

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

Committee or Candidate Name: _____

Office Sought (if applicable) _____ District/Circuit: (if applicable) _____

Committee's Treasurer: _____

Treasurer's Mailing Address: _____

Treasurer's Daytime Phone: _____

SELECT REPORTING PERIOD: (No deadlines falling on Saturday, Sunday or a legal holiday will be extended to the next business day.)

First Quarter
Due April 7

Second Quarter
Due July 7

Third Quarter
Due October 7

Fourth Quarter
Due January 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

RECEIPTS OF FUNDS

Totals for this Period

CASH BALANCE SUMMARY

Contributions (Page 3)		
Monetary Contributions from all Fundraising Events (Page 4)	+	
Receipt of a Transfer of Excess Funds (Page 8)	+	
Total Monetary Contributions	=	
In Kind Contributions (Page 5)	+	
Total Contributions	+	

Other Income (Page 5)		
Loans Received (Page 6)	+	
Total Other Income:	=	

Beginning Balance
(ending balance from previous report)

Total Monetary Contributions +

Total Other Income +

Subtotal =

Total Expenditures (Page 7)

Total Disbursements of Excess Funds (Page 8)

Repayment of Loans (Page 6)

Subtotal =

Ending Balance
(Subtotal a. r Subtotal b.) =

OUTSTANDING LOANS & DEBTS

Unpaid Bills (Page 9)		
Outstanding Loans (Page 6)	+	
Total Debts:	=	

TOTAL CONTRIBUTIONS ELECTION YEAR
(Add total contributions from all reports)

TOTAL EXPENDITURES ELECTION YEAR
(Add total expenditures from all reports)

DATE	CONTRIBUTOR'S FULL NAME OR COMMITTEE'S NAME	ELECTION Check One	AMOUNT
		<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General	

Subtotal of contributors of \$250 or less:

--

CONTRIBUTIONS OF MORE THAN \$250

Check if additional pages have been attached.

DATE

INDIVIDUAL CONTRIBUTOR OR COMMITTEE'S INFORMATION

ELECTION Check One

AMOUNT

Full Name:

Address: residential and mailing (if different)

Contributor's occupation :(individual contributor only)

Where contributor works: (individual contributor only)

Assembly: (political committee only)

Primary

General

Full Name:

Address: residential and mailing (if different)

Contributor's occupation :(individual contributor only)

Where contributor works: (individual contributor only)

Assembly: (political committee only)

Primary

General

Full Name:

Address: residential and mailing (if different)

Contributor's occupation :(individual contributor only)

Where contributor works: (individual contributor only)

Assembly: (political committee only)

Primary

General

Full Name:

Address: residential and mailing (if different)

Contributor's occupation :(individual contributor only)

Where contributor works: (individual contributor only)

Assembly: (political committee only)

Primary

General

Full Name:

Address: residential and mailing (if different)

Contributor's occupation :(individual contributor only)

Where contributor works: (individual contributor only)

Assembly: (political committee only)

Primary

General

MAKE COPIES OF THIS PAGE AS NEEDED

Subtotal of all contributions of more than \$250

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

TOTAL CONTRIBUTIONS:

Table with 3 rows for subtotal calculations and total amount.

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 § 3-5a)

EVENT SUMMARY

Date of Event _____	Monetary Contributions _____
Type of Event _____	Expenditures (from pg. 7) _____
Name of Place Held _____	NET RECEIPTS _____
Address of Place Held _____	Total In Kind Contributions Related to Fundraiser _____

Contributions of \$250 or Less

Contributions of \$250 or More

DATE	FULLNAME	ELECTION Check One	AMOUNT	DATE	CONTRIBUTOR INFORMATION	ELECTION Check one	AMOUNT
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address: Contributor's Job: (individual only) Where contributor works: (individual only) Abilias (PAC only)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address: Contributor's Job: (individual only) Where contributor works: (individual only) Abilias (PAC only)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address: Contributor's Job: (individual only) Where contributor works: (individual only) Abilias (PAC only)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address: Contributor's Job: (individual only) Where contributor works: (individual only) Abilias (PAC only)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address: Contributor's Job: (individual only) Where contributor works: (individual only) Abilias (PAC only)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address: Contributor's Job: (individual only) Where contributor works: (individual only) Abilias (PAC only)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address: Contributor's Job: (individual only) Where contributor works: (individual only) Abilias (PAC only)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address: Contributor's Job: (individual only) Where contributor works: (individual only) Abilias (PAC only)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address: Contributor's Job: (individual only) Where contributor works: (individual only) Abilias (PAC only)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address: Contributor's Job: (individual only) Where contributor works: (individual only) Abilias (PAC only)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address: Contributor's Job: (individual only) Where contributor works: (individual only) Abilias (PAC only)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address: Contributor's Job: (individual only) Where contributor works: (individual only) Abilias (PAC only)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address: Contributor's Job: (individual only) Where contributor works: (individual only) Abilias (PAC only)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address: Contributor's Job: (individual only) Where contributor works: (individual only) Abilias (PAC only)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
			Subtotal of contributions of more than \$250:				
			Subtotal of contributions of \$250 or less:				
			Total Contributions:				
Subtotal of contributions of \$250 or less:							

OTHER INCOME: INTEREST, REFUNDS, MISCELLANEOUS RECEIPTS

Date	Source of Income	Type of Receipt	Amount

Total Other Income

IN-KIND CONTRIBUTIONS

Date	Name and Contributor Information	Description of Contribution	Election Check One	Value
			<input type="checkbox"/> Primary <input type="checkbox"/> General	
			<input type="checkbox"/> Primary <input type="checkbox"/> General	
			<input type="checkbox"/> Primary <input type="checkbox"/> General	
			<input type="checkbox"/> Primary <input type="checkbox"/> General	
			<input type="checkbox"/> Primary <input type="checkbox"/> General	
			<input type="checkbox"/> Primary <input type="checkbox"/> 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 candidate 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 by entering the amount to repay in the repayments column and reporting the same amount as a contribution from the candidate on Page 2.

How to Report Loans

- 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.

- 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	Column A Balance of previous loan at end of period Amount	Column B Amount of new loan received during period Date Amount	Column C Repayments during period Date Amount	Column C Outstanding balance at end of period Date Amount
Totals:		Loans Received	Repayment of Loans	Outstanding Loans

ITEMIZED EXPENDITURES

Check if additional pages have been attached.

Date	Name of Person or Vendor and Address	Purpose	Amount
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		

Total Expenditures:

RECEIPT OF A TRANSFER OF EXCESS FUNDS Check if additional pages have been attached.

Date	Candidate Committee Name and Year	Amount
Total Receipts of Transfer of Excess Funds:		

DISBURSEMENT OF EXCESS FUNDS

Date	Candidate Committee Name and Year Disbursing Excess Funds	Purpose of Disbursement	Amount
Total Disbursements of Excess Funds:			

UNPAID BILLS

Check if additional pages have been attached.

Date	Owed to Whom	Purpose	Amount
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
Total Unpaid Bills			

OATH/AFFIRMATION

I, _____, swear or affirm that the attached statement is true and accurate, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code § 5a.

_____ Signature of Candidate, Financial Agent or Treasurer

Date _____, 20____

O 8ce Use Only

Received By: _____