

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

IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, YOU CANNOT USE THIS FORM.  
YOU MUST USE THE LONG FORM (FORM F-7) TO FILE YOUR CAMPAIGN FINANCE REPORT.

1. Has your committee received any loans?
2. Has your committee held any fundraisers?
3. Has your committee received any miscellaneous receipts, such as refunds or checking account interest?
4. Does your committee have any unpaid bills?
5. Have you or anyone else given an in-kind contribution to your campaign?
6. Has your committee given or received a transfer of excess campaign funds?

Committee or Candidate Name: Committee to re-elect Joe Shelton  
 Office Sought: Magistrate District/Circuit: \_\_\_\_\_  
 Committee's Treasurer: Patrick Dombhoe  
 Treasurer's Mailing Address: 1550 Kanawha Blvd. Charleston, WV 25311  
 Treasurer's Daytime Phone: 304-343-9282

**PLEASE SELECT REPORT TYPE**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> <b>First Quarter</b><br>Due April 1-7  | <input type="checkbox"/> <b>Second Quarter</b><br>Due July 1-7   | <input type="checkbox"/> <b>Third Quarter</b><br>Due October 1-7      | <input type="checkbox"/> <b>Fourth Quarter</b><br>Due January 1-7     |
| <input checked="" type="checkbox"/> <b>Primary Report</b><br>Due 15 days prior to Primary Election or within 4 business days thereafter | <input type="checkbox"/> <b>General Report</b><br>Due 15 days prior to General Election or within 4 business days thereafter | <input type="checkbox"/> <b>Amendment</b><br>May be filed at any time | <input type="checkbox"/> <b>Final Report</b><br>Zero balance required |

**REPORT TOTALS**

**CASH BALANCE SUMMARY**

<b>Beginning Balance</b> (ending balance from previous report) 1.				$\emptyset$
<b>Total Contributions</b> (from page 2) 2.	+			$\emptyset$
<b>Subtotal</b> (lines 1+2) 3.	=			$\emptyset$
<b>Total Expenditures</b> (from page 2) 4.	-			$\emptyset$
<b>Ending Balance</b> (line 3-4) =				$\emptyset$

**TOTAL CONTRIBUTIONS  
ELECTION YEAR-TO-DATE**  
(Add line 2 from all reports)

**TOTAL EXPENDITURES  
ELECTION YEAR-TO-DATE**  
(Add line 4 from all reports)

\*Cannot have a negative ending balance

Recorded In CANREP BK 16 PG 830, 06/01/2020 12:18:04 PM Dead Tax 0.00, Recording Fee 0.00, TOTAL 0.00  
Vera J. McCormick, County Clerk, Kanawha County, WV

### CONTRIBUTIONS

\$250 or Less

More than \$250

Date	Full Name	Amount
	<del>0</del>	

Date	Full Name: Address: Contributor's Job: (Individual) Employer: (Individual) Affiliation: (political committee)	Amount
	<del>0</del>	

**Total Contributions:**  
(add both columns)

--

DANREP 16 831

### ITEMIZED EXPENDITURES

Date	Full name, residence address (if person);	Purpose	Amount
	<del>0</del>	<del>0</del>	

**Total Expenditures:**

--

I, Joe Shelton **OATH OR AFFIRMATION**, swear or affirm that the attached statement is true and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §8-8-5a.

*Joe Shelton*

Signature of Candidate, Treasurer, or Agent

Date

6-1-20

KANAWHA COUNTY CLERK  
VOTER REGISTRATION  
2020 MAY 32 AM 10:48

FILED

Office Use Only

Received by: \_\_\_\_\_

PCL XL error

Warning: IllegalResource

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

Committee or Candidate Name: Hollis Lewis  
 Office Sought: (if applicable) Magistrate District/Circuit: (if applicable) Kanawha  
 Committee's Treasurer: Gabriele Wohl  
 Treasurer's Mailing Address: 407 Swarthmore Ave. Charleston, WV 25302  
 Treasurer's Daytime Phone: 304-550-0267

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

- First Quarter** Due April 1-7     
  **Second Quarter** Due July 1-7     
  **Third Quarter** Due October 1-7     
  **Fourth Quarter** Due January 1-7  
 **Primary Report** Due 15 days prior to Primary Election or within 4 business days thereafter     
  **General Report** Due 15 days prior to General Election or within 4 business days thereafter     
  **Amendment** May be filed at any time     
  **Final Report** Zero balance required

### REPORT TOTALS

#### RECEIPTS OF FUNDS

Totals for this Period

Contributions (Page 3)	2475
Monetary Contributions from all Fund-Raising Events (Page 4)	0
Receipt of a Transfer of Excess Funds (Page 8)	0
<b>Total Monetary Contributions</b>	<b>= 2475</b>
In-Kind Contributions (Page 5)	0
<b>Total Contributions</b>	<b>+ 2475</b>

Other Income (Page 5)	0
Loans Received (Page 6)	0
<b>Total Other Income:</b>	<b>= 0</b>

#### OUTSTANDING LOANS & DEBTS

Unpaid Bills (Page 9)	0
Outstanding Loans (Page 6)	906.52
<b>Total Debts:</b>	<b>= 906.52</b>

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

8196

#### CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	3042.69
Total Monetary Contributions	+ 2475
Total Other Income	+ 0
<b>Subtotal a.</b>	<b>= 5517.69</b>

Total Expenditures (Page 7)	2628
Total Disbursements of Excess Funds (Page 8)	0
Repayment of Loans (Page 6)	0
<b>Subtotal b.</b>	<b>= 2628</b>

Ending Balance (Subtotal a. - Subtotal b.)	2889.69
--	---------

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

5937.81

Recorded In CANREP BK 16 Pg 832, 06/01/2020 12:29:35 PM  
 Vera J. McCormick, County Clerk, Kanawha County, WV  
 Dead Tax 0.00, Recording Fee 0.00, TOTAL 0.00

Contributions of  
\$250 or Less

Check if additional pages  
have been attached.

DANREP 16 833

DATE	CONTRIBUTOR'S FULL NAME OR COMMITTEE'S NAME	ELECTION Check One	AMOUNT
		<input type="checkbox"/> Primary <input type="checkbox"/> General	
4/6/20	Deborah Walls	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	25
4/25/20	Paul Williams	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	100
5/4/20	Nathan Bowles	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	50
5/4/20	Tim DePeco	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	200
5/18/20	Limuel Woods	<input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	100
5/18/20	Karen Williams	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	25
5/4/20	Andy Richardson	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	100
5/5/20	Goldie Honeycutt	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	50
5/18/20	Deborah Walls	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	25
5/23/20	Cherie Bailey	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	50
		<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General	
<b>Subtotal of contributors of \$250 or less:</b>			<b>725</b>

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
4/1/20	Full Name: Katherine Dooley Address: residential and mailing (if different) 204 Ariel Heights, Charleston WV 25311 Contributor's occupation :(individual contributor only) Attorney Where contributor works: (individual contributor only) self-employed Affiliation: (political committee only)	<input checked="" type="checkbox"/> Primary  <input type="checkbox"/> General	500
4/25/20	Full Name: Michael Cary Address: residential and mailing (if different) 1506 Virginia St. E, Apt. 201; Charleston, WV 25311 Contributor's occupation :(individual contributor only) Attorney Where contributor works: (individual contributor only) Law Offices of Michael Cary Affiliation: (political committee only)	<input checked="" type="checkbox"/> Primary  <input type="checkbox"/> General	1000
5/18/20	Full Name: Rob Berthold Address: residential and mailing (if different) 208 Capitol St. Charleston WV, 25301 Contributor's occupation :(individual contributor only) Attorney Where contributor works: (individual contributor only) Berthold Law Offices Affiliation: (political committee only)	<input checked="" type="checkbox"/> Primary  <input type="checkbox"/> General	250
	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	

CANREP 16-834

**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:**

725
1750 +
= 2475

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) _____ <b>NET RECEIPTS</b> _____ Total In-Kind Contributions Related to Fundraiser _____
--	--

CANREP 16 835

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	
				<b>Subtotal of contributions of more than \$250:</b>			
				<b>Subtotal of contributions of \$250 or less:</b>			
				<b>Total Contributions:</b>			
<b>Subtotal of contributions of \$250 or less:</b>							

**OTHER INCOME: INTEREST, REFUNDS, MISCELLANEOUS RECEIPTS**

DNRREP-16 836

Date	Source of Income	Type of Receipt	Amount
<b>Total Other Income:</b>			

**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	
<b>Total In-Kind Contributions:</b>				

MAKE COPIES OF THIS PAGE AS NEEDED



### 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 candidate 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 same 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 Balance of previous loan at end of period	Column B Amount of new loan received during period		Column C Repayments during period		Column C Outstanding balance at end of period	
	Amount	Date	Amount	Date	Amount	Date	Amount
<b>Totals:</b>	<b>Loans Received</b>		<b>Repayment of Loans</b>		<b>Outstanding Loans</b>		

ITEMIZED EXPENDITURES

Check if additional pages have been attached.

QANREP-16 838

Date	Name of Person or Vendor and Address	Purpose	Amount
5/24/20	Name: Stripe Credit Card Processing Address:	Stripe fees	\$23.86
5/24/20	Name: PayPal Address:	PayPal fees	\$7.55
5/1/20	Name: HG Media Company Address: The Herald Dispatch New 945 5TH AVENUE HUNTINGTON, WV 25701	Newspaper ad	\$855
5/13/20	Name: Vista Print Address: 447 Advance Blvd, Tecumseh, ON N8N 5G8, Canada	Postcards	\$997.07
5/13/20	Name: Vista Print Address: 447 Advance Blvd, Tecumseh, ON N8N 5G8, Canada	Postcards	\$314.52
5/21/20	Name: HG Media Company Address: The Herald Dispatch New 945 5TH AVENUE HUNTINGTON, WV 25701	Newspaper ad	\$430
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
<b>Total Expenditures:</b>			<b>2628</b>

Check if additional pages have been attached.

**RECEIPT OF A TRANSFER OF EXCESS FUNDS**

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

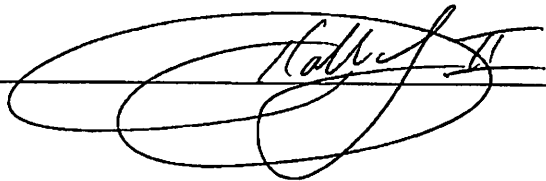
Check if additional pages have been attached.

Date	Owed to Whom	Purpose	Amount
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
<b>Total Unpaid Bills:</b>			

CANREP 16 840

OATH/AFFIRMATION

I, Hollis Lewis II, 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 May 29, 2020

**Office Use Only**

Received By: \_\_\_\_\_