ee's Treasurer:		
Treasurer's Mailing Address:	MANUAL AND	
Treasurer's Day the Phone:		
	PLEASE SELECT REPORTING PERIOD	
FIRST-PRIMARY 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 thereal ar.	FINAL REPORT Zero balance required PAC must file DissoluLion (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.	35 w	TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)
Total Contribu⊡ons		` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `
(from page 2) 2.	+	
Subtotal (lines 1+2) 3.	=	TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE
Total Expenditures	000	(Add line 4 from all reports)
(from page 2) 4.	35	
Ending Balance (line 3-4)	-0-	

^{*}Cannot have a nega We ending balance

	****	COIVIN	יטון טעו	142			
	\$250 or Less				More than \$250		
Date	Full Name	Amount	nt 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)			
		The state of the s	<u> </u>	Total Contributions:			
				(add both columns)			
		/ ITEMIZED EX	(PENDI	TURES			
Date	Full name, residence address (if person); business address (if ven-		Purpose	Purpose A			
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Opr		portorno c	<u> 11 Cae</u>	receix e	71.90		
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		TOTAL CONTROL OF THE				***************************************	
 				Total Expenditures:		يسر بند	
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		,		nat the attached statement is			
	ny knowledge, of all financial tr	ansactions occurring	within the	period covered by this staten	nent, as requ	ired by West	
virginia C	Code §3-8-5a.						
	THE STATE OF THE S	Signatur	e of Candi	date, Treasurer, or Agent			
Date	10/19/18			Offi	ce Use Only	,	
	r						

Received by: ___

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