# **State of West Virginia Campaign Financial Statement** (Short Form) in Relation to <u>20~</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 Nam	ne: David Morreale					
Office Sought: Board of Educ	ation	District/0	District/Circuit: Shepherdstown			
Committee's Treasurer: Self						
Treasurer's Mailing Address:	75 Old Prospect Ave. Shepherdstown, WV 25443					
Treasurer's Daytime Phone:	828-476-8853					
First Quarter Due April 1-7	Second Quarter Due July 1-7	y, Sunday or a legal holiday  Third Quarter  Due October 1-7	will be extended to the next business day.)  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)		TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)
Total Contributions	0.00	0.00
(from page 2)	2. +	
Subtotal	25.00	
(lines 1+2)	3. =	TOTAL EXPENDITURES ELECTION YEAR-TO-DATE
Total Expenditures	25.00	(Add line 4 from all reports)
(from page 2)	4. –	25.00
Ending Balance	25.00	
(line 3-4)	=	

<sup>\*</sup>Cannot have a negative ending balance

Date

## **CONTRIBUTIONS**

Date

Amount

Election

Check One

☐ Primary

# \$250 or Less

MAKE AS MANY COPIES OF THIS PAGE AS NEEDED

Full Name

## More than \$250

**Contributor Information** 

Election

Check One

Amount

	☐ Primary	Full Na	ima:		
	☐ General	Addres		☐ Primary	
	☐ Primary	Contril	butor's job:		
	☐ General	Emplo	yer: (individual)	General	
i i	☐ Primary		ion: (political committee) ame:		
	☐ General	Addre	ss:	☐ Primary	
	☐ Primary		butor's job: (individual)		
	☐ General		yer: (individual) tion: (political committee)	General	
1	☐ Primary	Full Na	ime:		
	☐ General	Addres	55:	☐ Primary	
	☐ Primary		outor's job: (individual)	Con and	
	☐ General		yer: (individual) ion: (political committee)	General	
	☐ Primary	Full Na			
	☐ General	Addre	ss:	□ Primary	
	☐ Primary	Contri	butor's job: (individual)		
	☐ General	Emplo	yer: (individual)	General	
		Affilia	tion: (political committee)  Total Contributions		
			(add both columns	<b>)</b>	
		EXPENDIT			
Date	Full name, residence address (if person);		Purpose	Amount	
1/25/2020			Candidacy Registration Fee	\$25.00	
		-			
		<u> </u>			
	1		Total Expenditures: \$2	F 00	
		00 4551014451	φ2	.5.00	
	$N \setminus A \setminus A \setminus A \setminus A \setminus A$	OR AFFIRMATION			
			it the attached statement is true		
best of m	y knowledge, of all financial transactions occurr	ring within the p	eriod covered by this statement,	as required by We	
Virginia Co	ode §3-8-5a. ()				
>	David AM				
	Sign	nature of Candida	ate, Treasurer, or Agent		
•	- 1				
	112122				
Date 4/7/2020			Office U	Office Use Only	
	1				
MAKE AS MANY COPIES OF THIS PAGE AS NEEDED			Received by:		