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

Committee or Candidate Name:	RANDAIL	W Modesitt		
Office Sought: (if applicable)	ood County Bon	ed of Ed District/Circu	Jit: (if applicable) _	_A
Committee's Treasurer:	harlotte N	odesitt	_ 22	
Treasurer's Mailing Address:	1703 FAR	K RUENUE		
Treasurer's Daytime Phone:	304-42	8-3145		6
SELECT REPORTING PERIOD (Filing	deadlines falling on Satur	day, Sunday or a legal holiday	y will be extend	ું led to the next business da ફે
First Quarter Due April 1-8, 2024 Primary Report Due Apr 29-May 3,2024		Second Quarter Due July 1-7, 2024		
Due October 21-25, 2024				Report alance required
RECEIPTS OF FUNDS	REPOR Totals for this Period	T TOTALS CASE	1 BALANCE SI	UMMARY
Contributions (Page 3)		Beginning Balance		
Monetary Contributions from all	650.00	(ending balance from pro	evious report)	347.84
Fund-Raising Events (Page 4) Receipt of a Transfer of Excess	+ 0	Total Monetary Con	itributions	650.00
Funds (Page 8)	+ 0	Total Other Income		+ 625.06
Total Monetary Contributions	= 650.00	Subtotal	a. =	= 1,622.84
In-Kind Contributions (Page 5)	+ 0			, , , , ,
Total Contributions	+ 650.00			
	I	Total Expenditures	(Page 7)	935.23
Other Income (Page 5)	0	Total Disbursement Excess Funds	s of (Page 8)	
Loans Received (Page 6)	+ 625.00	Repayment of Loan	s (Page 6)	+ 0
Total Other Income:	= 625.00	Subtotal	b. :	= 935,23
OUTSTANDING LOAF	NS & DEBTS			
Unpaid Bills (Page 9)	0	Ending Release		
Outstanding Loans (Page 6)	+ 2090 0	Ending Balance (Subtotal a Subtotal b).) ²	687.61
Total Debts: TOTAL CONTRIBUTIONS ELEC (Add total contributions f	= 2090,0	C TOTAL EXPEND		TION YEAR-TO-DATE from all reports)
→ 650.		á	,052.	39 ←

MAKE COPIES OF THIS PAGE AS NEEDED

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
10/2	STEVE FOX	☐ Primary	
12	STEVE FOX 34 South LAKE DRIVE PARKERSburg INV 26101	🙀 General	150.00
	,	☐ Primary	
		☐ General	
		☐ Primary	
		☐ General	
		☐ Primary	
		☐ General	
		☐ Primary	
		☐ General	
		☐ Primary	
	4 8086	☐ General	42-10
7 = 7		☐ Primary	
		☐ General	
-		☐ Primary	3 33701
		☐ General	
		☐ Primary	
		☐ General	
		□ Primary	
		☐ General	
		☐ Primary	
		General	
		☐ Primary	
	2 2000 100 100 100	□General	
		☐ Primary	
		☐ General	
		☐ Primary	
		☐ General	<u></u>
MAKE COPIES O		utors of \$250 or less:	150.00

CONTRIBUTIONS OF MORE THAN \$250

	Check if additional pages
J	have been attached.

DATE	INDIVIDUAL CONTRIBUTOR OR COMMITTEE'S INFORMATION	ELECTION Check One	AMOUNT
	Full Name: Wood County FEDERATION of TEACHER		
	Address: residential and mailing (if different) P.O. Box 331 PARKERS burg WV 2616 Contributor's occupation: (individual contributor only)	Primary	500.00
	Where contributor works: (individual contributor only)	 General	
	Affiliation: (political committee only)		
	Full Name:		
	Address: residential and mailing (if different)	Primary	
	Contributor's occupation :(individual contributor only)		
	Where contributor works: (individual contributor only)	General	
	Affiliation: (political committee only)		
	Full Name:		
	Address: residential and mailing (if different)	Primary	
	Contributor's occupation :(individual contributor only)		
	Where contributor works: (individual contributor only)	General	
	Affiliation: (political committee only)		
	Full Name:		
	Address: residential and mailing (if different)	Primary	
	Contributor's occupation :(individual contributor only)		
	Where contributor works: (individual contributor only)	General	
	Affiliation: (political committee only)		
	Full Name:	7.00	
	Address: residential and mailing (if different)	Primary	
	Contributor's occupation :(individual contributor only)		
	Where contributor works: (individual contributor only)	General	
	Affiliation: (political committee only)		

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Subtotal of all contributions of more than \$250

Subtotal of all contributions of \$250 or less (from page 2)

TOTAL CONTRIBTUIONS:

150,00

Page 4

FUNDRAISING EVENTS

7	Check .	if add	itiona	l pages
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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.

Monetary Contributions

The only exception to this rule may apply to political party executive committees. (WV Code §3-8-5a)

Date of Event _____

EVENT SUMMARY

	Name of Place Held Address of Place Held Contributions of \$250 or Less			Expenditures (from pg. 7) NET RECEIPTS Total In-Kind Contributions Related to Fundraiser Contributions of \$250 or More			
'							
DATE	FULL NAME	ELECTION Check One	AMOUNT	DATE	CONTRIBUTOR INFORMATION	ELECTION Check one	AMOUNT
		Primary General Primary General			Full Name: Address: Contributor's Job: {individual only} Where contributor works: {individual only} Affiliation (PAC only)	Primary General	
		General Primary General Primary General			Full Name: Address: Contributor's Job: (individual only) Where contributor works: (individual only) Affiliation (PAC only)	☐ Primary ☐ General	
		Primary General Primary General Primary General			Full Name: Address: Contributor's Job: (individual only) Where contributor works: (individual only) Affiliation (PAC only)	☐ Primary ☐ General	
		Primary General Primary General			Full Name: Address: Contributor's Job: (individual only) Where contributor works: (individual only) Affiliation (PAC only)	☐ Primary	
		General Primary General Primary			Subtotal of contributions of more that Subtotal of contributions of \$250	or less:	
	Subtotal of contribution \$250 or	General			Total Contrib	utions:	

OTHER INCOME: INTEREST, REFUNDS, MISCELLANEOUS RECEIPTS

Date	Source of Income	Type of Receipt	Amo	unt
				,
				<u>.</u>
		+		
		Total Other Income:		
		_		
	-			
			· · ·	
	IN (/IN	ID CONTRIBUTIONS		
	IN-KIN	ID CONTRIBUTIONS		
	IN-KIN	D CONTRIBUTIONS		
Date			Election	Valu
Date	IN-KIN Name and Contributor Information	Description of Contribution	Election Check One	Valu
Date			Check One	Valu
Date			Check One □ Primary □ General	Valu
Date			Check One	Valu
Date			Check One Primary General General Primary Frimary Primary	Valu
Date			Check One Primary General Primary General	Valu

Total In-Kind Contributions:

General
General
Primary
General
General

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	Column A Balance of previous loan at end of period	Column 8 Amount of new loan received during period		Column C Repayments during period Date Amount		s Outstanding balar d at end of period	
making or cosigning loan.	Amount	Date	Amount	Date	Amount	/	Amount
	1,465.00				0	10/20	1,465.00
Charlotte Modésitt		10/8	[00.00]		0	10/8	100,00
Charlotte Modesut		19/14	100.06		6	10/4	100.00
Charlotte Modesett		10/14	425.00		6	16/14	425,00
				5-24-2-2-2-2-2			
		Loan	s Received	Repaym	ent of Loans	Outsta	nding Loans
	Totals:	6:	25.00		0	2,0	90.00

ITEMIZED EXPENDITURES

7	Check if additional pages
J	have been attached.

Date 10/2	Name of Person or Vendor and Address	Purpose	Amount
10/2	Name: NOE OFFICE PRISBQ, Address: 610 GREEN St 26161	200 RACK CAROS	37.45
10/4	Name: Nos Office Address:	200 RACK CARDS	37.45
10/9	Name: NOE OFFICE Address:	200 RACK CARDS	37.45
10/15	Name: NOE OFFICE Address:	200 RACK CARDS + FlyERS	52,43
19/18	Name: No & OFFICE Address: /*/	200 RACK CARdS	37.45
16/16	Name: AGE Signs Address: 678 Collins Add 457	3 4/044 Signs	108.00
10/18	Address: 1703 PARK AVENUE	CAR for CARVASING	200.00
10/14	Name: PARKERS burg NEWS Address: 5 19 Auliana St 2010 Name: Name: 2010	∠ ,	425.00
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address		
	Name: Address		
	Name: Address:		129.2
	Name: Address:		

Total Expenditures: 935, 2**3**

Page	8

RECEIPT OF A TRANSFER OF EXCESS FUNDS

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have	been	attac	hed	ı.

Date	Candidate Committee Na		Amount
, E			
=	A ^{XX} P IP		
4	Table 1 18, 5		
	Egill V		п
		Total Receipts of Transfer of Excess Funds:	

DISBURSEMENT OF EXCESS FUNDS

Date	Candidate Committee Name and Year Disbursing Excess Funds	Purpose of Disbursement	Amount
			-
			-
5 175		otal Disbursements of excess Funds:	

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UNPAID BILLS

٦	Check	if ad	ditional	pages
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Date	Owed to Whom	Purpose	Amount
	Name:		
	Address:		
	Name:		· ·
	Address:		
	Name:		
	Address		
	Name:		
	Address		
	Name:		
	Address:		
	Name:		
	Address:		
	Name:		
	Address:		
	Name:		
			- <u>-</u> -
		Total Unpaid Bills:	
			· · · · · · · · · · · · · · · · · · ·

OATH/AFFIRMATION

1, TANDALL W. ModesITT	, 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 W	est Virginia Code §3-8-5a.

Randall W. Modes M. Signature of Candidate, Financial Agent or Treasurer

Date QCT 23, 20 24

Office Use Only

Received By: