

State of West Virginia Campaign Financial Statement (Long Form) in Relation to 2026 Election Year

Committee or Candidate Name: Lisa Scorerelli
 Office Sought: (if applicable) City Council District/Circuit: (if applicable) Ward 2
 Committee's Treasurer: _____
 Treasurer's Mailing Address: _____
 Treasurer's Daytime Phone: _____

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

- | | | | |
|--|--|---|---|
| <input 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 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)		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)	+	200
Total Contributions	+	200

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

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)		
Total Monetary Contributions	+	200
Total Other Income	+	0
Subtotal a.	=	200

Total Expenditures (Page 7)		179 -
Total Disbursements of Excess Funds (Page 8)	+	
Repayment of Loans (Page 6)	+	
Subtotal b.	=	179

Ending Balance (Subtotal a. - Subtotal b.)		= 31
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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)

200

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

179

**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:

+	
=	0

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)

N/A

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 _____
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Contributions of \$250 or Less

Contributions of \$250 or More

DATE	FULL NAME	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	
Subtotal of contributions of \$250 or less:			

DATE	CONTRIBUTOR INFORMATION	ELECTION Check one	AMOUNT
	Full Name: Address: Contributor's Job: (individual only) Where contributor works: (individual only) Affiliation (PAC only)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
	Full Name: Address: Contributor's Job: (individual only) Where contributor works: (individual only) Affiliation (PAC only)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
	Full Name: Address: Contributor's Job: (individual only) Where contributor works: (individual only) Affiliation (PAC only)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
	Full Name: Address: Contributor's Job: (Individual only) Where contributor works: (individual only) Affiliation (PAC only)	<input type="checkbox"/> Primary <input type="checkbox"/> General	
Subtotal of contributions of more than \$250:			
Subtotal of contributions of \$250 or less:			
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
5/26	Marcus	Signs	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	200
			<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:				200

ITEMIZED EXPENDITURES

Check if additional pages have been attached.

Date	Name of Person or Vendor and Address	Purpose	Amount
5/2026	Name: Amazon Address:	Signs	115-
5/2026	Name: Dunkin Donuts Address: Coffee	Coffee/Donuts	64-
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
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	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		
	Name: Address:		

Total Expenditures: 179

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, _____, 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 _____, 20____

Office Use Only

Received By: _____

