

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?

CABELL COUNTY CLERK
OCT 31 12:22 PM '22

Committee or Candidate Name: Coy W. Miller

Office Sought: BOARD OF EDUCATION District/Circuit: #2

Committee's Treasurer: Coy Miller

Treasurer's Mailing Address: 1610 WOODLAND DRIVE, BARBOURVILLE, WV 25504

Treasurer's Daytime Phone: 304-638-2784

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

REPORT TOTALS

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report) 1.					
		\emptyset			
Total Contributions (from page 2) 2.	+		\emptyset		
Subtotal (lines 1+2) 3.	=		\emptyset		
Total Expenditures (from page 2) 4.			\emptyset		
Ending Balance (line 3-4)			\emptyset		

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

\$ 935.00

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


\$ 935.00

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

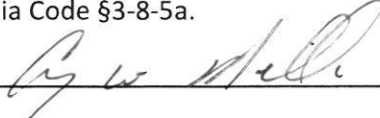
ITEMIZED EXPENDITURES

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

Total Expenditures: 

OATH OR AFFIRMATION

I, COT W. MILLER, 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.

 Signature of Candidate, Treasurer, or Agent

Date 31 OCT 2022

Office Use Only

OCT 31 22 PM 3:09
GABELL COUNTY CLERK

Received by: _____