State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2024 Election Year **[CCC]**

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?

Committee or Candidate Name	e: Hansen for Sheriff			
Office Sought: Sheriff		District/Circuit:	Jefferson County	
Committee's Treasurer: Jenn	ifer Hansen			
Treasurer's Mailing Address:	jhansen68@comcast.net			
Treasurer's Daytime Phone:	304-279-8698			
ELECT REPORT TYPE (Filing	g deadlines falling on Saturday	r, Sunday or a legal holiday will be	extended to the next business day.	
Due April 1-7	Second Quarter Due July 1-7	Third Quarter Due October 1-7	Fourth Quarter Due January 1-7	
Primary Report Due 15 days prior to Primary Election or within 4 business days thereafter	General Report Due 15 days prior to General Election or within 4 business days thereafter	Amendment May be filed at any time	Final Report Zero balance required	

REPORT TOTALS

CASH BALANCE SUMMARY

	VCL SOMMANT	
Beginning Balance (ending balance from previous report)	1. 232.07	TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)
Total Contributions	\$ 0.00	, and a second participation of the second participation o
(from page 2)	2. +	
Subtotal		
(lines 1+2)	3. = 232.07	TOTAL EXPENDITURES ELECTION YEAR-TO-DATE
Total Expenditures	0.00	(Add line 4 from all reports)
(from page 2)	4.	
Ending Balance	232.07	
(line 3-4)		

^{*}Cannot have a negative ending balance

CONTRIBUTIONS

\$250 or Less

More than \$250

Date	Full Name	Check One	Amount	Date	C	ontributor Information		Election Check One	Amoun
		☐ Primary ☐ General			Full Name: Address:			D.D.i.	
		☐ Primary						☐ Primary	
		☐ General			Contributor's job: (individual) Employer: (individual) Affiliation: (political committee) Full Name:			☐General	
		☐ Primary							
-	General Address:				Primary				
		☐ Primary ☐ General		Contributor's job: (individual) Employer: (individual)			General		
		☐ Primary			Affiliation: (political committee) Full Name:				
		☐ General		Address:			☐ Primary		
		☐ Primary			Contributor's job: (individual) Employer: (individual) Affiliation: (political committee) Full Name: Address: Contributor's job: (individual) Employer: (individual)			☐ General	
		☐ General							
		☐ General						Drimon	
		☐ Primary						Primary	
		☐ General						☐General	
					Affiliation: (poli	ical committee) Total Contribut	tions:		
						(add both col			
						,			
		ITEM	IZED EX	KPENC	DITURES				
Date	Full name, resid	ence address	(if person);			Purpose		Am	ount
	business a	ddress (if ven	idor)			·			
					Total	Expenditures:			
		C	DATH OR	AFFIRM	ATION	Į.			
	er Hansen					ached statement is			
best of n	ny knowledge, of all financial	transactions	occurring	within tl	ne period co	vered by this statem	ent, as re	quired by	West
Virginia C	Code §3-8-5a.								
Jennif	er A Hansen Digitally signed to	y Jennifer A Hans	en Cianater	no of Co	didata Tos				
-	Date. 2024.01.0	.5.55.55 -04 00	signatui	ie oi Car	iuiuate, i rea	surer, or Agent			
Date 07/07/2024				Office Use Only					
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MAKE AS MANY COPIES OF THIS PAGE AS NEEDED				Received by:					