

# State of West Virginia Campaign Financial Statement (Long Form) in Relation to 2024 Election Year

**received**  
6/24/2024

Committee or Candidate Name: Natalie for WV  
 Office Sought: (if applicable) Jefferson County Commissioner District/Circuit: (if applicable) Middleway  
 Committee's Treasurer: Stephanie Rossi  
 Treasurer's Mailing Address: 110 W. 4th Ave Ranson, WV 25438  
 Treasurer's Daytime Phone: 304 839-8838

**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 1-8, 2024      | <input checked="" type="checkbox"/> <b>Primary Report</b><br>Due Apr 29-May 3, 2024 | <input type="checkbox"/> <b>Second Quarter</b><br>Due July 1-8, 2024             | <input type="checkbox"/> <b>Third Quarter</b><br>Due October 1-8, 2024 |
| <input type="checkbox"/> <b>General Report</b><br>Due October 21-25, 2024 | <input type="checkbox"/> <b>Fourth Quarter</b><br>Due January 1-7, 2025             | <input checked="" 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)	800-
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>	<b>= 800-</b>
In-Kind Contributions (Page 5)	+ 0
<b>Total Contributions</b>	<b>+ 800-</b>

Other Income (Page 5)	0
Loans Received (Page 6)	+ 0
<b>Total Other Income:</b>	<b>= 0</b>

**CASH BALANCE SUMMARY**

Beginning Balance (ending balance from previous report)	2078.02
<b>Total Monetary Contributions</b>	<b>+ 800-</b>
<b>Total Other Income</b>	<b>+ 0</b>
<b>Subtotal a.</b>	<b>= 2878.02</b>

Total Expenditures (Page 7)	1023.04
Total Disbursements of Excess Funds (Page 8)	+ 0
Repayment of Loans (Page 6)	+ 0
<b>Subtotal b.</b>	<b>= 1023.04</b>

**OUTSTANDING LOANS & DEBTS**

Unpaid Bills (Page 9)	76.83
Outstanding Loans (Page 6)	+ 0
<b>Total Debts:</b>	<b>= 76.83</b>

Ending Balance (Subtotal a. - Subtotal b.)	= 1854.98
--	-----------

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

4055.35

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

1500.37

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
4/2/24	John Landolt	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	100-
4/7/24	Barry Silverman	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	250-
4/24/24	Patty Bain Bachner	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	250-
4/25/24	Ronda Lehman	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	100-
4/28/24	Jan Hafer	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	50-
4/28/24	Rod Glover	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	50-
		<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	
		<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General	

Subtotal of contributors of \$250 or less:

800-

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
	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:**

0
+ 800 -
= 800 -

FUNDRAISING EVENTS

Check if additional pages have been attached.

All monetary contributions received at a fundraiser must be reported in the Event Summary below.

If contributor's name and amount are not listed, the contribution must be turned over to the West Virginia General Revenue Fund.

The only exception to this rule may apply to political party executive committees. (WV Code §3-8-5a)

EVENT SUMMARY

Date of Event _____ Type of Event _____ Name of Place Held _____ Address of Place Held _____ _____	Monetary Contributions _____ Expenditures (from pg. 7) _____ <b>NET RECEIPTS</b> _____ Total In-Kind Contributions _____ Related to Fundraiser _____
--	--

**Contributions of \$250 or Less**

**Contributions of \$250 or More**

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: Contributor's Job: (individual only) Where contributor works: (individual only) Affiliation (PAC only)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address: Contributor's Job: (individual only) Where contributor works: (individual only) Affiliation (PAC only)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address: Contributor's Job: (individual only) Where contributor works: (individual only) Affiliation (PAC only)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address: Contributor's Job: (individual only) Where contributor works: (individual only) Affiliation (PAC only)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address: Contributor's Job: (individual only) Where contributor works: (individual only) Affiliation (PAC only)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address: Contributor's Job: (individual only) Where contributor works: (individual only) Affiliation (PAC only)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address: Contributor's Job: (individual only) Where contributor works: (individual only) Affiliation (PAC only)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address: Contributor's Job: (individual only) Where contributor works: (individual only) Affiliation (PAC only)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address: Contributor's Job: (individual only) Where contributor works: (individual only) Affiliation (PAC only)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address: Contributor's Job: (individual only) Where contributor works: (individual only) Affiliation (PAC only)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address: Contributor's Job: (individual only) Where contributor works: (individual only) Affiliation (PAC only)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address: Contributor's Job: (individual only) Where contributor works: (individual only) Affiliation (PAC only)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
			<b>Subtotal of contributions of \$250 or less:</b>				<u>0</u>
				<b>Subtotal of contributions of more than \$250:</b>			
				<b>Total Contributions:</b>			<u>0</u>

**OTHER INCOME: INTEREST, REFUNDS, MISCELLANEOUS RECEIPTS**

Date	Source of Income	Type of Receipt	Amount

**Total Other Income:** 0

**IN-KIND CONTRIBUTIONS**

Date	Name and Contributor Information	Description of Contribution	Election Check One	Value
			<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:** 0

**LOANS**

**West Virginia Code §3-8-5f Loans to candidates, organizations or persons for election purposes.**

*"No candidate, financial agent, person or association of persons or organization advocating or opposing the nomination or election of any candidate or the passage or defeat of any issue or item to be voted upon may receive any money or any other thing of value as a loan toward election expenses except from the candidate, his or her spouse or a lending institution. All loans shall be evidenced by a written agreement executed by the lender, whether the candidate, his or her spouse, or the lending institution. Such agreement shall state the date and amount of the loan, the terms, including interest and repayment schedule, and a description of the collateral, if any, and the full names and addresses of all parties to the agreement. A copy of the agreement shall be filed with the financial statement next required after the loan is executed."*

The loan agreement **must** include all items asked for in the statute. The loan agreement does not have to follow a certain format; generally, if all required information is listed, any format is accepted.

Any money a candidates contributes to his or her campaign committee with the hope of repayment must be treated as a loan and reported in this section. When a candidate determines that no further repayments can be expected, the loan can be reported as repaid in the sections by entering the amount left to repay in the repayments column and reporting the came amount as a contribution from the candidate on Page 2.

**How to Report Loans**

- Each loan for your campaign must be listed on a separate line. Each time you loan money to the campaign, it is considered a separate loan. Include the following information on the form below:

- Loans from previous reporting periods, and the balance of each loan;
- Any payments made on loans;
- New loans.

- Attach a copy of the loan agreement for every new loan received during this reporting period.

**LOANS**

Bank Loans: List name & address of financial institution  Candidate Loans: List name, residence address and mailing address of person making or cosigning loan.	Column A	Column B		Column C		Column D		Column E	
	Balance of previous loan at end of period	Amount of new loan received during period		Repayments during period		Loan forgiveness received		Outstanding balance at end of period	
	Amount	Date	Amount	Date	Amount	Date	Amount	Date	Amount
		<b>Loans Received</b>		<b>Repayment of Loans</b>		<b>Loan Forgiveness</b>		<b>Outstanding Loans</b>	

ITEMIZED EXPENDITURES

Check if additional pages have been attached.

Date	Name of Person or Vendor and Address	Purpose	Amount
4/8/24	Name: Office Depot Address: 745 Foxcroft Ave. Martinsburg, WV 25401	business cards	20.54
4/11/24	Name: Tri State Printing Address: 120 Bester St. Hagerstown, MD 21740	signs	979.61
4/4/24 - 4/26/24	Name: Act Blue/Stripe Address: 366 Summer St. Somerville, MA 02144	processing fees	22.89
	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:		
	Name: Address:		
	Name: Address:		

Total Expenditures: 1023.04

**RECEIPT OF A TRANSFER OF EXCESS FUNDS**

*Check if additional pages have been attached.*

Date	Candidate Committee Name and Year	Amount
<b>Total Receipts of Transfer of Excess Funds:</b>		0

**DISBURSEMENT OF EXCESS FUNDS**

Date	Candidate Committee Name and Year Disbursing Excess Funds	Purpose of Disbursement	Amount
<b>Total Disbursements of Excess Funds:</b>			0



Check if additional pages have been attached.

Date	Owed to Whom	Purpose	Amount
4/22/24	Name: Tri State Printing Address: 120 Bester St. Hagerstown, MD 21740	Shipping Charges	76.83
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
Total Unpaid Bills:			76.83

OATH/AFFIRMATION

I, Stephanie Rossi, 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.

Stephanie Rossi Signature of Candidate, Financial Agent or Treasurer

Date 6/24, 2024

Office Use Only

Received By: \_\_\_\_\_