

State of West Virginia Campaign Financial Statement (Long Form) in Relation to 2020 Election Year



Committee or Candidate Name: Hansen for Sheriff
 Office Sought: (if applicable) Sheriff District/Circuit: (if applicable) Jefferson Co
 Committee's Treasurer: Jennifer Hansen
 Treasurer's Mailing Address: 2584 S Childs Rd Kearneysville, WV 25430
 Treasurer's Daytime Phone: 304-279-8698

SELECT REPORTING PERIOD (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 checked="" 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 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

RECEIPTS OF FUNDS

Totals for this Period

| | |
|---|----------|
| Contributions (Page 3) | 100.00 |
| Monetary Contributions from all Fund-Raising Events (Page 4) | + 0 |
| Receipt of a Transfer of Excess Funds (Page 8) | + 0 |
| Total Monetary Contributions | = 100.00 |
| In-Kind Contributions (Page 5) | + 145.00 |
| Total Contributions | + 245.00 |

| | |
|--------------------------------|-----|
| Other Income (Page 5) | 0 |
| Loans Received (Page 6) | + 0 |
| Total Other Income: | = 0 |

CASH BALANCE SUMMARY

| | |
|--|----------|
| Beginning Balance (ending balance from previous report) | 0 |
| Total Monetary Contributions | + 245.00 |
| Total Other Income | + 0 |
| Subtotal a. | = 245.00 |

| | |
|---|-----|
| Total Expenditures (Page 7) | 0 |
| Total Disbursements of Excess Funds (Page 8) | + 0 |
| Repayment of Loans (Page 6) | + 0 |
| Subtotal b. | = 0 |

OUTSTANDING LOANS & DEBTS

| | |
|-----------------------------------|-----|
| Unpaid Bills (Page 9) | 0 |
| Outstanding Loans (Page 6) | + 0 |
| Total Debts: | = 0 |

| | |
|---|--------|
| Ending Balance (Subtotal a. - Subtotal b.) | 245.00 |
| | = |

TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE
(Add total contributions from all reports)

245.00

TOTAL EXPENDITURES ELECTION YEAR-TO-DATE
(Add total contributions from all reports)

0

Contributions of
\$250 or Less

Check if additional pages
have been attached.

| DATE | CONTRIBUTOR'S FULL NAME OR COMMITTEE'S NAME | ELECTION Check One | AMOUNT |
|---------|--|---|--------|
| 5-24-19 | W Milnor Roberts | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | 100.00 |
| | | <input type="checkbox"/> Primary <input type="checkbox"/> General | |
| | | <input type="checkbox"/> Primary <input type="checkbox"/> General | |
| | | <input type="checkbox"/> Primary <input type="checkbox"/> General | |
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| | | <input type="checkbox"/> Primary <input type="checkbox"/> General | |
| | | <input type="checkbox"/> Primary <input type="checkbox"/> General | |
| | | <input type="checkbox"/> Primary <input type="checkbox"/> General | |
| | | <input type="checkbox"/> Primary <input type="checkbox"/> General | |

Subtotal of contributors of \$250 or less: 100.00

MAKE COPIES OF THIS
PAGE AS NEEDED

**CONTRIBUTIONS OF
MORE THAN \$250**

 Check if additional pages have been attached.

| DATE | INDIVIDUAL CONTRIBUTOR OR COMMITTEE'S INFORMATION | ELECTION Check One | AMOUNT |
|---------|---|---|--------|
| 5-24-19 | Full Name: W Milnor Roberts Address: residential and mailing (if different) 8001 Glendale Ct Frederick, MD 21702-2917 Contributor's occupation :(individual contributor only) 100.00 Where contributor works: (individual contributor only) Affiliation: (political committee only) | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | 100.00 |
| | Full Name: Address: residential and mailing (if different) Contributor's occupation :(individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only) | <input type="checkbox"/> Primary <input type="checkbox"/> General | |
| | Full Name: Address: residential and mailing (if different) Contributor's occupation :(individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only) | <input type="checkbox"/> Primary <input type="checkbox"/> General | |
| | Full Name: Address: residential and mailing (if different) Contributor's occupation :(individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only) | <input type="checkbox"/> Primary <input type="checkbox"/> General | |
| | Full Name: Address: residential and mailing (if different) Contributor's occupation :(individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only) | <input type="checkbox"/> Primary <input type="checkbox"/> General | |

**MAKE COPIES OF THIS
PAGE AS NEEDED**

Subtotal of all contributions of more than \$250

Subtotal of all contributions of \$250 or less (from page 2)

TOTAL CONTRIBUTIONS:

| | |
|---|--|
| | |
| + | |
| = | |

OTHER INCOME: INTEREST, REFUNDS, MISCELLANEOUS RECEIPTS

| Date | Source of Income | Type of Receipt | Amount |
|------|------------------|-----------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Total Other Income:

IN-KIND CONTRIBUTIONS

| Date | Name and Contributor Information | Description of Contribution | Election Check One | Value |
|---------|----------------------------------|-----------------------------|---|--------|
| 10-1-19 | Thomas Hansen | 34 campaign signs | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | 145.00 |
| | | | <input type="checkbox"/> Primary <input type="checkbox"/> General | |
| | | | <input type="checkbox"/> Primary <input type="checkbox"/> General | |
| | | | <input type="checkbox"/> Primary <input type="checkbox"/> General | |
| | | | <input type="checkbox"/> Primary <input type="checkbox"/> General | |
| | | | <input type="checkbox"/> Primary <input type="checkbox"/> General | |

Total In-Kind Contributions:

RECEIPT OF A TRANSFER OF EXCESS FUNDS

Check if additional pages have been attached.

| Date | Candidate Committee Name and Year | Amount |
|--|-----------------------------------|--------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Receipts of Transfer of Excess Funds: | | |

DISBURSEMENT OF EXCESS FUNDS

| Date | Candidate Committee Name and Year Disbursing Excess Funds | Purpose of Disbursement | Amount |
|---|---|-------------------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Disbursements of Excess Funds: | | | |

Check if additional pages have been attached.

| Date | Owed to Whom | Purpose | Amount |
|----------------------------|-------------------|---------|--------|
| | Name: Address: | | |
| | Name: Address: | | |
| | Name: Address: | | |
| | Name: Address: | | |
| | Name: Address: | | |
| | Name: Address: | | |
| | Name: Address: | | |
| | Name: Address: | | |
| | Name: Address: | | |
| Total Unpaid Bills: | | | |

OATH/AFFIRMATION

I, *Jennifer Hanson* , swear or affirm that the attached statement is true and accurate, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

 [Signature] Signature of Candidate, Financial Agent or Treasurer

Date *10/7* , 20 *19*

Office Use Only

Received By: _____