State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2020 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?

- E

- 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 Nam	ie: Robe	rt K. "Bob	" Tel	bay		
Office Sought: Wood	County	Commission	ner	District/Cir	rcuit: <u>3</u>	
Committee's Treasurer:						
Treasurer's Mailing Address:	PO Box	1825-	100	Westwood	Landing K	d PKsbaWV 26101
Treasurer's Daytime Phone:	304-48	1-3282				5

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** TOTAL CONTRIBUTIONS 0.00 (ending balance from previous report) 1. **ELECTION YEAR-TO-DATE** (Add line 2 from all reports) **Total Contributions** 1925.00 D (from page 2) 2. + Subtotal 00.00 TOTAL EXPENDITURES (lines 1+2) 3. = ELECTION YEAR-TO-DATE **Total Expenditures** (Add line 4 from all reports) 0 (from page 2) 4. 1925.00 **Ending Balance** 0.00 (line 3-4) =

*Cannot have a negative ending balance

Page 2		9	CONTRI	BUTI	ONS		
\$250 or Less		None			More than \$250		
Date	Full Name	Election Check One	Amount	Date	Contributor Information	Election Check One	Amoun
		Primary General			Full Name: Address: Contributor's job: Employer: (individual)	Primary	
		Primary General				General	
		Primary General			Affiliation: (political committee) Full Name: Address:	Primary	
		Primary General			Contributor's job: (individual) Employer: (individual)	General	
		Primary General			Affiliation: (political committee) Full Name: Address:	Primary	
		Primary General			Contributor's job: (individual) Employer: (individual)	General	
		Primary General			Affiliation: (political committee) Full Name: Address: Contributor's job: (individual) Employer: (individual) Affiliation: (political committee)	Primary	
		Primary General				General	(°, 1994)
				L	Total Contributions: (add both columns)		

ITEMIZED EXPENDITURES

Date	Full name, residence address (if person);	Purpose	Amount		
	1 De				
	NOT				
		Total Expenditures:			

OATH OR AFFIRMATION

I, Robert K, Tebay, 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 1-15-2021

Office Use Only

Received by:

MAKE AS MANY COPIES OF THIS PAGE AS NEEDED