

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: K. Robert Buchanan

Office Sought: District Supervisor District/Circuit: _____

Committee's Treasurer: _____

Treasurer's Mailing Address: _____

Treasurer's Daytime Phone: _____

WOOD COUNTY CLERK
06/21/2018
09:39:51 AM

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 1, 2018

FIRST-GENERAL
Due September 24-28, 2018

PRE-GENERAL
Due October 22-26, 2018

POST-GENERAL
Due Nov. 19-Dec. 18, 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.			<u>0</u> 100
Total Contributions (from page 2) 2.	+		
Subtotal (lines 1+2) 3.	=		
Total Expenditures (from page 2) 4.			100
Ending Balance (line 3-4)			<u>0</u>

**TOTAL CONTRIBUTIONS
ELECTION YEAR-TO-DATE**

(Add line 2 from all reports)

100.00

**TOTAL EXPENDITURES
ELECTION YEAR-TO-DATE**

(Add line 4 from all reports)

100.00

*Cannot have a negative ending balance

CONTRIBUTIONS

\$250 or Less

More than \$250

Date	Full Name	Amount

Date	Full Name: Address: Contributor's job: (individual) Employer: (individual) Affiliation: (political committee)	Amount
	Full Name: Address: Contributor's job: (individual) Employer: (individual) Affiliation: (political committee)	
	Full Name: Address: Contributor's job: (individual) Employer: (individual) Affiliation: (political committee)	
	Full Name: Address: Contributor's job: (individual) Employer: (individual) Affiliation: (political committee)	
	Full Name: Address: Contributor's job: (individual) Employer: (individual) Affiliation: (political committee)	

Total Contributions:
(add both columns)

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ITEMIZED EXPENDITURES

Date	Full name, residence address (if person); business address (if vendor)	Purpose	Amount

Total Expenditures:

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OATH OR AFFIRMATION

I, K. Robert Buchanan, 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.

K. Robert Buchanan Signature of Candidate, Treasurer, or Agent

Date 06/20/18

Office Use Only
Received by: _____