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 train	ritarioution to your campaign? Tisfer of excess campaign funds?	
Committee or Candidate Name: Kathry	2 West	
Committee's Treasurer: Myself		**************************************
Treasurer's Mailing Address: 109 0010	chema Ave Poca 1	N 2SISA
Treasurer's Daytime Phone: 304-63	8-5767	
	ASE SELECT REPORTING PERIOD	
Due March 31-April 6, 2018	PRE-PRIMARY Due April 23-27, 2018	POST-PRIMARY
FIRST-GENERAL Due September 24-28, 2018	PRE-GENERAL Due October 22-26, 2018	Due May 21-June 1, 2018 POST-GENERAL Due Nov. 19-Dec. 18, 2018 AMENDED REPORT Must also check box of appropriat reporting period.
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)	

REPORT TOTALS

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report) 1	. Ø	TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE
Total Contributions		(Add line 2 from all reports)
(from page 2) 2	+ 9	
Subtotal		
(lines 1+2) 3.	= Ø	TOTAL CONTRIBUTIONS
Total Expenditures		ELECTION YEAR-TO-DATE (Add line 4 from all reports)
(from page 2) 4.		(at all 4 hom an reports)
Ending Balance		
(line 3-4)	ŷ'	

^{*}Cannot have a negative ending balance

CONTRIBUTIONS

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34	JU	ur	LE55

Date				More than \$250	
1	Full Name	Amount	Date		Amou
1				Full Name: Address:	- Allow
				Contributor's job: (individual) Employer: (individual)	
				Affiliation: (political committee)	
				Address:	***************************************
				Contributor's job: (individual) Employer: (individual)	
				Affiliation: (political committee) Full Name:	
				Address:	
				Contributor's job: (Individual) Employer: (Individual)	Mary and Province of the Control of
				Affiliation: (political committee) Full Name:	
				Address:	
				Contributor's job: (individual) Employer: (individual) Affiliation: (political committee)	
				Total Contributions:	
				(add both columns)	
		ITEMIZED EX	PENINI	ri ibec	
Date	Full name, residence address (14				
	Full name, residence address (if	person); business addr	ress (if ven-	Purpose	Amount

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				Total Expenditures:	
		OATH OR A	FFIRMATI	Total Expenditures:	
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Received by: