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.

L.	Has y	your	committee	received	any	loans?
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- 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:	5 teve	St	olipher	
Office Sought: Con Hy	COMMIS	sioner	District	/Circuit: Mapletown
Committee's Treasurer:	tere St	oliph	ner	
Treasurer's Mailing Address:	53 ster	- 5%	in Lane Char	les Town W 25414
Treasurer's Daytime Phone:	304 - 2			
	P	LEASE S	ELECT REPORT TYPE	
Due April 1-7	Second Quantum Due July 1-7	arter	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 Re Due 15 days to General Re or within 4 days therea	ys prior		Final Report Zero balance required
		RE	PORT TOTALS	
CAS	SH BALANCE	SUMI	MARY	
Danisaria a Bata				
Beginning Bala (ending balance from previ	ł.		0	TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)
Total Contributi	ons	1	40	1 500
(from page 2)	2.	+ //	560	1,500
Subtotal	A CARL			
(lines 1+2)	3.	= /,	,500	TOTAL EXPENDITURES ELECTION YEAR-TO-DATE
Total Expenditu	ıres	,		(Add line 4 from all reports)
(from page 2)	4.	-	0	
Ending Balanc	e			
(line 3-4)		_ / /	500	

*Cannot have a negative ending balance

Date

CONTRIBUTIONS

\$250 or Less

Date	Full Name	Amount

MAKE AS MANY COPIES OF THIS PAGE AS NEEDED

More than \$250

Date		Amount
10/18/19	Full Name: Fs Horostry JR Capt' Me Madress: 46 sundance Lane Kanogai Me M Contributor's job: (Individual) Betiral May Cap. Employer: (Individual) Retrod	500-
12/4/20	Affiliation: (political committee) Real Full Name: Devid Listing Address: 12860 Lastan Red Hearneys ville W Contributor's job: (individual) Egypment Baskels Employer: (individual) self Affiliation: (political committee) Next	1,000-
	Full Name: Address: Contributor's job: (individual) Employer: (individual) Affiliation: (political committee)	
	Full Name: Address: Contributor's job: (individual) Employer: (individual) Affiliation: (political committee)	

Purpose

Total Contributions: (add both columns)

\$ 1,	50	0	

Office Use Only

Received by: _

Amount

ITEMIZED EXPENDITURES

Full name, residence address (if person);

			×				
	-1	-/ / -	, ,	OATH OR AFFIRMAT	Total Expenditures:	-0)
-		Steliph	9	swear or affirm th	at the attached statement is		
			ransactions	occurring within the	period covered by this stater	nent, as req	uired by West
Virginia Co	ode §3-8-5a	7					
		1		Signature of Candid	date, Treasurer, or Agent		
		/					