

# State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2022 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: Amber B. Cross

Office Sought: Wood County BOE District/Circuit: B

Committee's Treasurer: Amber B. Cross

Treasurer's Mailing Address: 1758 Valley Mill Rd Waverly, WV 26084

Treasurer's Daytime Phone: 304-210-8690

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

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> <b>First Quarter</b><br>Due April 1-7   | <input checked="" type="checkbox"/> <b>Second Quarter</b><br>Due July 1-7  | <input type="checkbox"/> <b>Third Quarter</b><br>Due October 1-7      | <input type="checkbox"/> <b>Fourth Quarter</b><br>Due January 1-7                |
| <input type="checkbox"/> <b>Primary Report</b><br>Due 15 days prior to Primary Election or within 4 business days thereafter | <input type="checkbox"/> <b>General Report</b><br>Due 15 days prior to General Election or within 4 business days thereafter | <input type="checkbox"/> <b>Amendment</b><br>May be filed at any time | <input checked="" type="checkbox"/> <b>Final Report</b><br>Zero balance required |

### REPORT TOTALS

#### CASH BALANCE SUMMARY

<b>Beginning Balance</b> (ending balance from previous report) 1.			\$ 790
<b>Total Contributions</b> (from page 2) 2.	+		\$ 35
<b>Subtotal</b> (lines 1+2) 3.	=		\$ 825
<b>Total Expenditures</b> (from page 2) 4.	-		825
<b>Ending Balance</b> (line 3-4)	=		0

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

1225

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

1225

\*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
5/1	Amber Cross	<input type="checkbox"/> Primary <input type="checkbox"/> General	135		Full Name: Address:  Contributor's job: Employer: (individual) Affiliation: (political committee)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address:  Contributor's job: (individual) Employer: (individual) Affiliation: (political committee)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address:  Contributor's job: (individual) Employer: (individual) Affiliation: (political committee)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address:  Contributor's job: (individual) Employer: (individual) Affiliation: (political committee)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address:  Contributor's job: (individual) Employer: (individual) Affiliation: (political committee)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address:  Contributor's job: (individual) Employer: (individual) Affiliation: (political committee)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address:  Contributor's job: (individual) Employer: (individual) Affiliation: (political committee)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<b>Total Contributions:</b> (add both columns)							135

ITEMIZED EXPENDITURES

Date	Full name, residence address (if person);	Purpose	Amount
5/1	Results Radio Ad	Advertising	825
<b>Total Expenditures:</b>			825

OATH OR AFFIRMATION

I, Amber B Cross, 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.

Amber B Cross Signature of Candidate, Treasurer, or Agent

Date 6/28/22

**Office Use Only**

Received by: MAN