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

REPORT TOTALS

CASH BALANCE SUMMARY

		_
Beginning Balance (ending balance from previous report) 1.	0	TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)
Total Contributions		
(from page 2) 2.	+	
Subtotal	<i>n</i>	
(lines 1+2) 3.	=	TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE
Total Expenditures		(Add line 4 from all reports)
(from page 2) 4.	0	
Ending Balance	·	
(line 3-4)	0	

^{*}Cannot have a negative ending balance

Date

CONTRIBUTIONS

\$250 or Less

MAKE AS MANY COPIES OF THIS PAGE AS NEEDED

Full Name Amount

More than \$250

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) Full Name: Address: Contributor's job: (individual) Employer: (individual) Affiliation: (political committee)	Date		Amount
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		Affiliation: (political committee)	

Received by: ___

Total Contributions: (add both columns)

ITEMIZED EXPENDITURES

Date	Full name, residence address (if person); business address (if ven-		Purpose		Amount	
, .						
OATH OR AFFIRMATION		Total Expenditures:				
1, <u>Jackie Hunter</u> , swear or affirm that			t the attached statement is true and correct, to the			
best of my knowledge, of all financial transactions occurring within the period covered by this statement, as required by West						
Virginia Co	ode §3-8-5a.					
	ache Anth Sig	nature of Candida	ate, Treasurer, or Agent			
Date	11-30-18	Office Use Only				