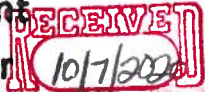


State of West Virginia Campaign Financial Statement (Long Form) in Relation to 2020 Election Year



Committee or Candidate Name: Steve Stolyha
 Office Sought: (if applicable) County Commission District/Circuit: (if applicable) Humbleton
 Committee's Treasurer: Steve Stolyha
 Treasurer's Mailing Address: 53 Star Sign Lane, Humbleton WV 25464
 Treasurer's Daytime Phone: 304 283 0614

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

CASH BALANCE SUMMARY

Contributions (Page 3)		1,500
Monetary Contributions from all Fund-Raising Events (Page 4)	+	1,950
Receipt of a Transfer of Excess Funds (Page 8)	+	
Total Monetary Contributions	=	3,450
In-Kind Contributions (Page 5)	+	175
Total Contributions	+	3,625

Beginning Balance (ending balance from previous report)		2,347.30
Total Monetary Contributions	+	3,450
Total Other Income	+	3,000
Subtotal a.	=	8,797.30

Other Income (Page 5)		
Loans Received (Page 6)	+	3,000
Total Other Income:	=	3,000

Total Expenditures (Page 7)		4,917.95
Total Disbursements of Excess Funds (Page 8)	+	
Repayment of Loans (Page 6)	+	
Subtotal b.	=	

OUTSTANDING LOANS & DEBTS

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

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

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

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

6,500

5,445.65

CONTRIBUTIONS OF
MORE THAN \$250

Check if additional pages
have been attached.

DATE	INDIVIDUAL CONTRIBUTOR OR COMMITTEE'S INFORMATION	ELECTION Check One	AMOUNT
	Full Name: <i>Joel Hayden</i> Address: residential and mailing (if different) <i>7581 Middleway Pike C harts Town WV 25814</i> Contributor's occupation :(individual contributor only) <i>Food Store</i> Where contributor works: (individual contributor only) <i>Home</i> Affiliation: (political committee only)	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<i>\$ 1,000</i>
	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:

	<i>1,000</i>
+	<i>500</i>
=	<i>1500</i>

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
9/7	Ronae + Ann Smith	Real	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	\$ 175
			<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:

\$ 175

ITEMIZED EXPENDITURES

Check if additional pages have been attached.

Date	Name of Person or Vendor and Address	Purpose	Amount
7/27	Name: <i>Vital Signs</i> Address: <i>32 Federal Hwy Charlottesville VA 22901</i>	Sign	\$4,639.95
8/30	Name: <i>Printing Production</i> Address: <i>1333 Shepherd Drive Sterling VA 20164</i>	Door Hangers	\$ 278-
	Name: Address:		
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	Name: Address:		

Total Expenditures: 4,917.95

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:			

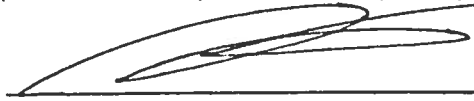
UNPAID BILLS

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, Steve Stolte, 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 of Candidate, Financial Agent or Treasurer

Date Oct 7th, 2020

Office Use Only

Received By: _____