

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

Committee or Candidate Name: BARBARA FULLER FOR BOARD OF EDUCATION

Office Sought: (if applicable) BOARD MEMBER District/Circuit: (if applicable) MIDDLE WAY

Committee's Treasurer: ANH NGUYEN

Treasurer's Mailing Address: 211 STRATUS DR. KEARNEYSVILLE, WV 25430

Treasurer's Daytime Phone: (703) 297-5068

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)	# 500 ⁰⁰ + # 550 = #1,050 ⁰⁰
Monetary Contributions from all Fund-Raising Events (Page 4)	+ /
Receipt of a Transfer of Excess Funds (Page 8)	+ /
Total Monetary Contributions	= # 1,050⁰⁰
In-Kind Contributions (Page 5)	+ /
Total Contributions	+ # 1,050⁰⁰

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

OUTSTANDING LOANS & DEBTS

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

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

1,050⁰⁰ + 3,881.12 = 4,931.12 BAF

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)

~~2,985.00~~ ^{2,975.12} BAF

Total Monetary Contributions +

1,050⁰⁰

Total Other Income +

0

Subtotal a.

= # ~~4,035.00~~ 4,025.12 BAF

Total Expenditures (Page 7)

2,424.31

Total Disbursements of Excess Funds (Page 8) +

/

Repayment of Loans (Page 6) +

/

Subtotal b.

= # 2,424.31

Ending Balance

(Subtotal a. - Subtotal b.)

1,600.81 BAF
= ~~1,600.69~~

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

2,424.31 + 9.88 = 2,434.19 BAF

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
2/15/22	DAWN CARLISLE	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	\$ 50 ⁰⁰
2/15/22	ROBIN LONG VIVANDS	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	\$25 ⁰⁰
2/20/22	JET HENG	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	\$ 25 ⁰⁰
2/26/22	F. J. HEFESTAY JR, CAPT, USN (RET)	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	\$ 250 ⁰⁰
3/31/22	JANET T. ROBINSON	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	\$ 200 ⁰⁰
		<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	
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		<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: \$550⁰⁰

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
3/22/22	Full Name: JAMES K. RULAND Address: residential and mailing (if different) PO BOX 790, CHARLES TOWN, WV 25414 Contributor's occupation :(individual contributor only) RETIRED Where contributor works: (individual contributor only) RETIRED . Affiliation: (political committee only)	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	\$500 ⁰⁰

(This section is crossed out with a diagonal line)

Full Name: _____

Address: residential and mailing (if different) _____

Contributor's occupation :(individual contributor only) _____

Where contributor works: (individual contributor only) _____

Affiliation: (political committee only) _____

Full Name: _____

Address: residential and mailing (if different) _____

Contributor's occupation :(individual contributor only) _____

Where contributor works: (individual contributor only) _____

Affiliation: (political committee only) _____

Full Name: _____

Address: residential and mailing (if different) _____

Contributor's occupation :(individual contributor only) _____

Where contributor works: (individual contributor only) _____

Affiliation: (political committee only) _____

Full Name: _____

Address: residential and mailing (if different) _____

Contributor's occupation :(individual contributor only) _____

Where contributor works: (individual contributor only) _____

Affiliation: (political committee only) _____

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:

	\$ 500 ⁰⁰
+	550 ⁰⁰
=	1050⁰⁰ \$ 1,050 ⁰⁰

RE - 4/4/22

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 _____
--	--

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

OTHER INCOME: INTEREST, REFUNDS, MISCELLANEOUS RECEIPTS

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

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:				

ITEMIZED EXPENDITURES

Check if additional pages have been attached.

Date	Name of Person or Vendor and Address	Purpose	Amount
2/15/22	Name: PAYPAL FEE Address:	from DAWN CARLISLE donation	\$1.94
2/15/22	Name: PAYPAY FEE Address:	from ROBIN LONG VIVANDS donation	\$1.21
1/24/22	Name: JEFFERSON COUNTY Address:	Recording fee	\$25 ⁰⁰
2/19/22	Name: FONTINA Address: 20605 CHARLESTOWN RD. HARPERS FERRY, WV 25425	Expense for food @ a meet and greet.	\$45.93
2/19/22	Name: FONTINA Address: 20605 CHARLESTOWN RD. HARPERS FERRY, WV 25425	Expense for Meet & Greet for Joyce Smith.	\$182.00
2/22/22	Name: COSTCO Address: 10 MONOCARY BLVD FREDERICK, MD 21704	Stamps.	\$57.75
2/1/22	Name: PROGRESSIVE PRINTING Address: 526 WEST KING ST. MARTINSBURG, WV 25401	Rack Cards (300)	\$100.70
3/24/22	Name: PROGRESSIVE PRINTING Address: 526 WEST KING ST. MARTINSBURG, WV 25401	Rack Cards (700) Car Magnets (2)	\$251.45
3/29/22	Name: ULINE Address: PO BOX 88741 CHICAGO, IL 60680-1741	Boortknot bags (1,000)	\$58.83
3/31/22	Name: PROGRESSIVE PRINTING Address: 526 WEST KING ST. MARTINSBURG, WV 25401	Rack Cards (700)	\$171.20
3/30/22	Name: TRACTOR SUPPLY Address: 1040 SOMERSET BLVD CHARLES TOWN, WV 25414	Cable ties (100) x 2 Fence post (20)	\$138.86
3/31/22	Name: TRACTOR SUPPLY Address: 1040 SOMERSET BLVD CHARLES TOWN, WV 25414	Post Pounder (1)	\$39.58
3/15/22	Name: SIGNONTHECHEAP.COM Address:	Signs 4x8 ft (10) 18x24" (100) Wire Stake (100)	\$1,349.86
	Name: Address:		
	Name: Address:		

Total Expenditures:

~~\$1,074.45~~

\$2,424.31

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:		

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:		
	Name: Address:		
Total Unpaid Bills:			

OATH/AFFIRMATION

I, ANH NGUYEN, 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.

Anh Nguyen Signature of Candidate, Financial Agent or Treasurer

Date 4/4/22, 20 22
(AN)

Office Use Only

RECEIVED
4-7-22

Received By: *S. P...*