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

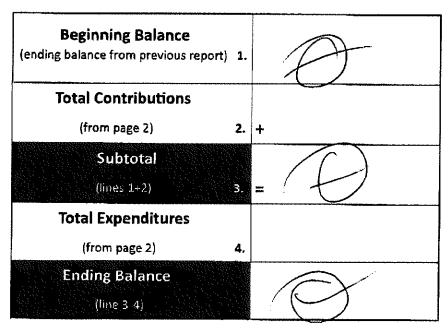
IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, YOU CANNOT USE THIS FORM. YOU MUST USE THE LONG FORM (FORM F-7) TO FILE YOUR CAMPAIGN FINANCE REPORT.

- 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?

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Committee or Candidate Name:	barbara Reed 70 Box	92 #9 Fir Street Bullato 2503
Committee's Treasurer:		00
Treasurer's Mailing Address:		
Treasurer's Daytime Phone:		
	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 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

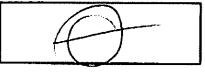
CASH BALANCE SUMMARY



*Cannot have a negative ending balance

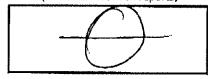
TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE

(Add line 2 from all reports)



TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE

(Add line 4 from all reports)



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CONTRIBUTIONS

\$250 or Less

Date	Full Name	Amount

More than \$250

Date	1	Amount
	Full Name:	
]	Address:	**
	Canada la caración de	ĺ
	Contributor's job: (individual)	ļ
	Employer: (individual)	
	Affiliation: (political committee)	
	Address:	
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	Contributor's job: (individual)	ľ
	Employer: (individual)	
	Affiliation: Ipolitical committee)	1
	Full Name:	
	Address:	ſ
	Contributor's Job: (individual)	l l
	Employer: (Individual)	ł
	Affiliation: (political committee)	
	Full Name:	
	Address:	
		Ī
	Contributor's job: (individual)	ĺ
	Employer: (individual)	[
	Affiliation: (political committee)	

Total Contributions: (add both columns)

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ITEMIZED EXPENDITURES

Date	Full name, residence address (if person); business address (if ven-	Purpose	Amount

OAT

Total	Expenditures:	
H OR AFFIRMATION		

, swear or affirm that 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 Code §3-8-5a

Signature of Candidate, Treasurer, or Agent

Date _

Office Use Only

Received by: _

AKE AS MANY COPIES OF THIS PAGE AS NEEDED