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: Mutt West					
Committee's Treasurer:					
Treasurer's Mailing Address: 109 Olduhoma Ava	Paca WU 25159				
Treasurer's Daytime Phone: (304) 6859-8389					
PLEASE S	PLEASE SELECT REPORTING PERIOD				
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.		À
Total Contributions			V3
(from page 2)	2.	+	Q
Subtotal	Milmonous		
(lines 1+2)	3.	=	Q
Total Expenditures			1
(from page 2)	4.		Q
Ending Balance			100
(line 3-4)			Ø

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 c	or Less	
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	Date	Full Name	Amount
		\mathcal{N}	
		W. Carlotte	
-			

More than \$250

·		
Date		Amount
	Full Name:	
	Address:	
[
	Contributor's job: (individual)	
	Employer: (individual)	
	Affiliation: (political committee) Full Name:	
	Address:	
	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:	
1		
]	Contributor's job: (individual)	
	Employer: (individual)	
ļ	Affiliation: (political committee)	
L	- masson pointed commence)	

Total Contributions: (add both columns)

b	
A)	

ITEMIZED EXPENDITURES

Date	Full name, residence address (if person); business address (if ven-	Purpose	Amount	
····				
		Total Expenditures:	h	
1. Mut	OATH OR AFFIRMATION And Albert			
	y knowledge, of all financial transactions occurring within the pe	the attached statement is true and riod covered by this statement, as re		
	ode §3-8-5a.		•	

Signature of Candidate, Treasurer, or Agent

Date 2018 10 29

Office Use Only

Received by:

MAKE AS MANY COPIES OF THIS PAGE AS NEEDED