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

ommittee or Candidate Nam	ne: JACK HEVE	STRY (AKA HE	FESTAY 4WV)
office Sought: (if applicable)	MISSION // JEATURE	County District/Circuit	: (if applicable)
	TACK HEFESTAY		
reasurer's Mailing Address:	212 ANN 571	487	
	304-870-9	1089	
reasurer's Daytime Phone:	304-870	40	
CT REPORTING PERIOD (File	ing deadlines falling on Saturd	ay, Sunday or a legal holiday v	Third Quarter
Treasurer's Daytime Phone: CT REPORTING PERIOD (Fill First Quarter Due April 1-8, 2024			will be extended to the next busing Third Quarter Due October 1-8, 2024
CT REPORTING PERIOD (Fill	ing deadlines falling on Saturd Primary Report	ay, Sunday or a legal holiday v	Third Quarter

900.00 4) + 675.00 8) + 0.00 = /575.00 + /575.00	Total Other Income	325/0.[3 575.00 0.00 34085.13
= /575.00 = /575.00 0.00	Total Monetary Contributions Total Other Income	. 0.00
= /575.00 + 0.00		
(a) + (b) + (c) (d)	Subtotal a.	34085.13
	Subtotal	
1575.00		
. 10101	Total Expenditures (Page 7)	1247.79
5) 00.00	Total Disbursements of	1 1000
6) +		A #10
00.00		1247.79
	Ending Balance	32877.34
61 + 50,000,00	(Subtotal a Subtotal b.)	
= 50,000 · 00	TOTAL EXPENDITURES ELECT (Add total expenditures	
	6) + 00.00 EANS & DEBTS 9) 0.00 6) + 50,000.00 ECTION YEAR-TO-DATE s from all reports)	Excess Funds (Page 8) Repayment of Loans (Page 6) Subtotal b. ANS & DEBTS Ending Balance (Subtotal a Subtotal b.) TOTAL EXPENDITURES ELECT (Add total expenditures)

→ \$ 6255.00

\$ 23 317.66

Page	2
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Contributions of \$250 or Less

Check if additional page
have been attached.

JACK HEFESTAY

DATE	OR COMMITTEE'S NAME	ELECTION Check One	AMOUNT
9-17-24	JOHN OVERINGTON	☐ Primary ☑ General	100.00
	ERIK M. WOLF	☐ Primary ☐ General	100.00
	EULALIA M. MOONEY	☐ Primary ☐ General	100.00
	JOHN E. KING	Primary General	100.00
		☐ Primary	
		☐ Primary ☐ General	
		☐ Primary	
		☐ Primary ☐ General	
		☐ Primary ☐ General	
		□ Primary □ General	
		Primary General	
		☐ Primary ☐ General	
		☐ Primary ☐ General	
	·	☐ Primary ☐ General	0
	Subtotal of contril	outors of \$250 or less:	

MAKE COPIES OF THIS PAGE AS NEEDED

400.00

Page 3

TACK HEFESTRY

CONTRIBUTIONS OF MORE THAN \$250

CUSCK IL adminionini hades
have been attached.

DATE	INDIVIDUAL CONTRIBUTOR OR COMMITTEE'S INFORMATION	ELECTIC Check O	1	AM	OUNT
22	Full Name: JAMES K. RUGND Address: residential and mailing (if different) PO BOX 790 CALLES TOWN WV Contributor's occupation: (Individual contributor only)	Prima	гу	5	jo a
2024	Where contributor works: (individual contributor only) RETIRED Affiliation: (political committee only)	Gene	ral		
	Full Name: Address: residential and mailing (If different)	Prima	ry	No	NE
	Contributor's occupation :(individual contributor only) Where contributor works: (individual contributor only)	☐ Genei	ral		
	Affiliation: (political committee only)				
	Full Name: Address: residential and mailing (if different)	Prima	ry		
X	Contributor's occupation :(individual contributor only) Where contributor works: (individual contributor only)	Gene	ral		
	Affiliation: (political committee only)				
()	Full Name:				
	Address: residential and malling (if different)	Prima	ry.	100	
Λ	Contributor's occupation :(individual.contributor only)		1	*	
	Where contributor works: (individual contributor only)	Gene	ral		
	Affiliation: (political committee only)				
	Full Name:			- 1	
	Address: residential and mailing (if different)	Prima	ry	- 1	
X	Contributor's occupation :(individual contributor only)				
	Where contributor works: (individual contributor only)	Gener	ral		
	Affiliation: (political committee only)				g principles and a second
		no than \$750		506	AC

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Subtotal of all contributions of more than \$250

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

TOTAL CONTRIBTUIONS:

506.40

400.00

900.00

Page 4 TACK HEFESTAY

FUNDRAISING EVENTS

_	Check if additional pag
J	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 CHIRLES TEVE, NY 254R	Monetary Contributions 375.00 Expenditures (from pg. 7) 380.00 NET RECEIPTS 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	AMOU
9-20	B.4D. FULLER	Primary General	100.00		Full Name: Address:	Primary	
4-20	S. ROWLETT	Primary General	25.06	-	Contributor's Job: (individue only) Where contributor works: (individual only)	General	
9-20 2034	T. Theken	Primary General	25.00		Affiliation (PAC only)		
9-20	P. CABASE/CASA	Primary General	25.00		Address:	☐ Primary	/
9-20	P Remulcan	Primary General	/00.00	/	Contributor's Job: (individual only) Where contributor works: (individual only)	General	
द्भार १८०	J. CHDE/CASH	Primary General	100.00		Affiliation (PAC only) Full Name:		
		Primary General			Address: Contributor's Job; (Individual only)	☐ Primary ☐ General	
)/	Primary General	40		Where contributor works: (individual only) Affiliation (PAC only)		
	V	Primary General			Full Name:	☐ Primary	
		Primary General		/	Contributor's Job: (individual only) Where contributor works: (individual only)	☐ General	
	7	Primary General			Affiliation (PAC only) Subtotal of contributions of more tha	n \$250:	
		Primary General			Subtotal of contributions of \$250		
		Primary General			Total Contrib	outions:	0

Subtotal of contributions of \$250 or less:

\$ 375.00

Page 4 ACK HEFESTAY

FUNDRAISING EVENTS

Check if additional pag
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 AND S. SAMUELST AND MARKET ST. SAMUELST AND MA	Monetary Contributions Expenditures (from pg. 7) NET RECEIPTS Total In-Kind Contributions Related to Fundraiser	WAST &
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Contributions of \$250 or Less

Contributions of \$250 or More

DATE	FULL NAME	ELECTION Check One	AMOUNT	DATE	CONTRIBUTOR INFORMATION	ELECTION Check one	AMOU
		Primary General	7	18	Full Name: RANDY GABORKO Address: 158 NILLEY PA 1540	☐ Primary	1
		Primary General		SIT	Contributor's lob: (Individual only) Where contributor works: (Individual only)	General	744
		Primary General Affiliation (PAC only)	<u> </u>	3-0-			
		Primary General			Full-Name: Address:	☐ Primary	
		Primary General			Contributor's Job: (individual only) Where contributor works: (individual only)	General	
		Primary General		-	Affiliation (PAC only) Full Name:		
		Primary General			Address: Contributor's Job: (individual only)	☐ Primary ☐ General	
	X	Primary General			Where contributor works: (individual only) Affiliation (PAC only)		
		Primary General			Full Name: Address:	☐ Primary	
		Primary General			Contributor's Job: (individual only) Where contributor works: (individual only)	☐ General	
	Į.	Primary General			Affiliation (PAC only)	£250.	
7		Primary General		*	Subtotal of contributions of more than Subtotal of contributions of \$250 o		
		Primary General			Total Contribu	utions: 30	0.4
	Subtotal of contribut \$250	ions of or less:	CY	1			

HEFESTRY

OTHER INCOME: INTEREST, REFUNDS, MISCELLANEOUS RECEIPTS

Amount	Type of Receipt	Source of Income	Date
		NONE	
			5
- 0 -	Total Other Income:		

IN-KIND CONTRIBUTIONS

Date	Name and Contributor Information	Description of Contribution	Election Check One	Value
	NAK		☐ Primary ☐ General	
	NON		☐ Primary ☐ General	
			☐ Primary ☐ General	
			☐ Primary ☐ General	
			☐ Primary ☐ General	
	\/		☐ Primary ☐ General	
	V	Total In-Kind Contributions:	- 8	5 -



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 apposing 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

1. 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.

2. 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	Column A Balance of previous loan at end of period	Column B Amount of new loan received during period		Column C Repayments during period		Column C Outstanding balance at end of period	
making or cosigning loan.	Amount	Date Amount	Amount	Date	Amount	Date	Amount
NO NEW LOAN							
PREVIOUSLY A	LEPORTED L	LOPAN	SHOW	ואן פ	TN .		
ERRUR	R REPORT			İ			
		Loans F	Received	Repaym	ent of Loans	Outsta	nding Loans
	Totals:						

Page 7	HEFESTA	1
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ITEMIZED EXPENDITURES

Check if additional pages
 have been attached.

Date	Name of Person or Vendor and Address	Purpose	Amount
9-30-2024	Name: THEFOR SUPPLY COMPANY Address: [040 SOMERSET BLVD	STAKES FOR CAROUR SIONS	136.73
8-7-2024	Name: NECETOR HODD SIGNS Address: 6655 AMBERTAN DR. Suite L. ELKHDOT MD 20175	SIONS AND STAKES	3 68.70
10-3-2024	Name: NEIGHBORNOOD SIENS Address: 6655 AMBERTON DR. SUITE L ECKLIDEE, ND	LARDER SIENS	160.00
10-18-2024	Name: DOMING'S PIREA Address: 201 N. MILDRED ST. TANSON, WY 25414	THREE PIZEAS FOR JOINT MEET & GREET 10-18-2021	58.36
10-18-5054	Name: CORNER CONNETTEN Address: 108 5, SAMAEL ST. CAMBLES TOUR, WY 25414	MEET OREST 10-18-2024	97.50
10-18-2024	Name: DOLLING TREE Address: 130 PARUSTINE CHARLES TOWN NV 25414	PAPER PLATES, CUPS, MENSILS SOFT DRINKS FAL MENT & SHAPT 10-18-2024	46.50
10-4-2024	Name: TUR LUNGS	ROSTAL FOOD & SERVICE POR JOINT MEET & ONCET 10-4-2029	380.00
	Name: Address:		
	Name: Address:		
	Name: Address:	5	424.70
	Name: Address:	t)	
	Name: Address:		
:	'Name: Address:		
	Name: Address:		
	Name: Address:		
		Total Expenditures:	10/1770

Total Expenditures:

1247.79

Pa	ge	8

RECEIPT OF A TRANSFER OF EXCESS FUNDS

Check	if ad	lditional	pages
have b	een	attache	d.

Date	Candidate Committee Name and Year	Amoun
	NONE	
	V	
	Total Receipts of Transf Excess Funds:	er of

DISBURSEMENT OF EXCESS FUNDS

Date	Candidate Committee Name and Year Disbursing Excess Funds	Purpose of Disbursement	Amount
	None		
		Total Disbursements of Excess Funds:	

Page 9 HEFESTAY

UNPAID BILLS

Check if additional pages
have been attached.

Date		Owed to Whom	Purpose	Amount
	Name: Address:	NONE		
	Name: Address:			-
	Name: Address:	(4)		
	Name: Address:			
	Name: Address:			
	Name: Address:			
	Name: Address:			
	Name:	V		
	1		Total Unpaid Bills:	- 0
	2.	OATH/AFFIRI	MATION	
true a	nd accurate, to the	est of my knowledge, for all f tement, as required by West \	year or affirm that the attached sta financial transactions occurring with	itement is thin the

_ Signature of Candidate, Financial Agent or Treasurer

Date 08 007 2029

Office Use Only					
Received By:					