

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

Committee or Candidate Name: Committee to Elect Stephanie Smith
 Office Sought: (if applicable) Circuit Clerk District/Circuit: (if applicable) _____
 Committee's Treasurer: Jilyan Stone
 Treasurer's Mailing Address: 33 3rd St., Winfield, WV 25213
 Treasurer's Daytime Phone: 304-545-0596

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

REPORT TOTALS

RECEIPTS OF FUNDS

Totals for this Period

CASH BALANCE SUMMARY

Contributions (Page 3)	0
Monetary Contributions from all Fund-Raising Events (Page 4)	+ 0
Receipt of a Transfer of Excess Funds (Page 8)	+ 0
Total Monetary Contributions	= 0
In-Kind Contributions (Page 5)	+ 0
Total Contributions	+ 0

Beginning Balance (ending balance from previous report)	19.67
Total Monetary Contributions	+ 0
Total Other Income	+ 0
Subtotal a.	= 19.67

Other Income (Page 5)	.04
Loans Received (Page 6)	+ 0
Total Other Income:	= 0

Total Expenditures (Page 7)	0
Total Disbursements of Excess Funds (Page 8)	+ 0
Repayment of Loans (Page 6)	+ 0
Subtotal b.	= 0

OUTSTANDING LOANS & DEBTS

Unpaid Bills (Page 9)	0
Outstanding Loans (Page 6)	+ 805.91
Total Debts:	= 805.91

Ending Balance (Subtotal a. - Subtotal b.)	19.67
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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)

1505.91

1496.91

no new contributions or expenditures

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
10/19/2021	AMY HASS	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	100.00
1/31/2022	EUGENE ALIFF	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	100.00
1/31/2022	WILL SEAY	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	250
1/31/2022	ERIK THOMAS	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	250
		<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: 700.00

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
	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	
	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	
	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	
	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	
	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:

0
+0
=0

OTHER INCOME: INTEREST, REFUNDS, MISCELLANEOUS RECEIPTS

Date	Source of Income	Type of Receipt	Amount
1/10/2022	INTEREST DEPOSIT		.02
3/10/2022	INTEREST DEPOSIT		.02

Total Other Income: .04

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: 0

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:			

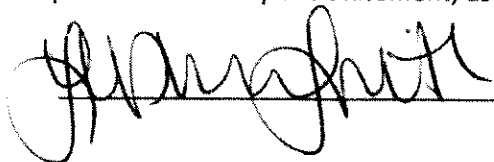
UNPAID BILLS

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:			0

OATH/AFFIRMATION

I, Stephanie Smith, 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 4-29-22, 20

Office Use Only

Received By: _____