

State of West Virginia Campaign Financial Statement (Long Form) in Relation to 2022 Election Year

Committee or Candidate Name: Octavia Cerdon
 Office Sought: (if applicable) School Board District/Circuit: (if applicable) _____
 Committee's Treasurer: Brian A. Messer, CPA, CFE
 Treasurer's Mailing Address: 121 Goff Mtn Rd Ste D, Cross Lanes, WV 25313
 Treasurer's Daytime Phone: 304-776-4011

Recorded In ONLINE REP BK 17-PG 632, 07/13/2022 03:26:08 PM Dead Tax 0.00, Reporting Fee 0.00, Total 0.00
 Jaira J. McCormick, County Clerk, Kanawha County, WV

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, 2022
 Primary Report Due April 25-29, 2022
 Second Quarter Due July 1-7, 2022
 Third Quarter Due October 7, 2022
 General Report Due October 24-28, 2022
 Fourth Quarter Due January 1-9, 2023
 Amendment May be filed anytime
 Final Report Zero balance required

REPORT TOTALS

RECEIPTS OF FUNDS

Totals for this Period

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

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

OUTSTANDING LOANS & DEBTS

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

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

1,634.00

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)		259.81
Total Monetary Contributions	+	0
Total Other Income	+	0
Subtotal a.	=	259.81

Total Expenditures (Page 7)		259.81
Total Disbursements of Excess Funds (Page 8)	+	0
Repayment of Loans (Page 6)	+	0
Subtotal b.	=	259.81

Ending Balance (Subtotal a. - Subtotal b.)	=	0
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TOTAL EXPENDITURES ELECTION YEAR-TO-DATE
(Add total expenditures from all reports)

1,634.00

FILED
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KANAWHA COUNTY CLERK

Page 3

CONTRIBUTIONS OF MORE THAN \$250

Check if additional pages have been attached.

Table with 4 columns: DATE, INDIVIDUAL CONTRIBUTOR OR COMMITTEE'S INFORMATION, ELECTION Check One, and AMOUNT. It contains five rows of contributor information.

FORM 17-634

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:

Summary box with fields for subtotals and a total amount, including a handwritten signature.

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OTHER INCOME: INTEREST, REFUNDS, MISCELLANEOUS RECEIPTS

Date	Source of Income	Type of Receipt	Amount
Total Other Income:			0

DNREP 17 636

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:			0	

MAKE COPIES OF THIS PAGE AS NEEDED

ITEMIZED EXPENDITURES

Check if additional pages have been attached.

Date	Name of Person or Vendor and Address	Purpose	Amount
5/1/22	Name: Go Mart Address: 811 W Washington St, Charleston, WV 25302	Fuel	\$49.00
5/24/22	Name: Go Mart Address: 2410 7th Ave, Charleston, WV 25387	Fuel	\$61.04
5/20/22	Name: Octavia Gordon Address: 652 N Hills Drive Charleston, WV 25387	Supplies	\$149.77
	Name: Address:		
	Name: Address:		
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	Name: Address:		
Total Expenditures:			\$259.81

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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:		0

DNREP 17 639


DISBURSEMENT OF EXCESS FUNDS

Date	Candidate Committee Name and Year Disbursing Excess Funds	Purpose of Disbursement	Amount
Total Disbursements of Excess Funds:			0

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UNPAID BILLS

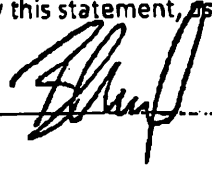
Check if additional pages have been attached.

Date	Owed to Whom	Purpose	Amount
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
Total Unpaid Bills:			

ORDER 17 640

OATH/AFFIRMATION

I, Brian A. Messer, CPA, CFE, 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 July 6, 20 22

Office Use Only
Received By: _____