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?

o. 1163 your committee give	il or received a)	a ansier of excess compargit rutius:			
Committee or Candidate Nam	ne:E	WIN KARNES			
Committee's Treasurer:	·	2			
Treasurer's Mailing Address:	102	WATER SIDE C	IR WINHEL WU 250		
Treasurer's Daytime Phone:	302	1 552 6948			
PLEASE SELECT REPORTING PERIOD					
FIRST-PRIMARY Due March 31-April	6, 2018	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 cale Due last Saturday in N within 6 days thereaft	=	FINAL REPORT Zero balance required PAC must Dissolution (Form F-6)	file AMENDED REPORT Must also check box of appropriate reporting period.		

REPORT TOTALS

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report) 1	L.	000	TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)
Total Contributions		00	
(from page 2) 2	2. +		
Subtotal		200	
(lines 1+2) 3 .	=	()·	TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE
Total Expenditures		700	(Add line 4 from all reports)
(from page 2) 4	ı.	<i>\(\tau\)</i> .	
Ending Balance	an constitution of the con	~ 00	
(line 3-4)			

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Culling	MUVC	u ne	40000	CHAIRIG	Daiunce

TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 4 from all reports)

\$250 or Less

More than \$250

Received by:

Date	Full Name	Amount	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)	
			<u></u>	Total Contributions:	
				(add both columns)	
Date	Full name, residence address (if	ITEMIZED E			Amount
Butt	Tairmaine, residence address (ii	persony, business au	aress (ii veii	Furpose	Amount
			······································		
				Total Expenditures:	
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1	(hat the attached statement is	
	ny knowledge, of all financial tran	isactions occurring	within the	period covered by this state	ment, as required by West
Virginia	ode §3-8-5a.				
	UM-Kar-(Signatu	ire of Cand	date, Treasurer, or Agent	
7					
Date	114/18			Off	ice Use Only
Date 📗					de Oje Omy
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