

# State of West Virginia Campaign Financial Statement (Long Form) in Relation to 2022 Election Year

Committee or Candidate Name: JAMES WITHROW  
 Office Sought: (if applicable) COUNTY COMMISSIONER District/Circuit: (if applicable) \_\_\_\_\_  
 Committee's Treasurer: VALERY WITHROW  
 Treasurer's Mailing Address: 228 78 CHARLESTON RD LEON WV 25123  
 Treasurer's Daytime Phone: 304-755-4300

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

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> <b>First Quarter</b><br>Due April 1-7   | <input checked="" type="checkbox"/> <b>Second Quarter</b><br>Due July 1-7  | <input type="checkbox"/> <b>Third Quarter</b><br>Due October 1-7      | <input type="checkbox"/> <b>Fourth Quarter</b><br>Due January 1-7     |
| <input type="checkbox"/> <b>Primary Report</b><br>Due 15 days prior to Primary Election or within 4 business days thereafter | <input type="checkbox"/> <b>General Report</b><br>Due 15 days prior to General Election or within 4 business days thereafter | <input type="checkbox"/> <b>Amendment</b><br>May be filed at any time | <input type="checkbox"/> <b>Final Report</b><br>Zero balance required |

### REPORT TOTALS

#### RECEIPTS OF FUNDS

Totals for this Period

Contributions (Page 3)		4050 <sup>00</sup>
Monetary Contributions from all Fund-Raising Events (Page 4)	+	2850 <sup>00</sup>
Receipt of a Transfer of Excess Funds (Page 8)	+	
<b>Total Monetary Contributions</b>	=	6900 <sup>00</sup>
In-Kind Contributions (Page 5)	+	0
<b>Total Contributions</b>	+	0
Other Income (Page 5)		0
Loans Received (Page 6)	+	0
<b>Total Other Income:</b>	=	0

#### CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)		3057.63
Total Monetary Contributions	+	6900.00
Total Other Income	+	
<b>Subtotal a.</b>	=	9957.63
Total Expenditures (Page 7)		3061.79
Total Disbursements of Excess Funds (Page 8)	+	0
Repayment of Loans (Page 6)	+	
<b>Subtotal b.</b>	=	3061.79

#### OUTSTANDING LOANS & DEBTS

Unpaid Bills (Page 9)		0
Outstanding Loans (Page 6)	+	0
<b>Total Debts:</b>	=	0

Ending Balance (Subtotal a. - Subtotal b.)		= 6895.84
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**TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE**  
(Add total contributions from all reports)

**TOTAL EXPENDITURES ELECTION YEAR-TO-DATE**  
(Add total contributions from all reports)

3482<sup>79</sup>

Contributions of  
\$250 or Less

Check if additional pages  
have been attached.

DATE	CONTRIBUTOR'S FULL NAME OR COMMITTEE'S NAME	ELECTION Check One	AMOUNT
5/25	Tom Tuu	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	50 <sup>00</sup>
		<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	
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		<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:

50<sup>00</sup>

MAKE COPIES OF THIS  
PAGE AS NEEDED

**CONTRIBUTIONS OF  
MORE THAN \$250**

Check if additional pages have been attached.

DATE	INDIVIDUAL CONTRIBUTOR OR COMMITTEE'S INFORMATION	ELECTION Check One	AMOUNT
6/1	Full Name: SHERRY OTEY Address: residential and mailing (if different) 301 OAKBRIDGE DR. HURRICANE WV 25526 Contributor's occupation :(individual contributor only) RETIRED Where contributor works: (individual contributor only) Affiliation: (political committee only)	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	1000 <sup>00</sup>
6/2	Full Name: STEVE STAMPER Address: residential and mailing (if different) 515 McCloud Rd SCOTT DEPOT WV 25560 Contributor's occupation :(individual contributor only) RETIRED Where contributor works: (individual contributor only) Affiliation: (political committee only)	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	1000 <sup>00</sup>
6/7	Full Name: JEREMY GRANT Address: residential and mailing (if different) 1269 Southside Lane Southside WV 25187 Contributor's occupation :(individual contributor only) FARMER Where contributor works: (individual contributor only) Affiliation: (political committee only)	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	1000 <sup>00</sup>
6/16	Full Name: GREG BIRD Address: residential and mailing (if different) 638 SLEEPY HOLLOW DR HURRICANE WV 25526 Contributor's occupation :(individual contributor only) RETIRED Where contributor works: (individual contributor only) Affiliation: (political committee only)	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	1000 <sup>00</sup>
	Full Name: Address: residential and mailing (if different) Contributor's occupation :(individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only)	<input type="checkbox"/> Primary <input type="checkbox"/> 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:**

	4000 <sup>00</sup>
+	50 <sup>00</sup>
=	4050 <sup>00</sup>

FUNDRAISING EVENTS

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)

EVENT SUMMARY

<p>Date of Event <u>6-24-22</u></p> <p>Type of Event <u>CAMPAIGN KICKOFF FUNDRAISER</u></p> <p>Name of Place Held <u>ROOM B ELEANOR FIRE DEPT</u></p> <p>Address of Place Held <u>6000 ROOSEVELT BLVD</u> <u>ELEANOR WV 25070</u></p>	<p>Monetary Contributions _____</p> <p>Expenditures (from pg. 7) _____</p> <p>NET RECEIPTS _____</p> <p>Total In-Kind Contributions _____</p> <p>Related to Fundraiser _____</p>
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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	AMOUNT
6-24	MARCIA DURAN	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	25 <sup>00</sup>		Full Name: MIKE STONE		
6-24	IVIN LEE	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	25 <sup>00</sup>		Address: 1394 TURKEY BRANCH RD LEON WV 25123 Contributor's Job: (individual only) MEAD HUNT	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	500 <sup>00</sup>
6-24	FLORA FRANCIS	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	25 <sup>00</sup>		Where contributor works: (individual only)		
6-24	SHARON BOWLES	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	25 <sup>00</sup>		Affiliation (PAC only)		
6-24	FRED MADER	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	200 <sup>00</sup>		Full Name: RON FOSTER		
6-24	LARRY BURNS	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	100 <sup>00</sup>		Address: 89 4 <sup>TH</sup> STREET WINFIELD WV 25123	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	500 <sup>00</sup>
6-24	PHENIA SIMMONS	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	50 <sup>00</sup>		Contributor's Job: (individual only) FOSTER SUPPLY		
6-24	BEN BARKLEY	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	100 <sup>00</sup>		Where contributor works: (individual only) SCOTT DEPOT WV		
6-24	KARA JONES	<input type="checkbox"/> Primary <input type="checkbox"/> General	100 <sup>00</sup>		Affiliation (PAC only)		
6-24	STEPHEN SMITH MD	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	200 <sup>00</sup>		Full Name: KAREN CORIA		
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Address: 1251 N POPAR FORK RD HURRICANE WV 25526	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	1000 <sup>00</sup>
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Contributor's Job: (individual only) MANUFACTURING HOUSING		
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Where contributor works: (individual only) NITRO		
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Affiliation (PAC only)		
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name:	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Address:		
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Contributor's Job: (individual only)		
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Where contributor works: (individual only)		
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Affiliation (PAC only)		
<b>Subtotal of contributions of more than \$250:</b>							2000 <sup>00</sup>
<b>Subtotal of contributions of \$250 or less:</b>							850 <sup>00</sup>
<b>Total Contributions:</b>							2850 <sup>00</sup>
<b>Subtotal of contributions of \$250 or less:</b>			850 <sup>00</sup>				

**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
	5		<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 in the sections by entering the amount left to repay in the repayments column and reporting the same 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

<b>Bank Loans:</b> List name & address of financial institution  <b>Candidate Loans:</b> List name, residence address and mailing address of person making or cosigning loan.	Column A	Column B		Column C		Column C	
	Balance of previous loan at end of period	Amount of new loan received during period		Repayments during period		Outstanding balance at end of period	
	Amount	Date	Amount	Date	Amount	Date	Amount
<b>Totals:</b>				<b>Loans Received</b>	<b>Repayment of Loans</b>	<b>Outstanding Loans</b>	

ITEMIZED EXPENDITURES

Check if additional pages have been attached.

Date	Name of Person or Vendor and Address	Purpose	Amount
6/8	Name: TOWN OF ELEANOR Address: 401 ROOSEVELT BLVD ELEANOR WV 25070	ROOM RENTAL FOR FUNDRAISER	150 <sup>00</sup>
6/13	Name: SIGNS BY DAN Address: 5217 MONTA VISTA DR CROSS LANE WV 25313	CAR MAGNETS	222 <sup>60</sup>
6/17	Name: POSTMASTER Address: 20597 CHARLESTON RD LEON WV 25123	STAMPS FOR A MAILING	113 <sup>00</sup>
6/23	Name: CHASE Address: PO BOX 1423 CHARLOTTE NC 28201	POLITICAL SIGNS	111 <sup>30</sup>
6/23	Name: PRINTING PRESS Address: 143 GAYLOR LANE CHARLESTON WV 25312	WALKING CARDS	307 <sup>40</sup>
6/23	Name: SAMS Address: 2500 MOUNTAINEER BLVD SOUTH CHARLESTON WV	SUPPLIES FOR FUNDRAISER	276 <sup>89</sup>
6/24	Name: SCREEN GRAPHICS Address: 5 BANK STREET NITRO WV 25143	YARD SIGNS	1605 <sup>00</sup>
6/24	Name: MO BETIA Address: 12474 WINFIELD RD WINFIELD WV 25213	FOOD FOR FUNDRAISER	275 <sup>60</sup>
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		

Total Expenditures:

3061<sup>79</sup>

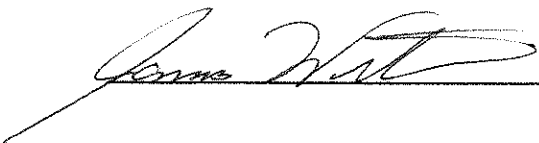
UNPAID BILLS

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:		
			Total Unpaid Bills:

OATH/AFFIRMATION

I, JAMES WITHROW, 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 §3-8-5a.



Signature of Candidate, Financial Agent or Treasurer

Date JULY 1, 2022

Office Use Only

Received By: \_\_\_\_\_