

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

Committee or Candidate Name: COMMITTEE TO ELECT DAVID BLAIR COUCH

Office Sought: (if applicable) COMMISSION District/Circuit: (if applicable) B

Committee's Treasurer: JOHN FANTA

Treasurer's Mailing Address: 1023 GARFIELD AVE

Treasurer's Daytime Phone: 304-485-5595

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 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 checked="" 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

CASH BALANCE SUMMARY

| | | |
|--|---|--|
| 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 | + | |

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

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

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

OUTSTANDING LOANS & DEBTS

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

| | | |
|--|--|---|
| Ending Balance (Subtotal a. - Subtotal b.) | | 0 |
|--|--|---|

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

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

23,300

23,300

11/09/2023 10:59:55 AM

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 |
|------|--|--|--------|
| | | <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 | |

Subtotal of contributors of \$250 or less:

| |
|--|
| |
|--|

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:

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

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 | DATE | CONTRIBUTOR INFORMATION | ELECTION Check one | AMOUNT |
|---|-----------|--|--------|------|--|--|--------|
| | | <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 | |
| | | <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 | |
| | | <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 | |
| | | <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 | |
| | | <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 | |
| | | <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 | |
| | | <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 | |
| | | <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 | |
| | | <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 | |
| | | <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 | |
| | | <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 | |
| | | <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 | |
| | | <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 \$250 or less: | | | | | Subtotal of contributions of more than \$250: | | |
| Subtotal of contributions of \$250 or less: | | | | | Subtotal of contributions of \$250 or less: | | |
| 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 |
|------|----------------------------------|-----------------------------|--|-------|
| | | | <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 candidates 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 came 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

| Bank Loans: List name & address of financial institution Candidate Loans: 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 |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| Totals: | | Loans Received | | Repayment of Loans | | Outstanding Loans | |
| | | | | | | | |

ITEMIZED EXPENDITURES

Check if additional pages
have been attached.

| Date | Name of Person or Vendor and Address | Purpose | Amount |
|------|--------------------------------------|---------|--------|
| | Name: Address: | | |
| | Name: Address: | | |
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| | Name: Address: | | |
| | Name: Address: | | |
| | Name: Address: | | |

Total Expenditures:

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

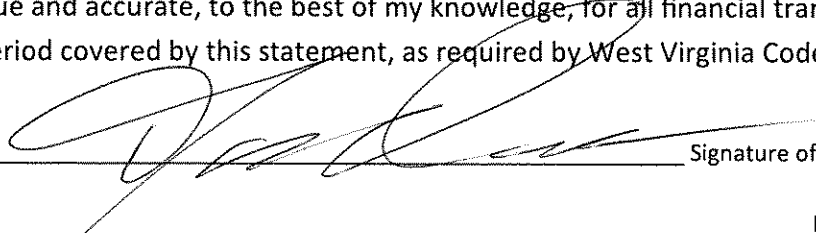
| Date | Candidate Committee Name and Year Disbursing Excess Funds | Purpose of Disbursement | Amount |
|--------------------------------------|---|-------------------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Disbursements of Excess Funds: | | | |

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, _____, 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 November 8, 2024

Office Use Only
Received By: ADC