# 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: Dou Committee's Treasurer: Douglas P		
Treasurer's Mailing Address: 219	Pickens Avenue Buffalo WV 25033 304) 546-2202	
FIRST-PRIMARY Due March 31-April 6, 2018  FIRST-GENERAL Due September 24-28, 2018  ANNUAL REPORT Due in calendar year Due last Saturday in March or within 6 days thereafter.	PRE-PRIMARY Due April 23-27, 2018  PRE-GENERAL Due October 22-26, 2018  FINAL REPORT Zero balance required PAC must file Dissolution (Form F-6)	POST-PRIMARY Due May 21-June 1, 2018  POST-GENERAL Due Nov. 19-Dec. 18, 2018  AMENDED REPORT Must also check box of appropriate reporting period.

### **REPORT TOTALS**

### **CASH BALANCE SUMMARY**

Beginning Balance (ending balance from previous report) 1.		-0-	
Total Contributions		-0-	
(from page 2)		. +	
Subtotal		^	
(lines 1+2)	3.	=	
Total Expenditures		-0-	
(from page 2)	4.		
Ending Balance		-0-	
(line 3-4)			

## TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE

(Add line 2 from all reports)

\$25.00

# TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE

(Add line 4 from all reports)

\$25.00

<sup>\*</sup>Cannot have a negative ending balance

### **CONTRIBUTIONS**

### \$250 or Less

# Date Full Name Amount

MAKE AS MANY COPIES OF THIS PAGE AS NEEDED

### More than \$250

Date		Amount
	Full Name:	
	Address:	
	Contributor's job: (individual)	
	Employer: (individual)	
	Affiliation: (political committee)	
	Full Name:	
	Address:	
	Contributor's job: (individual)	i
	Employer: (individual)	
	Affiliation: (political committee)	
	Full Name:	
	Address:	
	Contributor's job: (individual)	
J	Employer: (individual)	
	Affiliation: (political committee)	
	Full Name:	· · · · · · · · · · · · · · · · · · ·
	Address:	
	Contributor's job: (individual)	
	Employer: (individual)	
1	Affiliation: (political committee)	
	Total Contributions:	

Received by:

Total Contributions: (add both columns)

### **ITEMIZED EXPENDITURES**

Date	Full name, residence address (if person); business address (if ven-	Purpose	Amount		
Total Expenditures:					
OATH OR AFFIRMATION					
I,					
best of m	knowledge, of all financial transactions occurring within the pe	eriod covered by this staten	nent, as required by West		
Virginia Code §3-8-5a.  Signature of Candidate, Treasurer, or Agent					
Date	t=====================================	Offi	ice Use Only		