State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2020 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?

Committee or Candidate Name:	en a	Coale [TR.						
Office Sought: CONYY Con	nhissio	Distr	rict/Circuit: Harpers Ferry						
Committee's Treasurer:	W Car	ale on-	. /						
Treasurer's Mailing Address: 27/ Porktield Drive Happers Feory WV 2									
Treasurer's Daytime Phone: 304-676-9501									
PLEASE SELECT REPORT TYPE									
First Quarter Due April 1-7 Second Due July	Quarter 1-7	Third Quarter Due October 1-7	Fourth Quarter Due January 1-7						
Due 15 days prior to Primary Election Due 15	Il Report days prior tral Election n 4 business ereafter	Amendment May be filed at any time	Final Report Zero balance required						
	REP	ORT TOTALS							
CASH BALANCE SUMMARY									
Beginning Balance (ending balance from previous report)	ı.	100.00	TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)						
Total Contributions (from page 2)	2. +	0.00	[00.00						
Subtotal (lines 1+2) 3	. =	100.00	TOTAL EXPENDITURES ELECTION YEAR-TO-DATE						
Total Expenditures (from page 2)	1	0.00	(Add line 4 from all reports)						
THE RESERVE OF THE PARTY OF THE									

Ending Balance

(line 3-4)

^{*}Cannot have a negative ending balance

CONTRIBUTIONS

\$250 or Less

Date Full Name Amount

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:	
	Contributor's job: (individual)	
	Employer: (individual)	
	Affiliation: (political committee)	l
	Annation: (pontical committee)	1
	Total Contributions	

Total Contributions: (add both columns)

ITEMIZED EXPENDITURES

Date	Full name, residence address (if person);	Purpose			Amount
	= 7/-				
	2005-10-5				
			3/00/2		
			* 300		
Total E OATH OR AFFIRMATION			xpenditures:		
l,, 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					
	900 \$8-8-5a.				,
Signature of Candidate, Treasurer, or Agent					
Date		Office Use Only			
	1.5				
MAKE AS MANY COPIES OF THIS PAGE AS NEEDED			Received by:		