State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2024 Election Year Leg

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: Cara for Commissioner | | | | | | | |
|---|---------------------------------------|------------------------------------|-------------------------------------|--|--|--|--|
| Office Sought: County C | commission | District/Circui | t: Shepherdstown | | | | |
| Committee's Treasurer:Se | lf | | | | | | |
| Treasurer's Mailing Address:134 Redwood Court, Harpers Ferry, WV | | | | | | | |
| Treasurer's Daytime Phone: | 240-367-5152 | | | | | | |
| SELECT REPORT TYPE (Filing deadlines falling on Saturday, Sunday or a legal holiday will be extended to the next business day.) | | | | | | | |
| First Quarter Due April 1-8, 2024 | Primary Report Due Apr 29-May 3, 2024 | Second Quarter Due July 1-8, 2024 | Third Quarter Due October 1-7, 2024 | | | | |
| General Report Due October 21-25, 2024 | Fourth Quarter Due January 1-7, 2025 | 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. | \$282.04 | TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports) | | | |
|--|----------------------|---|--|--|--|
| Total Contributions | \$1,250 | | | | |
| (from page 2) 2. | + | | | | |
| Subtotal (lines 1+2) 3. | = \$1,532.04 | TOTAL EXPENDITURES ELECTION YEAR-TO-DATE | | | |
| Total Expenditures | \$1,494.13 | (Add line 4 from all reports) | | | |
| (from page 2) 4. | 4 1, 12 2 2 2 | | | | |
| Ending Balance (line 3-4) | \$37.91 | | | | |

| | ELECTION YEAR-TO-DATE | | | | | |
|----|-------------------------------|--|--|--|--|--|
| 73 | (Add line 4 from all reports) | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

^{*}Cannot have a negative ending balance

CONTRIBUTIONS

\$250 or Less

More than \$250

Received by:

| Date | Full Name | Election Check One | Amount | Date | Contr | ributor Information | | Election Check One | Amount |
|---|--|------------------------------------|----------|----------|---|--|---------------------|-----------------------|---------|
| 10/2 | Karen Bailey | Primary | \$250 | 10/22 | Address: | ess: | | ☐ Primary | \$1,000 |
| | | ☐ Primary ☐ General | | | Employer: (individu: | tributor's job: (individual) Retired ployer: (individual) ployer: (political committee) Republican | | General | |
| | | ☐ Primary ☐ General | | | Full Name: Address: | Name: | | ☐ Primary | |
| | | ☐ Primary ☐ General | | | Employer: (individu | | | ☐ General | |
| | | ☐ Primary ☐ General | | | Full Name; Address: | | | | |
| | | ☐ Primary ☐ General | | | Employer: (individua | | | ☐ General | |
| | | ☐ Primary ☐ General | | | Affiliation: [political Full Name: Address: | | | | |
| | | ☐ Primary ☐ General | | | Contributor's job: (individual) Employer: (individual) | | | ☐ General | |
| | Affiliation: (political committee) Total Contributions: (add both columns) | | | | | | \$1,250 | | |
| | | ITEM | IIZED EX | XPENI | DITURES | | | | |
| Date | Date Full name, residence address (if person); business address (if vendor) | | | Purpose | | Amount | | | |
| 10/22 | Walmart - Charles To | Walmart - Charles Town | | Printing | Printing materials, envelopes | | \$217 | .56 | |
| 10/2 | 1 Post Office- Shepher | Post Office- Shepherdstown | | stamp | stamps | | \$730.00 | | |
| 10/2 | 2 Walmart- Charles To | Walmart- Charles Town | | Addition | itional Postage, Ink | | \$91.2 | | |
| 11/1 | /24 Cara Keys- Reimbu | Cara Keys- Reimbursement of filing | | | | | \$455. | 35 | |
| | | | | | | [| | | |
| | | | DATH OR | AFFIRM | | xpenditures: | \$1,49 ⁴ | 1.13 | |
| I, _C | Caroline (Cara) Keys 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 | | | | | | | | |
| Virginia Code §3-8-5a. | | | | | | | | | |
| Caroline (Cara) Keys Caroline (Cara) Keys Signature of Candidate, Treasurer, or Agent | | | | | | | | | |
| Date 1/7/2025 Office Use Only | | | | | | | | | |

MAKE AS MANY COPIES OF THIS PAGE AS NEEDED