

State of West Virginia Campaign Financial Statement (Short Form) in Relation to _____ Election Year

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?

RECEIVED
10/1/19

Committee or Candidate Name: BARBARA Fuller
 Office Sought: Jefferson County BOE District/Circuit: Middleway
 Committee's Treasurer: Note assigned
 Treasurer's Mailing Address: NA
 Treasurer's Daytime Phone: NA

PLEASE SELECT REPORT TYPE

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> First Quarter
Due April 1-7 | <input type="checkbox"/> Second Quarter
Due July 1-7 | <input checked="" type="checkbox"/> Third Quarter
Due October 1-7 | <input type="checkbox"/> Fourth Quarter
Due January 1-7 |
| <input type="checkbox"/> Primary Report
Due 15 days prior to Primary Election or within 4 business days thereafter | <input type="checkbox"/> General Report
Due 15 days prior to General Election or within 4 business days thereafter | <input type="checkbox"/> Amendment
May be filed at any time | <input type="checkbox"/> Final Report
Zero balance required |

REPORT TOTALS

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report) 1.			0.00
Total Contributions (from page 2) 2.	+		0.00
Subtotal (lines 1+2) 3.	=		0.00
Total Expenditures (from page 2) 4.	-		0.00
Ending Balance (line 3-4)	=		0.00

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

0

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

0

**Cannot have a negative ending balance*

CONTRIBUTIONS

\$250 or Less

More than \$250

Date	Full Name	Amount

N/A

Date	Full Name: Address:	Amount
	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) Full Name: Address:	
	Contributor's job: (individual) Employer: (individual) Affiliation: (political committee) Full Name: Address:	

N/A

Total Contributions:
(add both columns)

ITEMIZED EXPENDITURES

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

N/A

Total Expenditures:

OATH OR AFFIRMATION

I, BARBARA Fuller, 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.

Barbara Fuller Signature of Candidate, Treasurer, or Agent

Date September 30, 2019

Office Use Only

Received by: _____