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



123.8	
Committee or Candidate Name: 8/essin,	ior Jefferson
Office Sought: (if applicable) County Commiss	District/Circuit: (if applicable) Shephods run
Committee's Treasurer: Acro Blessing	CL / 2 1000 28443
Treasurer's Mailing Address: Po Box 1275	Shipperdstong WO 23493
Treasurer's Daytime Phone: 443 63/	3 / 86
SELECT REPORTING PERIOD (Filing deadlines falling on Saturdo	ay, Sunday or a legal holiday will be extended to the next business day.)
First Quarter Due April 1-8, 2024 Primary Report Due Apr 29-May 3,2024	Second Quarter Due July 1-8, 2024 Third Quarter Due October 1-8, 2024
General Report Due October 21-25, 2024 Fourth Quarter Due January 1-7, 2025	☐ Amendment May be filed at any time May be filed at any time Zero balance required
REPORT	TOTALS
RECEIPTS OF FUNDS Totals for this Period	CASH BALANCE SUMMARY
Contributions (Page 3) 170 —	Beginning Balance (ending balance from previous report)
Monetary Contributions from all Fund-Raising Events (Page 4) +	Total Monetary Contributions + 170 —
Receipt of a Transfer of Excess Funds (Page 8) +	Total Other Income + O
Total Monetary Contributions = 170 -	Subtotal a. = 1, 372.60
In-Kind Contributions (Page 5) + O	
Total Contributions + 170 -	Total Expenditures (Page 7)
Other Income (Page 5)	Total Expenditures (Page 7) Total Disbursements of Excess Funds (Page 8) + 1,369.
Loans Received (Page 6) +	Repayment of Loans (Page 6) +
Total Other Income: = 0	Subtotal b. = 1, 372.60
OUTSTANDING LOANS & DEBTS	
Unpaid Bills (Page 9)	Ending Balance
Outstanding Loans (Page 6) +	(Subtotal a Subtotal b.)
Total Debts: = TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE	TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add total expenditures from all reports)
(Add total contributions from all reports)	•
→ 170 -	7,485.00

Contributions of \$250 or Less

\neg	Check if additional pages
	have been attached.

DATE	CONTRIBUTOR'S FULL NAME OR COMMITTEE'S NAME	ELECTION Check One	AMOUNT
10	Robert Shefner Darlene Truman Lisa Payhe	☐ Primary	2.5
10/28	Robert	General	20-
/	F / +	☐ Primary	100 -
10/29	Darlene Iruman	General	700
11/6	1. P	☐ Primary	50 -
11/6	Lisa Payhe	G eneral	
		☐ Primary	
		☐ General	
		☐ Primary	
		☐ General	
		☐ Primary	
		☐ General	
		☐ Primary	
	4	☐ General	
		☐ Primary	
		☐ General	
		☐ Primary	
		☐ General	
		☐ Primary	
		General	
		☐ Primary	
		□General	
		☐ Primary	
		General	
		☐ Primary	
		☐ General	
		☐ Primary	
		☐ General	
	Cubtatal of contribut	are of \$250 or local	

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CONTRIBUTIONS OF MORE THAN \$250

١	Check if additional pages
J	have been attached.

Full Name:	
Address: residential and mailing (if different)	
Contributor's occupation :(individual contributor only)	
Where contributor works: (individual contributor only)	
Affiliation: (political committee only)	
Full Name:	
Address: residential and mailing (if different)	
Contributor's occupation :(individual contributor only)	
Where contributor works: (individual contributor only)	
Affiliation: (political committee only)	
Full Name:	
Address: residential and mailing (if different)	
Contributor's occupation :(individual contributor only)	
Where contributor works: (individual contributor only)	
Affiliation: (political committee only)	
Full Name:	
Address: residential and mailing (if different)	
Contributor's occupation :(individual contributor only)	
Where contributor works: (individual contributor only)	
Affiliation: (political committee only)	
Full Name:	
Address: residential and mailing (if different)	
Contributor's occupation :(individual contributor only)	
Where contributor works: (individual contributor only)	
Affiliation: (political committee only)	

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Subtotal of all contributions of more than \$250

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

+ 170-

TOTAL CONTRIBTUIONS:

= 170-

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FUNDRAISING EVENTS

\neg	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)

Date of Event ______ Monetary Contributions ______ Type of Event _____ Expenditures (from pg. 7) ______ Name of Place Held _____ NET RECEIPTS

Total In-Kind Contributions
Related to Fundraiser

Contributions of \$250 or Less

Address of Place Held _____

Contributions of \$250 or More

	Contribution	5 01 3230 Of Less	•				
DATE	FULL NAME	ELECTION Check One	AMOUNT	DATE	CONTRIBUTOR INFORMATION	ELECTION Check one	, ,,,,,
		Primary General Primary General			Full Name: Address: Contributor's Job: (individual only) Where contributor works: (individual only)	□ Primary □ Genera	
		Primary General Primary General			Affiliation (PAC only) Full Name: Address:	□ Primar	у
		Primary General			Contributor's Job: (individual only) Where contributor works: (individual only) Affiliation (PAC only)	Genera	ıt
		Primary General Primary			Full Name: Address:	□ Primar	
		General Primary General			Contributor's Job: (individual only) Where contributor works: (individual only)	Genera	
		Primary General			Affiliation {PAC only} Full Name: Address:	☐ Primar	ту
		Primary General Primary			Contributor's Job: (individual only) Where contributor works: (individual only)	☐ Genera	al
		General			Affiliation (PAC only) Subtotal of contributions of more tha		
		General Primary			Subtotal of contributions of \$250	_	Ô
	Subtotal of contribution \$250 c	General ons of or less:		1	Total Contrib	unons:	

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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	Value
Date	Manie die de la continuación de	,	Check One	
			☐ Primary	
			☐ General	
			☐ Primary	
			☐ General	
			☐ Primary	
			☐ General	
			☐ Primary	
			☐ General	
			☐ Primary	
			☐ General	
			☐ Primary	
			☐ General	
		Total In-Kind Contributions		

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

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 &	Column A	Column B	Column C	Column D	Column E
address of financial insti- tution	Balance of previous loan at end of peri-	Amount of new loan received during perio		Loan forgiveness received	Outstanding balance at end of period
Candidate Loans: List	od				
name, residence address					
and mailing address of					
person making or cosign-					
ing loan.	Amount	Date Amount	Date Amount	Date Amount	Date Amount
		Loans Received	Repayment of Loans	Loan Forgiveness	Outstanding Loans
		0			0

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ITEMIZED EXPENDITURES

7	Check if additional pages
J	have been attached.

Name of Person or Vendor and Address	Purpose		Amount
Name: ACT B/Le Address:	Contribution Fee	Processing	. 97
Name: ACT Blue Address:	,,		2.08
Name: Address:			
Name: Address:			
Name: Address:			
Name: Address:			
Name: Address:			
Name: Address:			
Name: Address:			
Name: Address:	2		
Name: Address:		,	0.5
	Address: Name: A C T B L C Address: Name: Address:	Name: ACT BILE , , , , , , , , , , , , , , , , , , ,	Address: Name: A C Y B L C Address: Name: Address:

Total Expenditures:

3.05

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RECEIPT OF A TRANSFER OF EXCESS FUNDS

1	Check if additional pages
	have been attached.

Date	Candidate Committee Name and Year	Amount
L.	Total Receipts of Transfer	of O
	Total Receipts of Transfer Excess Funds:	$^{\circ}$

DISBURSEMENT OF EXCESS FUNDS

Date	Candidate Committee Name and Year Disbursing Excess Funds	Purpose of Disbursement	Amount
12/30	Jeffeson County Foundation	Charitable Donation	500-
12/31	Catoctin Mountain Pregnancy Center	Chaitable	869. <u>55</u>
			12 CG 55

Total Disbursements of 1,369. **Excess Funds:**

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UNPAID BILLS

7	Check if additional pages
J	have been attached.

Date	Owed to Whom	Purpose	Amount	
	Name:			
	Address:			
	Name:			
	Address:			
	Name:			
	Address:			
	Name:			
	Address:			
	Name:			
	Address:			
	Name:			
	Address:			
	Name:			
	Address:			
	Name:			
		Total Unpaid Bills:	0	
		,		
OATH/AFFIRMATION				
	Haran Blessins swi	ear or affirm that the attached st	atement is	
ام مسا	nd accurate, to the best of my knowledge, for all fi	nancial transactions occurring w	ithin the	
true a	covered by this statement, as required by West V	firginia Code §3-8-5a.		
period	Covered by this statement as required by West V			
		Signature of Candidate, Financial Age	nt or Treasurer	
		Date Jan 15-	7, 20 <u>25</u>	

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Office Use Only	
Received By:	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	