

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: _____

Office Sought: _____ District/Circuit: _____

Committee's Treasurer: _____

Treasurer's Mailing Address: _____

Treasurer's Daytime Phone: _____

SELECT REPORT TYPE *(Filing deadlines falling on Saturday, Sunday or a legal holiday will be extended to the next business day.)*

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> First Quarter Due April 1-7, 2026 | <input type="checkbox"/> Primary Report Due April 27-May1, 2026 | <input type="checkbox"/> Second Quarter Due July 1-7, 2026 | <input type="checkbox"/> Third Quarter Due October 1-7, 2026 |
| <input type="checkbox"/> General Report Due October 19-23, 2026 | <input type="checkbox"/> Fourth Quarter Due January 1-7, 2027 | <input type="checkbox"/> Amendment May be filed at any time | <input type="checkbox"/> Final Report Zero balance required |

REPORT TOTALS

CASH BALANCE SUMMARY

| | | | |
|--|---|--|--|
| Beginning Balance (ending balance from previous report) 1. | | | |
| Total Contributions (from page 2) 2. | + | | |
| Subtotal (lines 1+2) 3. | = | | |
| Total Expenditures (from page 2) 4. | | | |
| Ending Balance (line 3-4) | | | |

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

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

**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: | <input type="checkbox"/> Primary | |
| | | <input type="checkbox"/> Primary <input type="checkbox"/> General | | | Contributor's job: (individual) Employer: (individual) Affiliation: (political committee) | <input type="checkbox"/> General | |
| | | <input type="checkbox"/> Primary <input type="checkbox"/> General | | | Full Name: Address: | <input type="checkbox"/> Primary | |
| | | <input type="checkbox"/> Primary <input type="checkbox"/> General | | | Contributor's job: (individual) Employer: (individual) Affiliation: (political committee) | <input type="checkbox"/> General | |
| | | <input type="checkbox"/> Primary <input type="checkbox"/> General | | | Full Name: Address: | <input type="checkbox"/> Primary | |
| | | <input type="checkbox"/> Primary <input type="checkbox"/> General | | | Contributor's job: (individual) Employer: (individual) Affiliation: (political committee) | <input type="checkbox"/> General | |
| | | <input type="checkbox"/> Primary <input type="checkbox"/> General | | | Full Name: Address: | <input type="checkbox"/> Primary | |
| | | <input type="checkbox"/> Primary <input type="checkbox"/> General | | | Contributor's job: (individual) Employer: (individual) Affiliation: (political committee) | <input type="checkbox"/> General | |
| Total Contributions: (add both columns) | | | | | | | |

ITEMIZED EXPENDITURES

| Date | Full name, residence address (if person); business address (if vendor) | Purpose | Amount |
|----------------------------|---|---------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Expenditures: | | | |

OATH OR AFFIRMATION

I, _____, 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 _____

Office Use Only

Received by: _____