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?

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Committee or Candidate Name:	andrew t	Elliot	
Office Sought: 505.	<i>b</i> .	District/Cir	cuit: Jefferson county
Committee's Treasurer://	7		
Treasurer's Mailing Address:	N/A		
Treasurer's Daytime Phone:	NA		
SELECT REPORT TYPE (Filing d	eadlines falling on Saturday,	Sunday or a legal holiday w	ill be extended to the next business day.)
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	General Report Due 15 days prior	Amendment May be filed at	Final Report Zero balance required
to Primary Election or within 4 business days thereafter	to General Election or within 4 business days thereafter	any time	

REPORT TOTALS

CASH BALANCE SUMMARY

1.	0
2.	+
3.	= 0
4.	
	3.

TOTAL	CON	TRIBU	TIONS	
ELECTIC	N YE	AR-T	D-DATI	

(Add line 2 from all reports)

	0	

TOTAL EXPENDITURES ELECTION YEAR-TO-DATE

(Add line 4 from all reports)

,	\sim	 10.00	-
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^{*}Cannot have a negative ending balance

CONTRIBUTIONS

\$250 or Less

More than \$250

Date	Full Name	Election	Amount	Date	Contributor Information	Election	Amount
		Check One				Check One	
		☐ Primary ☐ General			Full Name: Address:	☐ Primary	<u> </u>
	7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ Primary ☐ General	0		Contributor's job: (individual) Employer: (individual)	General	0
		☐ Primary ☐ General	0		Affiliation: (political committee) Full Name: Address:	Primary	0
		☐ Primary ☐ General	0		Contributor's job: (individual) Employer: (individual)	General	
		☐ Primary ☐ General	0		Affiliation: (political committee) Full Name: Address:	Primary	M
		☐ Primary ☐ General	0		Contributor's job: (individual) Employer: (individual)	General	0
		☐ Primary ☐ General	O		Affiliation: (political committee) Full Name: Address:	☐ Primary	(1)
		☐ Primary ☐ General	0		Contributor's job: (individual) Employer: (individual)	General	
					Affiliation: (political committee) Total Contributions:		
					(add both columns)	\bigcirc	

ITEMIZED EXPENDITURES

Date	Full name, residence address (if person); business address (if vendor)	15 (2) 1 (0) 15 (2) 1 (1)	Purpose	100 110 100 100 100 100 100 100	Amount
	27.000	te min	**		
	OATH OR A	Total Ex	penditures:		\bigcirc
-	drea Ellict, swear or	affirm that the attach			
	knowledge, of all financial transactions occurring w	ithin the period cover	ed by this stateme	ent, as requ	ired by West
Virginia Cod	1 h 9 llit		- 4		
	Signature	of Candidate, Treasu	rer, or Agent		
Date/	1-21-22		Office	e Use Only	,
			1-2	e ose only	
MAKE AS MA	ANY COPIES OF THIS PAGE AS NEEDED		Received by: _	Stace	Hi