

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

Committee or Candidate Name: Robert Gregory LANCE

Office Sought: (if applicable) SHERIFF District/Circuit: (if applicable) \_\_\_\_\_

Committee's Treasurer: Robert Gregory LANCE

Treasurer's Mailing Address: 90 Falcon Ridge RD Charleston WVa  
25444

Treasurer's Daytime Phone: \_\_\_\_\_

**SELECT REPORTING PERIOD** (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   | <input type="checkbox"/> <b>Second Quarter</b><br>Due July 1-7   | <input checked="" type="checkbox"/> <b>Third Quarter</b><br>Due October 1-7 | <input type="checkbox"/> <b>Fourth Quarter</b><br>Due January 1-7     |
| <input type="checkbox"/> <b>Primary Report</b><br>Due 15 days prior to Primary Election or within 4 business days thereafter | <input type="checkbox"/> <b>General Report</b><br>Due 15 days prior to General Election or within 4 business days thereafter | <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

#### RECEIPTS OF FUNDS

Totals for this Period

Contributions (Page 3)		- 0 -
Monetary Contributions from all Fund-Raising Events (Page 4)	+	- 0 -
Receipt of a Transfer of Excess Funds (Page 8)	+	- 0 -
<b>Total Monetary Contributions</b>	=	0
In-Kind Contributions (Page 5)	+	0
<b>Total Contributions</b>	+	0

Other Income (Page 5)		
Loans Received (Page 6)	+	
<b>Total Other Income:</b>	=	

#### CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)		0
Total Monetary Contributions	+	0
Total Other Income	+	0
<b>Subtotal</b> a.	=	0

Total Expenditures (Page 7)		
Total Disbursements of Excess Funds (Page 8)	+	
Repayment of Loans (Page 6)	+	
<b>Subtotal</b> b.	=	

Ending Balance (Subtotal a. - Subtotal b.)		=
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#### OUTSTANDING LOANS & DEBTS

Unpaid Bills (Page 9)		0
Outstanding Loans (Page 6)	+	0
<b>Total Debts:</b>	=	0

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

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

**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: 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	
	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
	5		<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	
			<input type="checkbox"/> Primary <input type="checkbox"/> General	

**Total In-Kind Contributions:**

ITEMIZED EXPENDITURES

Check if additional pages have been attached.

Date	Name of Person or Vendor and Address	Purpose	Amount
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		

Total Expenditures:

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:		
	Name: Address:		
Total Unpaid Bills:			

OATH/AFFIRMATION

I, \_\_\_\_\_, 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 \_\_\_\_\_, 20\_\_\_\_

Office Use Only  
10-8-2020  
Received By: Shawn Paroff