State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2018 Election Year

Beginning in 2018, all candidates that file Campaign Finance reports with the Secretary of State must file electronically. W. Va. Code §3-8-5b

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: <u>Char</u>	lie Meyers		
Office Sought: County Comm	ission District/0	Circuit:	
Committee's Treasurer:			3
Treasurer's Mailing Address:			90.00
Treasurer's Daytime Phone:			Ì
	PLEASE SELECT REPORTING PERIOD		
FIRST-PRIMARY Due March 31-April 6, 2018	PRE-PRIMARY Due April 23-27, 2018	POST-PRIMARY Due May 21-June 18, 2018	
FIRST-GENERAL Due September 24-28, 2018	PRE-GENERAL Due October 22-26, 2018	POST-GENERAL Due Nov. 19-Dec. 17, 2018	
ANNUAL REPORT Due in calendar year Due last Saturday in March or within 6 days thereafter.	FINAL REPORT Zero balance required PAC must file Dissolution (Form F-6)	AMENDED REPORT Must also check box of appropriate reporting period.	

REPORT TOTALS

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	1.		0	
Total Contributions				
(from page 2)	2.	+	0	
Subtotal				
(lines 1+2)	3.	=	0	
Total Expenditures				
(from page 2)	4.	-	0	
Ending Balance				
(line 3-4)		=	0	~~~

TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE

(Add line 2 from all reports)

1625.32

TOTAL EXPENDITURES ELECTION YEAR-TO-DATE

(Add line 4 from all reports)

1625.32

^{*}Cannot have a negative ending balance

\$250	or l	.ess
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Date	Full Name	Amount

More than \$250

Date		Amount
	Full Name:	
	Address:	İ
	Contributor's job: (individual)	
	Employer: (individual)	
	Affiliation: (political committee) Full Name:	
	1	1
l	Address:	
	Considerate de la la Participa de Calcon	
	Contributor's job: (individual)	:
	Employer: (individual)	
	Affiliation: (political committee) Full Name:	
	Address:	
	Address.	į
	Contributor's job: (individual)	ļ
	Employer: (individual)	
	Affiliation: (political committee)	·
	Full Name:	
	Address:	
	Contributor's job: (individual)	
	Employer: (individual)	
	Affiliation: (political committee)	
	Total Contributions:	

(add both columns)

ITEMIZED EXPENDITURES

Date	full name, residence address (if person); business address (if v	en-	Purpose	Amount
		Total I	Expenditures:	0
1, <u>Cho</u>	OATH OR AFFIRM ovles O. Meyers swear or affirm	ATION that the atta	l ched statement is	true and correct, to the
	y knowledge, of all financial transactions occurring within t	ne period cove	ered by this statem	nent, as required by West
_	ode §3-8-5a.			
	Signature of Cal	ndidate, Treas	urer, or Agent	
Date No	, <u>vember, 28, 2018</u>		Offic	ce Use Only

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Received by: _____