

State of West Virginia Campaign Financial Statement (Long Form) in Relation to 2026 Election Year

Committee or Candidate Name: Crede for Putnam

Office Sought: (if applicable) County Commissioner District/Circuit: (if applicable) 1

Committee's Treasurer: Jason Staats, CPA

Treasurer's Mailing Address: 1012 Kanawha Blvd E Suite 400 Charleston, WV 25301

Treasurer's Daytime Phone: 304-343-5503

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

First Quarter
Due April 1-7

Second Quarter
Due July 1-7

Third Quarter
Due October 1-7

Fourth Quarter
Due January 1-7

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

Contributions (Page 3)	\$500.00
Monetary Contributions from all Fund-Raising Events (Page 4)	+ \$3,300.00
Receipt of a Transfer of Excess Funds (Page 8)	+
Total Monetary Contributions	= \$3,800.00
In-Kind Contributions (Page 5)	+
Total Contributions	+ \$3,800.00

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

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	\$4,702.00
Total Monetary Contributions	+ \$3,800.00
Total Other Income	+
Subtotal a.	= \$8,502.00

Total Expenditures (Page 7)	\$5,042.00
Total Disbursements of Excess Funds (Page 8)	+
Repayment of Loans (Page 6)	+
Subtotal b.	= \$5,042.00

Ending Balance (Subtotal a. - Subtotal b.)	\$3,460.00
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OUTSTANDING LOANS & DEBTS

Unpaid Bills (Page 9)	
Outstanding Loans (Page 6)	+ \$2,500.00
Total Debts:	= \$2,500.00

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

\$8,300.00

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

\$7,340.00

**CONTRIBUTIONS OF
MORE THAN \$250**

Check if additional pages have been attached.

DATE	INDIVIDUAL CONTRIBUTOR OR COMMITTEE'S INFORMATION	ELECTION Check One	AMOUNT
2/19/2026	Full Name: David Ranson Address: residential and mailing (if different) 141 Saddlecrest Estates Charleston, WV 25314 Contributor's occupation :(individual contributor only) Doctor Where contributor works: (individual contributor only) Charleston Area Medical Center Affiliation: (political committee only)	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	\$500.00
	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 checked="" 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:

\$500.00
+
= \$500.00

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:

ITEMIZED EXPENDITURES

Check if additional pages have been attached.

Date	Name of Person or Vendor and Address	Purpose	Amount
3/3/2026	Name: East Coast Tees Address: 614 First Avenue S Nitro, WV 25143	Yard Signs	\$4,392.00
3/4/2026	Name: John Harrison Address: 916 Crooked Creek Scott Depot, WV 25560	Entertainment	\$250.00
3/13/2026	Name: WVRC Media Address: 1111 Virginia St E Charleston, WV 25301	Radio Advertisement	\$200.00
3/20/2026	Name: WVRC Media Address: 1111 Virginia St. E Charleston, WV 25301	Radio Advertisement	\$200.00
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		

Total Expenditures: \$5,042.00

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:			

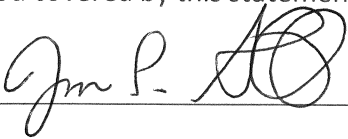
UNPAID BILLS

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, JASON STANTIS, 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 April 4, 2026

Office Use Only

Received By: _____