

State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2024 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 Elect JOHN MITCHELL
 Office Sought: PROSECUTING ATTORNEY District/Circuit: KANAWHA COUNTY
 Committee's Treasurer: C. PAUL HAMRICK
 Treasurer's Mailing Address: PO BOX 254, CHARLESTON WV 25329
 Treasurer's Daytime Phone: 304-345-8283

SELECT REPORT TYPE (Filing deadlines falling on Saturday, Sunday or a legal holiday will be extended to the next business day.)

- | | | | |
|---|--|---|--|
| <input checked="" 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 1-8, 2024 | <input type="checkbox"/> Third Quarter
Due October 1-7, 2024 |
| <input 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

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report) 1.			\$0.00
Total Contributions (from page 2) 2.	+		50.00
Subtotal (lines 1+2) 3.	=		50.00
Total Expenditures (from page 2) 4.			0
Ending Balance (line 3-4)			50.00

FILED
2024 APR 22 P 1:11
KANAWHA COUNTY CLERK

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

50.00

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

0

*Cannot have a negative ending balance

Recorded In CANREP BK 18 Pg 468, 04/29/2024 07:39:33 AM
Vera J. McCormick, County Clerk, Kanawha County, WV

Deed Tax 0.00, Recordings Fee 0.00, TOTAL 0.00

CONTRIBUTIONS

\$250 or Less

More than \$250

Date	Full Name	Election Check One	Amount	Date	Contributor Information	Election Check One	Amount
3/18/2021	CRACK HAMRICK	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	50.00		Full Name: Address: Contributor's job: (individual) Employer: (individual) Affiliation: (political committee)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address: Contributor's job: (individual) Employer: (individual) Affiliation: (political committee)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address: Contributor's job: (individual) Employer: (individual) Affiliation: (political committee)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address: Contributor's job: (individual) Employer: (individual) Affiliation: (political committee)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address: Contributor's job: (individual) Employer: (individual) Affiliation: (political committee)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address: Contributor's job: (individual) Employer: (individual) Affiliation: (political committee)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Primary <input type="checkbox"/> General			Full Name: Address: Contributor's job: (individual) Employer: (individual) Affiliation: (political committee)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
Total Contributions: (add both columns)							50.00


CANREP 18 469

ITEMIZED EXPENDITURES

Date	Full name, residence address (if person); business address (if vendor)	Purpose	Amount

Total Expenditures: 0

I, CRACK HAMRICK, **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 §3-8-5a.

 Signature of Candidate, Treasurer, or Agent

Date 4/08/2021

Office Use Only

Received by: _____