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: <u>Kathy West</u>			
Committee's Treasurer: <u>Muff West</u>			
Treasurer's Mailing Address: 109 Oklahor	na Auc Poca WU 25159		
Treasurer's Daytime Phone: (304) 859-8389 PLEASE SELECT REPORTING PERIOD			
Due March 31-April 6, 2018	PRE-PRIMARY Due April 23-27, 2018	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

Beginning Balance (ending balance from previous report)	1.	X
Total Contributions		,
(from page 2)	2.	. + 🖔
Subtotal		X
(lines 1+2)	3.	= 🔍
Total Expenditures		X
(from page 2)	4.	
Ending Balance		<u> </u>
(line 3-4)		Q

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

TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)

^{*}Cannot have a negative ending balance

\$250 or Less

Date	Full Name	Amount
, , , , , , , , , , , , , , , , , , , ,		
	<u> </u>	

More than \$250

Date		Amount
	Full Name: Address:	
	Address.	
	Contributor's job: (individual)	ĺ
	Employer: (individual)	ĺ
	Affiliation: (political committee)	
	Address:	i
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	Contributor's job: (individual)	l
	Employer: (individual)	ĺ
	Affiliation: (political committee)	
	Full Name: Address:	
	Address.	l
	Contributor's Job: (individual)	İ
	Employer: (individual)	
	Affiliation: (political committee)	
	Full Name:	
	Address:	
	Cassella sanda taha (individual)	l
	Contributor's job: (individual) Employer: (individual)	1
	Affiliation: (political committee)	l
	Total Contributions:	

(add both columns)

ITEMIZED EXPENDITURES

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

Total Expenditures:

DATH OR AFFIRMATION	
swear or affirm that the attached	statement is true and correct, to the

1, Kathryn West 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 308/024

Office Use Only

Received by: _

MAKE AS MANY COPIES OF THIS PAGE AS NEEDED