

received
10/1/2025

State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2026 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 Name: James Michael Southern

Office Sought: Board of Education

District/Circuit: Jefferson County

Committee's Treasurer: John Paul Lynch, Jr.

Treasurer's Mailing Address: 635 Airport Road, Martinsburg, WV 25405

Treasurer's Daytime Phone: 304-839-6886

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 1-7

☐ **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.	324.49
Total Contributions (from page 2) 2. +	\$ 0.00
Subtotal (lines 1+2) 3. =	324.49
Total Expenditures (from page 2) 4.	0
Ending Balance (line 3-4)	324.49

**TOTAL CONTRIBUTIONS
ELECTION YEAR-TO-DATE**
(Add line 2 from all reports)

0

**TOTAL EXPENDITURES
ELECTION YEAR-TO-DATE**
(Add line 4 from all reports)

0

**Cannot have a negative ending balance*

CONTRIBUTIONS

\$250 or Less

More than \$250

Date	Full Name	Election Check One	Amount	Date	Contributor Information	Election Check One	Amount
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address: Contributor's job: (Individual) Employer: (Individual) Affiliation: (political committee)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address: Contributor's job: (Individual) Employer: (Individual) Affiliation: (political committee)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address: Contributor's job: (Individual) Employer: (Individual) Affiliation: (political committee)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address: Contributor's job: (Individual) Employer: (Individual) Affiliation: (political committee)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address: Contributor's job: (Individual) Employer: (Individual) Affiliation: (political committee)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address: Contributor's job: (Individual) Employer: (Individual) Affiliation: (political committee)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address: Contributor's job: (Individual) Employer: (Individual) Affiliation: (political committee)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address: Contributor's job: (Individual) Employer: (Individual) Affiliation: (political committee)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
				Total Contributions: (add both columns)		\$ 0.00	

ITEMIZED EXPENDITURES

Date	Full name, residence address (if person); business address (if vendor)	Purpose	Amount
Total Expenditures:			\$ 0.00

I, John Paul Lynch, Jr.

OATH OR AFFIRMATION

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.


 Signature of Candidate, Treasurer, or Agent
Date 10/01/2025

Office Use Only

Received by: _____