

# 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: MARK SASEEN

Office Sought: Council District/Circuit: WARD 2

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"/> <b>First Quarter</b><br>Due April 1-7, 2026      | <input type="checkbox"/> <b>Primary Report</b><br>Due April 17-May1, 2026 | <input type="checkbox"/> <b>Second Quarter</b><br>Due July 1-7, 2026  | <input type="checkbox"/> <b>Third Quarter</b><br>Due October 1-7, 2026 |
| <input type="checkbox"/> <b>General Report</b><br>Due October 19-23, 2026 | <input type="checkbox"/> <b>Fourth Quarter</b><br>Due January 1-7, 2027   | <input type="checkbox"/> <b>Amendment</b><br>May be filed at any time | <input 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.					
		-	0	-	
<b>Total Contributions</b> (from page 2) 2.	+		25.00		
<b>Subtotal</b> (lines 1+2) 3.	=		25.00		
<b>Total Expenditures</b> (from page 2) 4.			25.00		
<b>Ending Balance</b> (line 3-4)		-	0	-	

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

25.00

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

25.00

\*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
1/22/2026	MARK SASEEN	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	25.00		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	
<b>Total Contributions:</b> (add both columns)							

ITEMIZED EXPENDITURES

Date	Full name, residence address (if person); business address (if vendor)	Purpose	Amount
1-22-26	MARK SASEEN		25.00
<b>Total Expenditures:</b>			25.00

I, MARK SASEEN, 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.

Mark Saseen Signature of Candidate, Treasurer, or Agent

Date 4-6-2026

**Office Use Only**

Received by: EA