

State of West Virginia Campaign Financial Statement (Long Form) in Relation to 2021 Election Year

Committee or Candidate Name: Committee to Re-elect Jenny Selin
 Office Sought: (if applicable) Morgantown City Council District/Circuit: (if applicable) 4th Ward
 Committee's Treasurer: Jenny Selin (Jennifer Selin)
 Treasurer's Mailing Address: 1224 Fairlawns Avenue, Morgantown, WV
 Treasurer's Daytime Phone: 304-685-6569

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

REPORT TOTALS

RECEIPTS OF FUNDS

Totals for this Period

Contributions (Page 3)	
Monetary Contributions from all Fund-Raising Events (Page 4)	+
Receipt of a Transfer of Excess Funds (Page 8)	+ 164.74
Total Monetary Contributions	= 164.74
In-Kind Contributions (Page 5)	+
Total Contributions	+

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

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	0
Total Monetary Contributions	+ 164.74
Total Other Income	+
Subtotal a.	= 164.74

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

Ending Balance (Subtotal a. - Subtotal b.)	164.74
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OUTSTANDING LOANS & DEBTS

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

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

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

**CONTRIBUTIONS OF
MORE THAN \$250**

Check if additional pages have been attached.

DATE	INDIVIDUAL CONTRIBUTOR OR COMMITTEE'S INFORMATION	ELECTION Check One	AMOUNT
	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	
	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	
	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	

**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:

+	
=	

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
			<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:

RECEIPT OF A TRANSFER OF EXCESS FUNDS



Check if additional pages have been attached.

Date	Candidate Committee Name and Year	Amount
01-12-2021	Committee to Re-elect Jenny Selin	164.74
Total Receipts of Transfer of Excess Funds:		164.74

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:		
	Name: Address:		
Total Unpaid Bills:			

OATH/AFFIRMATION

I, Jenny Selin, 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.

Jenny Selin Signature of Candidate, Financial Agent or Treasurer
Date April 21, 2021

Office Use Only
4-21-21
Received By: HRC