State of West Virginia Campaign Financial Statement (Long Form) in Relation to the 2015-16 Election Year

Candidate or Committee Name	Candidate or Committee's Treasurer			
Raleigh Co. Peol. Ex. Comm Beverly Lund				
Political Party (for candidates)	Treasurer's Mailing Address (Street, Route or P.O. Box)			
	136 Wade Read City, State, Zip Code Daytime Phone #			
Office Sought (for candidates) District/Division	Beck 1 ey, WV25801 304-237-8925			
Floring Cools Deporting Do				
Election Cycle Reporting Per	Post-primary Report Check if Applicable:			
Primary - First Report Due last Saturday in March or within 6 days thereafter. Pre-primary Report Due 15 days preceding primar election or within 4 days there	y Due 13 days following primary election Amended Report			
General - First Report Due 43 days preceding general election or within 6 days thereafter. Pre-general Report Due 15 days preceding general election or within 4 days there	Post-general Report Due 13 days following general election after. or within 20 business days thereafter. Final Report			
Non-Election Cycle Reporting Period: Annual Report Due last Satur days thereafte	Due In ≥ 6 / 6 Calendar Year rday in March or within 6 r Zero balance required. PAC must also file Form F-6 Dissolution			
the state of the s	RT TOTALS			
	e completion of the report.			
RECEIPTS OF FUNDS: Totals for this P	CASH BALANCE SUMMARY			
Contributions (Page 3) 3, 480.	Beginning Balance			
Monetary Contributions from all	I I (ending palance from I			
Fund-Raising Events (Page 4) +	previous report) 1, 7 49, 19			
Receipt of a Transfer of Excess Funds (Page 8) +	Total Monetary			
	Cultibutions 9, 780.60			
Total Monetary Contributions: = 3 48 0	→ Total Other Income +			
In-Kind Contributions (Page 5) + 2863	20			
	$\mathbf{S} = \mathbf{S} = \mathbf{S} + \mathbf{S} = \mathbf{S} + \mathbf{S} + \mathbf{S} = \mathbf{S} + \mathbf{S} + \mathbf{S} + \mathbf{S} = \mathbf{S} + $			
Total Contributions: $= 3,766$	40			
	Total Expenditures (Page 7) マリムロン			
Other Income (Page 5)	Total Disbursements of			
Loans Received (Page 6) +	Excess Funds (Page 8) +			
Total Other Income:	Repayment of Loans (Page 6) +			
OUTSTANDING LOANS & DEBTS:	Subtotal: $b = 2 425 \text{ arg}$			
Unpaid Bills (Page 9)	Subtotal: $0. = 2,420.02$			
Outstanding Loans (Page 6) +	Ending Balance:			
Total Debts: =	(Subtotal a Subtotal b.) = 1,809.7			
†Cannot be negative balance				
TOTAL CONTRIBUTIONS TOTAL EXPENDITURES				
ELECTION YEAR-TO-DATE	ELECTION YEAR-TO-DATE (Add total expenditures from all reports)			
(Add total contributions from all reports)				
2,48000	2420,02			

Page 2.	Contributors of \$250 or Less	Check if additional pages have been attached.
DATE	CONTRIBUTOR'S FULL NAME OR COMMITTEE'S NAME	AMOUNT
11/3/5		25,20
	There Ever	10.00
	milalerinosal	20.14
	Sarah Chapman	
	Toney Tipina	25.00
	Shiley Ferguson	(0-0.0-0)
	Robert Christianin	100,20
	William Chapman	
	Jamestha Shlerin	25. 00 50. 60
	Ruch With	25.00
	marion Olivier	50,:-
	Dinny Lagesty	100,00
	Mary and Judy Sparkmen	100,00
	David Poline	100.00
צולדולנו	·	(00)
19/0/15	Lilia Fiti	100.00
	Charles Carpentee	100.00
	Ossah Low-	10-0.60
12/3/15	Dr. B. W.	200,00
121310	One- Soul	12.00
3/12/14	Julia Lova	10,00
	Charles Compenter	10.00
	MANY COPIES AGE AS YOU NEED Subtotal of contributors of \$250 or le	ss: 1480000

Page 3.

Contributors of More than \$250

Checkif additional pages have been attached.

DATE	INDIVIDUAL CONTRIBUTOR OR COMMITTEE'S NAME	AMOUNT
	Full Name: David Hack Comparign	
2/14/16	Address: (residential and mailing if they are different)	1, rov.a
2/16/16	Contributor's job: (individual contributor only)	
	Where contributor works: (individual contributor only)	
	Affiliation: (political committee only)	
	Full Name:	
	Address: (residential and mailing if they are different)	
	Contributor's job: (individual contributor only)	
	Where contributor works: (individual contributor only)	
	Affiliation: (political committee only)	
	Full Name:	
	Address: (residential and mailing if they are different)	
	Contributor's job: (individual contributor only)	
	Where contributor works: (individual contributor only)	
	Affiliation: (political committee only)	
	Full Name:	
	Address: (residential and mailing if they are different)	
	Contributor's job: (individual contributor only)	
	Where contributor works: (individual contributor only)	
	Affiliation: (political committee only)	
	Full Name:	
	Address: (residential and mailing if they are different)	
	Contributor's job: (individual contributor only)	
	Where contributor works: (individual contributor only)	
	Affiliation: (political committee only)	
	Full Name:	
	Address: (residential and mailing if they are different)	
	Contributor's job: (individual contributor only)	
	Where contributor works: (individual contributor only)	
	Affiliation: (political committee only)	

MAKE AS MANY COPIES
OF THIS PAGE AS YOU NEED

Subtotal of all contributors of more than \$250

Subtotal of all contributors of \$250 or less (From page 2)

1,48000

Total Contributions:

2.480.0c

Page 4.

FUND-RAISING EVENTS

7	Checkifadditional pages
┛	have been attached.

<u>All</u> 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	Total Monetary Contributions:	>
Type of Event	Total Expenditures: (Itemized on page 7)	1 -
Name of Place Held		670.10
Address of Place Held	NET RECEIPTS: =	-0-
	Total In-Kind Contributions related to the Fund-raiser: (Itemized on page 5)	286.20

Contributors of \$250 or less

Contributors of more than \$250

Contributors of \$250 or less		Contributors of more than \$250	Contributors of more than \$250		
ate	Full Name	Amount	Date		Amount
			-	Full Name: Address: (residential and mailing if they are different)	
				Contributor's job: (Individual only)	
_			3	Where contributor works: (Individual only)	
				Affiliation: (Political commmittee only)	
				Full Name: Address: (residential and mailing if they are different)	
				Contributor's job: (Individual only)	
+-				Where contributor works: (Individual only)	
				Affiliation: (Political commmittee only)	
	•			Full Name: Address: (residential and mailing if they are different)	
				Contributor's job: (Individual only)	
				Where contributor works: (Individual only)	1
				Affiliation: (Political commmittee only)	
				Full Name: Address: (residential and mailing if they are different)	
				Contributor's job: (Individual only)	
				Where contributor works: (Individual only)	
				Affiliation: (Political commmittee only)	
				Full Name: Address: (residential and mailing if they are different)	
				Contributor's job: (Individual only)	
				Where contributor works: (Individual only)	
				Affiliation: (Political commmittee only)	
				Subtotal of contributors of more than \$250:	
	total of contributors of			Subtotal of contributors of \$250 or less:	+
Jubi	\$250 or less:	L .		Total Contributions:	

Page 7.

ITEMIZED EXPENDITURES

Check if additional pages have been attached.

(Itemize 3rd party expenditures/ reimbursements)

Date	Name of Person or Vendor and Address	Purpose	Amount
3/24/15	USPS	Renewel putiling premit	220.00
	correction USPS	Post Orginic Long Kentel	.02 66.20
	City Insuran Propersionals	Samuela Januare	836.40
10/6/15	Lilian Foto	Printing + pupplies	146,28
10/1/15	U SPS	mukrg	181,22
2/23/14	_	Postal it	225. N
2/23/16	Beckley Raleigh Country Convention Center	Regar Linaren Dinner Recruation	500 M
38/16	Bickley Rakiga Country Convention Center	Meeting Rommy Rent	25.00
3/23/16	USPS	mailer for RIL Dinner	170.10
MAKEAS MAN OF THIS PAGE	Y COPIES AS YOU NEED.	Total Expenditures:	2420.02

Page	9.
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UNPAIDBILLS

1	Checkif additional pages
J	have been attached.

_					
Date	Owed to Whom	Affiliated with what Company or Group	Purpos	е	Amount
 					
		Total U	npaid Bills:		
		OATH OR AFFIRMATION			
		<i>(</i>)			
ا <u></u> statement covered b	t is true and correct, to by this statement, as r	the best of my knowledge, for all financial tequired by West Virginia Code §3-8-5a.	, swear o	r affirm th curring v	hat the attache within the perio
	Bevuly	Lund	Signature of Agen	Candida	ite, Financial Isurer
	, severy	Date March 31, 2	Agen	Candida it or Trea	ite, Financial Isurer

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