

State of West Virginia Campaign Financial Statement (Long Form) in Relation to 2020 Election Year

Committee or Candidate Name: Committee to Elect William 'JJ' Mullins
 Office Sought: (if applicable) Circuit Clerk District/Circuit: (if applicable) Putnam
 Committee's Treasurer: Brandi Lusher
 Treasurer's Mailing Address: 165 Cline Ave Hurricane WV 25526
 Treasurer's Daytime Phone: 304 541-7140

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 1-7 | <input checked="" 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

Contributions (Page 3)		0.00
Monetary Contributions from all Fund-Raising Events (Page 4)	+	0.00
Receipt of a Transfer of Excess Funds (Page 8)	+	0.00
Total Monetary Contributions	=	0.00
In-Kind Contributions (Page 5)	+	0.00
Total Contributions	+	0.00

Other Income (Page 5)		0.00
Loans Received (Page 6)	+	0.00
Total Other Income:	=	0.00

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)		0.00
Total Monetary Contributions	+	0.00
Total Other Income	+	0.00
Subtotal a.	=	0.00

Total Expenditures (Page 7)		0.00
Total Disbursements of Excess Funds (Page 8)	+	0.00
Repayment of Loans (Page 6)	+	0.00
Subtotal b.	=	0.00

OUTSTANDING LOANS & DEBTS

Unpaid Bills (Page 9)		0.00
Outstanding Loans (Page 6)	+	0.00
Total Debts:	=	0.00

Ending Balance (Subtotal a. - Subtotal b.)		0.00
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TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE
(Add total contributions from all reports)

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

2033.33

2033.33

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	
		<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 contributors of \$250 or less:

0.00

MAKE COPIES OF THIS PAGE AS NEEDED

FUNDRAISING EVENTS

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 _____
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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	
			Subtotal of contributions of \$250 or less:				0.00
			Subtotal of contributions of more than \$250:				0.00
			Total Contributions:				0.00

**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:

	0.00
+	0.00
=	0.00

OTHER INCOME: INTEREST, REFUNDS, MISCELLANEOUS RECEIPTS

Date	Source of Income	Type of Receipt	Amount

Total Other Income:

0.00

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:

0.00

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

- 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.

- 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
Totals:		Loans Received		Repayment of Loans		Outstanding Loans	
		0.00		0.00		0.00	

ITEMIZED EXPENDITURES

Check if additional pages have been attached.

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

Total Expenditures: 0.00

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:		0.00

DISBURSEMENT OF EXCESS FUNDS

Date	Candidate Committee Name and Year Disbursing Excess Funds	Purpose of Disbursement	Amount
Total Disbursements of Excess Funds:			0.00

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:			0.00

OATH/AFFIRMATION

I, Brandi Lusher, 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.

Brandi Lusher Signature of Candidate, Financial Agent or Treasurer

Date July 3, 2020

Office Use Only
Received By: _____

2020 JUL -8 PM 4:07

PUTNAM COUNTY, NY

2