(Snort Form) in Kelation 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?

/2/	diples of excess campaign failus:							
Committee or Candidate Name:	Thayton							
Committee's Treasurer:	P							
Treasurer's Mailing Address:								
Treasurer's Daytime Phone:	-415-1036							
PLEASE SELECT REPORTING PERIOD								
FIRST-PRIMARY Due March 31-April 6, 2018 FIRST-GENERAL Due September 24-28, 2018	PRE-PRIMARY Due April 23-27, 2018 PRE-GENERAL Due October 22-26, 2018	POST-PRIMARY Due May 21-June 1, 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.	· • • • • • • • • • • • • • • • • • • •	\odot	TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)
Total Contributions			(10)
(from page 2) 2 .	+	D	0
Subtotal			
(lines 1+2) 3 .	=	\bigcirc	TOTAL CONTRIBUTIONS
Total Expenditures	***************************************		ELECTION YEAR-TO-DATE (Add line 4 from all reports)
(from page 2) 4.			
Ending Balance			
(line 3-4)			

*Cannot have a negative ending balance

Official Form F-7A

Issued by the WV State Election Commission

Revised 9/17

CONTRIBUTIONS

\$250 or Less			More than \$250			
Date	Full Name	Amount	Date			
				Full Name: Address:		Amoun
					r's job: (individual)	
				Employer: (individual)	
				Full Name: Address:	political committee)	
-		/ 			's job: (individual)	-
		4		Employer: (i	individual) political committee)	
Í				Full Name: Address:	political confinittee	
				ĺ	s job: (individual)	
			<u></u>	Employer: (individual) Affiliation: (political committee)		
				Full Name: Address;		
				Contributor's	s job: (individual)	
				Employer: (in	idividual) olitical committee)	
					ontributions:	
					d both columns)	
			·········			
		ITEMIZED EX	PENDI	TURES		
Date	Full name, residence address (if p	erson); business addr	ess (if ven-		Purpose	Amount
						
		<i>[</i> }				
	4					
				Total !	Expenditures:	
12		OATH OR A	FFIRMATI	ON		
oc of m	ad W/MAXIFM	. swear or	affirm the	at the ette	ched statement is true and	correct, to the
rginia Co	y knowledge, of all financial transi nde § \$ \$ 5a.	actions occurring w	ithin the p	eriod cove	ered by this statement, as r	equired by West
	1/2					
4		Signature	of Candid	ate, Treas	urer, or Agent	
l					<u>-</u>	
	10.3-18				Office Use O	inhy
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Received by:

TPIES OF THIS PAGE AS NEEDED