

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

received
2/3/2025

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: PASHA MADDI

Office Sought: COMMISSIONER District/Circuit: JEFFERSON

Committee's Treasurer: SELF

Treasurer's Mailing Address: P.O. Box 442 HARPERS FERRY WV 25425

Treasurer's Daytime Phone: 304-306-0997

SELECT REPORT TYPE (Filing deadlines falling on Saturday, Sunday or a legal holiday will be extended to the next business day.)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> First Quarter
Due April 1-8, 2024 | <input type="checkbox"/> Primary Report
Due Apr 29-May 3, 2024 | <input type="checkbox"/> Second Quarter
Due July 1-8, 2024 | <input type="checkbox"/> Third Quarter
Due October 1-7, 2024 |
| <input type="checkbox"/> General Report
Due October 21-25, 2024 | <input checked="" type="checkbox"/> Fourth Quarter
Due January 1-7, 2025 | <input type="checkbox"/> Amendment
May be filed at any time | <input type="checkbox"/> Final Report
Zero balance required |

REPORT TOTALS

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report) 1.	3919.76
Total Contributions (from page 2) 2. +	100
Subtotal (lines 1+2) 3. =	4019.76
Total Expenditures (from page 2) 4.	1081.31
Ending Balance (line 3-4)	2938.45

**TOTAL CONTRIBUTIONS
ELECTION YEAR-TO-DATE**
(Add line 2 from all reports)

3,850

**TOTAL EXPENDITURES
ELECTION YEAR-TO-DATE**
(Add line 4 from all reports)

2,721.86

*Cannot have a negative ending balance

CONTRIBUTIONS

\$250 or Less

More than \$250

Date	Full Name	Election Check One	Amount	Date	Contributor Information	Election Check One	Amount
10/31	LYNCH CHRISTIAN	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	100		Full Name: Address: Contributor's job: (individual) Employer: (individual) Affiliation: (political committee)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address: Contributor's job: (individual) Employer: (individual) Affiliation: (political committee)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address: Contributor's job: (individual) Employer: (individual) Affiliation: (political committee)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address: Contributor's job: (individual) Employer: (individual) Affiliation: (political committee)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address: Contributor's job: (individual) Employer: (individual) Affiliation: (political committee)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address: Contributor's job: (individual) Employer: (individual) Affiliation: (political committee)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address: Contributor's job: (individual) Employer: (individual) Affiliation: (political committee)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address: Contributor's job: (individual) Employer: (individual) Affiliation: (political committee)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address: Contributor's job: (individual) Employer: (individual) Affiliation: (political committee)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
				Total Contributions: (add both columns)		100	

ITEMIZED EXPENDITURES

Date	Full name, residence address (if person); business address (if vendor)	Purpose	Amount
10/31	Raise The Money POBox 26466 Little Rock, AR 72221	Transaction Fee	5.15
11/4	MW Political Inc., 114 Karland Dr., Atlanta, GA 30305	Advertising	1076.16
Total Expenditures:			1081.31

OATH OR AFFIRMATION

I, PASHA MAJDI, swear or affirm that the attached statement is true and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this statement, as required by West Virginia Code 53-8-5a.

[Signature] Signature of Candidate, Treasurer, or Agent

Date 2-2-25

Office Use Only

Received by: _____