State of West Virginia Campaign Financial Statement (Short Form) in Relation to <u>2020</u> 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 Nan	ne: Stephen C Cox II		
Office Sought: Sheri	ff	District/Circu	uit:Jefferson
Committee's Treasurer:	Stephen C Cox II		
Treasurer's Mailing Address:	P.O. Box 41 Summit	Point, WV 25446	
Treasurer's Daytime Phone:	304-728-2200		
	PLEASE SEI	LECT REPORT TYPE	
Due April 1-7	Second Quarter Due July 1-7	Third Quarter Due October 1-7	Fourth Quarter Due January 1-7
Primary Report Due 15 days prior to Primary Election or within 4 business days thereafter	General Report Due 15 days prior to General Election or within 4 business days thereafter	Amendment May be filed at any time	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)

 <u>i</u>		
\$0.00		

TOTAL EXPENDITURES ELECTION YEAR-TO-DATE

(Add line 4 from all reports)

\$0.0	0

^{*}Cannot have a negative ending balance

\$250	or	Less
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Date Full Name Amount

More than \$250

Date		Amount
	Full Name:	
	Address:	
	entributor's job: (individual)	
	Employer: (individual)	
	Affiliation: (political committee)	72
	Full Name.	
	Address:	
	Contributor's job: (inc. vidual)	
	Employer: (individual)	
	Affiliation: (political committee)	
	Full Name:	
	Address:	
	Contain store into (individual)	
	Contributor's job: (individual) Employer: (individual)	
	Affiliation: (political committee)	
	Full Name:	
	Address:	
	Contributor's job: (individual)	
	Employer: (individual)	
	Affiliation: (political committee)	
	Total Contributions:	

(add both columns)

ITEMIZED EXPENDITURES

Date	Full name, residence address (if person);		Purpose		Amount
			\		
		Total Expenditures:		\$0.00	
Stephen C Cox II		OATH OR AFFIRMATION Swear or affirm that	t the attached statement is tr	ue and cor	ect, to the

Virginia code §3-8-5a.

Signature of Candidate, Treasurer, or Agent

Date 7 January 2020

Office Use Only

\$0.00

Received by: