## 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?
- 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	: Comm. to elect Ma	ryann Copeland	Magistrate
Office Sought: Magisto	cate	District,	/Circuit: Fourth
Committee's Treasurer	onna Jackson		
Treasurer's Mailing Address:	291 Northwood	Terrace, Wi	Mianstown, WV 26187
Treasurer's Daytime Phone:	304-375-3847	/	
SELECT REPORT TYPE (Filing	deadlines falling on Saturday	, Sunday or a legal holida	y 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.			
Total Contributions			0
(from page 2)	2.	+	_0 _
Subtotal			
(lines 1+2)	3.	=	-0-0
Total Expendit	ures		4
(from page 2)	4.	-	-0-
Ending Baland	©E		/>
(line 3-4)		=	-0-

TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE

(Add line 2 from all reports)

1796.32

TOTAL EXPENDITURES ELECTION YEAR-TO-DATE

(Add line 4 from all reports)

1796.32

<sup>\*</sup>Cannot have a negative ending balance

## **CONTRIBUTIONS**

	\$250 or Less				More an \$25	U	
Date	Full Name	Election Check One	Amount	Date	Contributor Inform on	Election Check One	Amount
		☐ Primary Full Name: ☐ General Address:		□ Daimen			
		□ Primary		-	Contributor's job:	☐ Primary	
		☐ General			Employer: (individual) Affiliation: (political committee)	General	
		☐ Primary ☐ General			Full Name: Address:	Primary	
		□ Primary		1	Contributor's job: (individual)	Primary	
					Employer: (individual) Affiliation: (political committee)	General	
			mary		Full Name: Address:		
		☐ Primary			Contributor's job: (individual) Employer: (individual)		
		☐ General					
	☐ Primary Affiliation: (political committee) ☐ General Address:		Full Name:				
	···········	☐ Primary			Address:  Contributor's job: (individual)  Employer: (individual)		
		☐ General					
		-1			Affiliation: (political committee)  Total Contribution	s· I	
					(add both column	W )	
						190	
	re Full name, residence address (if person);						
		-		V			
							-
					Total Expenditures:	Ma	
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l,	Johna Jackson				m that the attached statement is true		
	ny knowledge, of all financia Code §3-8-5 <b>a.</b>	I transaction	s occurring	within	the period covered by this statement,	as required by	y West
VINBILIA							
	ma Xachson		Signatu	ire of Ca	andidate, Treasurer, or Agent		
Date Ç	ate 9/17/20				Office U	se Only	
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	5. 20				- 1		
MAKE AS MANY COPIES OF THIS PAGE AS NEEDED					Received by:		