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

| | | | | | | recer | veo |
|---|--------------------|--------------------------------------|---------------|---------------------------------------|--------------------|-----------------------------|----------------|
| Committee or Candida | te Name: . | JACK HE | FESTAY | 1 | | 41281 | 25 |
| Office Sought: (if applicab | ie) Comp | MISSION / JEKFER | SON CON | District/Circuit | t: (if applicable) | CAMPU | S TOWN |
| Committee's Treasurer | . JA | CK HEFESTA | 4 | | | | |
| Treasurer's Mailing Ad | | 212 ANN ST | CHARC | ES TOWN | wv | 25414 | |
| Treasurer's Daytime Ph | | 304-870-48 | | | | | |
| ELECT REPORTING PERIO | | deadlines falling on Satura | day, Sunday o | r a legal holiday ı | will be exten | ded to the nex | at business da |
| First Quarter Due April 1-8, 2024 | C | Primary Report Due Apr 29-May 3,2024 | ☐ Second | i Quarter y 1-7, 2024 | ☐ Thir | d Quarter October 1-8, 2 | |
| General Report Due October 21-25, | | Fourth Quarter Due January 1-7, 2025 | • | lment filed at any time | النبيا | Report balance requir | ed |
| MISSY KIN | DER- | 304-558-60 505, GOV | C00 | | | | |
| | | REPORT | T TOTALS | CACH | BALANCE S | LIBANAARY | |
| RECEIPTS OF FUN | IDS | Totals for this Period | | CASH | BALANCE | POMINIAL | |
| Contributions | (Page 3) | 0.0 | | nning Balance ng balance from prev | ious report) | 123 | 58.38 |
| Monetary Contributions fro Fund-Raising Events | om all (Page 4) | + 0,0 | 7 | Monetary Contr | | + | 0 |
| Receipt of a Transfer of Exc Funds | ess (Page 8) | + 0-0 | Total | Other Income | | + | 0 |
| Total Monetary Contribution | ons | = 0.0 | Subto | otal | а | = 1239 | 58.38 |
| In-Kind Contributions | (Page 5) | + 0.(| | J131 | | | |
| Total Contributions | | + 0.7 | - 177 | TIS REPORT | (Page 7) | 12 | 3 58.62 |
| Other Income | (Page 5) | 0.0 | | Disbursements | of | | |
| | | 0.8 | Exces | s Funds | (Page 8) | | 0 |
| Loans Received | (Page 6) | | Repa | yment of Loans | (Page 6) | + /23 | 58, 62 |
| Total Other Income: | | = 0.0 | Subto | otal | b. | = | 0 |
| OUTSTAND | ING LOAN | IS & DEBTS | | | | | |
| Unpaid Bills | (Page 9) | 0.0 | Endir | ng Balance | | | 0 |
| Outstanding Loans | (Page 6) | . 0.0 | (Subto | tal a Subtotal b.) | | <u>~</u> | |
| Total Debts: TOTAL CONTRIBUTION | | |) , | OTAL EXPENDIT (Add total e | URES ELEC | TION YEAR-TO | O-DATE ts) |
| (Add total contr | | | | | 50 | 361,3 | 8 |
| | 56 | ,780.00 | | | 9 4 | | inad 05/2022 |

Issued by the WV State Election Commission

Official Form F-7

Contributions of \$250 or Less

| 7 | Check | k if ad | lditional attache | pı |
|---|-------|---------|----------------------|----|
| J | have | been | attache | d. |

| DATE | OR COMMITTEE'S NAME | ELECTION Check One | AMOUN |
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| | 1.0 | ☐ Primary | |
| - | MONE | ☐ General | U |
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| | | Primary | |
| | | General | |
| | | ☐ Primary | |
| | | ☐ General | |
| | Subtotal of contrib | utors of \$250 or less: | \bigcirc |

HEFESTAY

CONTRIBUTIONS OF MORE THAN \$250

| | Check if additional page |
|---|--|
| ل | Check if additional page 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) | Primary General | Mone |
|--------------|---|------------------|--|
| | Contributor's occupation :(individual contributor only) Where contributor works: (individual contributor only) | | Mone |
| | Where contributor works: (individual contributor only) | ☐ General | |
| | | ☐ General | |
| | Affiliation: (political committee only) | | 1 1 |
| Z. | | | |
| | Full Name: | | |
| / | Address: residential and mailing (if different) | Primary | |
| | Contributor's occupation :(individual contributor only) | | |
| | Where contributor works: (individual contributor only) | General | |
| / | Affiliation: (political committee only) | | |
| / F | full Name: | | |
| | Address: residential and mailing (if different) | Primary | |
| | Contributor's occupation :(individual contributor only) | | |
| | Where contributor works: (individual contributor only) | General | |
| | Affiliation: (political committee only) | | |
| | Full Name: | | |
| | Address: residential and mailing (if different) | Primary. | |
| | Contributor's occupation :(individual contributor only) | | |
| , | Where contributor works: (individual contributor only) | General General | 1 |
| 1 | Affiliation: (political committee only) | | |
| A | Full Name: | | |
| | Address: residential and mailing (if different) | Primary | |
| | Contributor's occupation :(individual contributor only) | | |
| / | Where contributor works: (individual contributor only) | ☐ General | |
| 1 | Affiliation: (political committee only) | | Y |
| MAKE COPIES | OF THIS Subtotal of all contributions of mo | ore than \$250 | |
| PAGE AS NEED | | from page 2) + | CONTRACTOR AND |

TOTAL CONTRIBTUIONS: =

Page 4

HEFESTAY

FUNDRAISING EVENTS

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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 Renue Fund.

EVENT SUMMARY

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

| | Date of Event Type of Event Name of Place Held Address of Place Held | 11 | 65 | Exp NET Total | netary Contributions enditures (from pg. 7) RECEIPTS In-Kind Contributions ed to Fundraiser | <u>1</u> | |
|------|---|-------------------------|--------|---------------------|--|-----------------------|----|
|)h | Contributions of | \$250 or Les | s | | Contributions of \$250 or More | | |
| DATE | FULL NAME | ELECTION Check One | AMOUNT | DATE | CONTRIBUTOR INFORMATION | ELECTION Check one | AM |
| | | Primary General Primary | 1 | | Full Name: Address: Contributor's Job: (Individual only) | ☐ Primary | |
| | | General Primary General | | | Where contributor works: (individual only) Affiliation (PAC only) | | L |
| | | Primary General | | | Full Name: Address: | ☐ Primary | |
| | 1 | ☐ Primary ☐ General | | | Contributor's Job: (individual only) Where contributor works: (individual only) | General | |
| | - | Primary General | | | Affiliation (PAC only) Full Name: | | _ |
| | 1 1~ | ☐ Primary ☐ General | | | Address: Contributor's Job: (individual only) | ☐ Primary ☐ General | |
| | Y | Primary General | | | Where contributor works: (individual only) Affiliation (PAC only) | | |
| | 1 - | Primary General | | | Full Name: Address: | ☐ Primary | |
| | | Primary General | | | Contributor's Job: (individual only) Where contributor works: (individual only) | ☐ General | |
| | | Primary General | | | Affiliation (PAC only) Subtotal of contributions of more than | 1 \$250: | |
| × | - |] Primary] General | | | Subtotal of contributions of \$250 of | or less: | |
| | | Primary General | | | Total Contrib | utions: | 0 |
| | Subtotal of contributions of \$250 or less: | | 0 | | | | |

OTHER INCOME: INTEREST, REFUNDS, MISCELLANEOUS RECEIPTS

| Date | Source of Income | Type of Receipt | Amount |
|------|------------------|---------------------|--------|
| | | MONE | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | Total Other Income: | 0 |

IN-KIND CONTRIBUTIONS

| | Name and Contributor Information | Description of Contribution | Election Check One | Value |
|---|----------------------------------|------------------------------|------------------------|-------|
| - | | | | |
| | | NONE | ☐ 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 cal date 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 elect expenses except from the candidate, his or her spouse or a lending institution. All loans shall be evidenced by a written agreement executed b the lender, whether the candidate, his or her spouse, or the lending institution. Such agreement shall state the date and amount of the loan, t 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

| | LC | JANS | | |
|---|---|---|--------------------|---|
| 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 8 Amount of new loa received during perio | | Column C Outstanding balance at end of period |
| making or cosigning loan. JACK HOFESTRY X | Amount | Date Amount | Date Amount | Date Amount |
| 2/2 and st, empres town w | | * | * | O Amount |
| * ESSENTIALLY SOLF FI | IMICE'S ENTIRE | E Am Pain/ | Act Barrens | |
| WERE USED M | est for comen | GN EXPENSES | sh 1 man 1 man | |
| SELF IS FILLY REP | D OF COURS |), ANY OT | HER INCIDENTAL | |
| CHOOME. NO FEED | Tab Hame I s | Ph. C | | |
| LOAN REPORTE | - 1 | Loans Received | Repayment of Loans | Outstanding Loans |
| FIRST FINAL | Totals: | 50,000,00 | 50,000,00 | ,00 |

Page 7

ITEMIZED EXPENDITURES

| Check if additional, have been attached |
|---|
| have been attached |

| Date | Name of Person or Vendor and Address | Purpose | Amount |
|-------------|--------------------------------------|---------------------|--------|
| | Name: SELF | AT PALLA | |
| | Address: | TO SECF | 12358 |
| | Name: | | 1 |
| | Address: | THIS IS AN | |
| 1 | Name: | to carried the | |
| | Address: | | |
| i | Name: | PERCENT INTEREST. | |
| A | Address: | who Hefore | |
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| A | ddress: | PS THE ENTIRE LOW | |
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| Address | is: | | |
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| Address | s: | | |
| Name: | | | |
| Address | Si . | | |
| Name: | | | |
| Address: | | | |
| | | Total Expenditures: | |

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| Page | 8 |
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RECEIPT OF A TRANSFER OF EXCESS FUNDS

| ĭ | Check if additional page | |
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| | Check if additional page have been attached. | |

| Date | Candidate Committee Name and Year | Amount |
|------|-----------------------------------|--------|
| | NO EX CESS FUNDS | |
| | | |
| | | |
| | | |
| | Total Receipts of Transfer of | 0 |
| | Excess Funds: | |

DISBURSEMENT OF EXCESS FUNDS

Excess Funds:

| Date | Candidate Committee Name and Year Disbursing Excess Funds | Purpose of Disbursement | Amount |
|------|---|----------------------------|--------|
| | NONE | | |
| | | | |
| - | | | |
| | | | |
| | | | |
| | To | otal Disbursements of | (2 |

UNPAID BILLS

| 1 | Check if additional pages |
|---|---------------------------|
| J | have been attached. |

Received By: _

| Date | Owed to Whom | Purpose | Amount |
|------------------|---|--|----------------------|
| | Name: Address: | ALL PAID | |
| | Name: Address: | ATTIME | |
| | Name: | OF EXPENDITURE | |
| | Name: | | |
| | Address: Name: | | |
| | Address: | | |
| | Address: | | |
| | Name: Address: | | |
| | Name: | | |
| | | Total Unpaid Bills: | 0 |
| | OATH/AFFII | RMATION | |
| true ar | THE HEFESTAY , s and accurate, to the best of my knowledge, for all covered by this statement, as required by West | financial transactions occurring wit | tement is hin the |
| | | | |
| | Jak Hofuly | Signature of Candidate, Financial Agent | t or Treasurer |
| $\left(\right.$ | Jak Hofrey | Signature of Candidate, Financial Agent | |
| | John Hofilly | Signature of Candidate, Financial Agent Date 26 APR | |