

State of West Virginia Campaign Financial Statement (Long Form) in Relation to 2024 Election Year

Committee or Candidate Name: JOHN R. KELLY

Office Sought: (if applicable) ASSESSOR District/Circuit: (if applicable) WOOD

Committee's Treasurer: JOHN R. KELLY

Treasurer's Mailing Address: 2802 BROOKVIEW ST, PARKERSBURG, WV 26104

Treasurer's Daytime Phone: 304-428-2846

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 1-8, 2024 | <input checked="" type="checkbox"/> Primary Report
Due Apr 29-May 3, 2024 | <input type="checkbox"/> Second Quarter
Due July 1-7, 2024 | <input type="checkbox"/> Third Quarter
Due October 1-8, 2024 |
| <input type="checkbox"/> General Report
Due October 21-25, 2024 | <input type="checkbox"/> Fourth Quarter
Due January 1-7, 2025 | <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

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

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

OUTSTANDING LOANS & DEBTS

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

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

12400⁵⁵

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)		10534. ⁹⁸
Total Monetary Contributions	+	
Total Other Income	+	
Subtotal	a. =	

Total Expenditures (Page 7)		4551. ⁰⁰
Total Disbursements of Excess Funds (Page 8)	+	
Repayment of Loans (Page 6)	+	
Subtotal	b. =	4551. ⁰⁰

Ending Balance (Subtotal a. - Subtotal b.)		= 6003. ⁹⁸
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TOTAL EXPENDITURES ELECTION YEAR-TO-DATE
(Add total expenditures from all reports)

6396⁸⁷

**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:

+
=

OTHER INCOME: INTEREST, REFUNDS, MISCELLANEOUS RECEIPTS

Date	Source of Income	Type of Receipt	Amount

Total Other Income:

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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:

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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

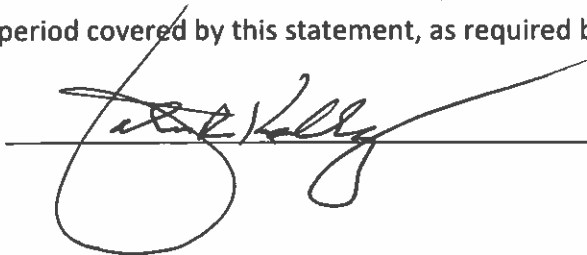
Date	Candidate Committee Name and Year Disbursing Excess Funds	Purpose of Disbursement	Amount
Total Disbursements of Excess Funds:			

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, JOHN R. 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.



Signature of Candidate, Financial Agent or Treasurer

Date 5-1, 2024

Office Use Only
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