

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

Committee or Candidate Name: Misty Kelly
 Office Sought: (if applicable) Wood County Clerk District/Circuit: (if applicable) _____
 Committee's Treasurer: Misty Kelly
 Treasurer's Mailing Address: 23 Willowbrook Dr. Parkersburg, WV 26104
 Treasurer's Daytime Phone: (304) 580-9396

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

- | | | | |
|--|--|---|---|
| <input checked="" 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 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) | | -0- |
| Total Monetary Contributions | + | -0- |
| Total Other Income | + | 1950 ⁰⁰ |
| Subtotal a. | = | 1950 ⁰⁰ |

| | | |
|----------------------------|---|--------------------|
| Other Income (Page 5) | | -0- |
| Loans Received (Page 6) | + | 1950 ⁰⁰ |
| Total Other Income: | = | 1950 ⁰⁰ |

| | | |
|--|---|---------|
| Total Expenditures (Page 7) | | 1924.96 |
| Total Disbursements of Excess Funds (Page 8) | + | -0- |
| Repayment of Loans (Page 6) | + | -0- |
| Subtotal b. | = | 1924.96 |

OUTSTANDING LOANS & DEBTS

| | | |
|----------------------------|---|--------------------|
| Unpaid Bills (Page 9) | | -0- |
| Outstanding Loans (Page 6) | + | 1950 ⁰⁰ |
| Total Debts: | = | 1950 ⁰⁰ |

| | | |
|--|--|--------------------|
| Ending Balance (Subtotal a. - Subtotal b.) | | = 25 ⁰⁴ |
|--|--|--------------------|

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

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

-0-

1924.96

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:

| | |
|---|--|
| | |
| + | |
| = | |

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

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

Contributions of \$250 or Less

Contributions of \$250 or More

| DATE | FULL 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 | |
| Subtotal of contributions of \$250 or less: | | | |

| DATE | CONTRIBUTOR INFORMATION | ELECTION Check one | AMOUNT |
|---|--|--|--------|
| | Full Name: Address: Contributor's Job: (Individual only) Where contributor works: (Individual only) Affiliation (PAC only) | <input type="checkbox"/> Primary <input type="checkbox"/> General | |
| | Full Name: Address: Contributor's Job: (Individual only) Where contributor works: (Individual only) Affiliation (PAC only) | <input type="checkbox"/> Primary <input type="checkbox"/> General | |
| | Full Name: Address: Contributor's Job: (Individual only) Where contributor works: (Individual only) Affiliation (PAC only) | <input type="checkbox"/> Primary <input type="checkbox"/> General | |
| | Full Name: Address: Contributor's Job: (Individual only) Where contributor works: (Individual only) Affiliation (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: | | | |

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 |
|---------|---|-------------------|---------------------|
| 1-21-22 | Name: WOOD COUNTY CLERK Address: 1 COURT SQUARE PARKERSBURG, WV 26101 | FILING FEE | 620.93 |
| 2-1-22 | Name: COMMUNITY BANK Address: 631 JULIANA ST. PARKERSBURG, WV 26101 | CHECKS | 22.03 |
| 3-20-22 | Name: COMMUNITY BANK Address: 631 JULIANA ST PARKERSBURG, WV 26101 | BANK SERVICE FEE | 2.00 |
| 3-23-22 | Name: A.G.E. GRAPHICS Address: 678 COLLINS RD. LITTLE HOCKING, OH 45742 | SIGNS | 1250. ⁰⁰ |
| 3-30-22 | Name: JOYCE STEPHENS Address: 193 LAKE ST. PARKERSBURG, WV 26101 | EASTER PARADE FEE | 30. ⁰⁰ |
| | Name: Address: | | |
| | Name: Address: | | |
| | Name: Address: | | |
| | Name: Address: | | |
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| | Name: Address: | | |
| | Name: Address: | | |
| | Name: Address: | | |
| | Name: Address: | | |
| | Name: Address: | | |

Total Expenditures: 1924.⁹⁴

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: | | |
| Total Unpaid Bills: | | | |

OATH/AFFIRMATION

I, Misty D. Kelly, 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.

Misty D. Kelly

Signature of Candidate, Financial Agent or Treasurer

Date April 4, 2022

| |
|--------------------|
| Office Use Only |
| Received By: _____ |