

State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2026 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:

Office Sought: District/Circuit:

Committee's Treasurer:

Treasurer's Mailing Address: _____

Treasurer's Daytime Phone: _____

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

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> First Quarter
Due April 1-7, 2026 | <input type="checkbox"/> Primary Report
Due April 17-May1, 2026 | <input type="checkbox"/> Second Quarter
Due July 1-7, 2026 | <input type="checkbox"/> Third Quarter
Due October 1-7, 2026 |
| <input type="checkbox"/> General Report
Due October 19-23, 2026 | <input type="checkbox"/> Fourth Quarter
Due January 1-7, 2027 | <input type="checkbox"/> Amendment
May be filed at any time | <input checked="" type="checkbox"/> Final Report
Zero balance required |

REPORT TOTALS

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report) 1.			<input style="width: 90%; height: 20px;" type="text" value="0.00"/>
Total Contributions (from page 2) 2.		+	<input style="width: 90%; height: 20px;" type="text" value="5.00"/>
Subtotal (lines 1+2) 3.		=	<input style="width: 90%; height: 20px;" type="text" value="5.00"/>
Total Expenditures (from page 2) 4.			<input style="width: 90%; height: 20px;" type="text" value="5.00"/>
Ending Balance (line 3-4)			<input style="width: 90%; height: 20px;" type="text" value="0.00"/>

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

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

**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
1-20	David R. Coram	<input type="checkbox"/> Primary <input type="checkbox"/> General	5.00		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	
		<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	
Total Contributions: (add both columns)							5.00

ITEMIZED EXPENDITURES

Date	Full name, residence address (if person); business address (if vendor)	Purpose	Amount
1-20	Ohio County	Filing Fee	5.00
Total Expenditures:			5.00

OATH OR AFFIRMATION

I, David R. Coram, 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.

/s/ David R. Coram Signature of Candidate, Treasurer, or Agent

Date 4-1-2026

Office Use Only
Received by: <u>CA</u>