

State of West Virginia Campaign Financial Statement
(Long Form) in Relation to the 2012 Election Year

| | | | |
|--|-------------------|--|-----------------------------------|
| Candidate or Committee Name WVAEPS- PAC | | Candidate or Committee's Treasurer David A. Faris, M.D. | |
| Political Party (for candidates) | | Treasurer's Mailing Address (Street, Route or P.O. Box) 2-B Chenoweth Drive | |
| Office Sought (for candidates) | District/Division | City, State, Zip Code Bridgeport, WV 26330 WV | Daytime Phone # (304) 842-8888 |

| | | | |
|--|---|--|--|
| Election Cycle Reporting Period (check one): | | | Check if Applicable: <input type="checkbox"/> Amended Report You must also check box of appropriate reporting period <input type="checkbox"/> Final Report Zero balance required. PAC must also file Form F-6 Dissolution |
| Primary - First Report Due March 31-April 6, 2012 | Pre-primary Report Due April 23-27, 2012 | Post-primary Report Due May 21-Jun 19, 2012 | |
| ✓ General - First Report Due Sept. 24-28, 2012 | Pre-general Report Due Oct. 22-26, 2012 | Post-general Report Due Nov 19-Dec 19, 2012 | |
| Non-Election Cycle Reporting Period: | <input type="checkbox"/> Annual Report Due In _____ Calendar Year Due last Saturday in March or within 6 days thereafter | | |

REPORT TOTALS

Fill in totals at the completion of the report.

RECEIPTS OF FUNDS:

Totals for this Period

CASH BALANCE SUMMARY

| | |
|--|----------------------|
| Contributions (Page 3) | \$ 3,000.00 |
| Monetary Contributions from all Fund-Raising Events (Page 4) | + |
| Receipt of a Transfer of Excess Funds (Page 8) | + |
| Total Monetary Contributions: | = \$ 3,000.00 |
| In-Kind Contributions (Page 5) | + |
| Total Contributions: | = \$ 3,000.00 |

| | |
|---|-----------------------|
| Beginning Balance (ending balance from previous report) | \$ 9,136.04 |
| Total Monetary Contributions | + \$ 3,000.00 |
| Total Other Income | + \$ 0.00 |
| Subtotal: a. | = \$ 12,136.04 |

| | |
|----------------------------|------------------|
| Other Income (Page 5) | |
| Loans Received (Page 6) | + |
| Total Other Income: | = \$ 0.00 |

| | |
|--|--------------------|
| Total Expenditures (Page 7) | \$ 750.00 |
| Total Disbursements of Excess Funds (Page 8) | + \$ 0.00 |
| Repayment of Loans (Page 6) | + \$ 0.00 |
| Subtotal: b. | = \$ 750.00 |

OUTSTANDING LOANS & DEBTS:

| | |
|----------------------------|------------------|
| Unpaid Bills (Page 9) | |
| Outstanding Loans (Page 6) | + |
| Total Debts: | = \$ 0.00 |

| | |
|--|-----------------------|
| Ending Balance: (Subtotal a. - Subtotal b.) <i>*Cannot be negative balance</i> | = \$ 11,386.04 |
|--|-----------------------|

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

\$ 9,850.00

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

\$ 750.00

| Page 3. | | Contributors of More than \$250 | | <input type="checkbox"/> Check if additional pages have been attached. |
|---|--|------------------------------------|--|---|
| DATE | INDIVIDUAL CONTRIBUTOR OR COMMITTEE'S NAME | | | AMOUNT |
| 5/22/12 | Full Name: Robert F. Dundervill, III, MD Address: (residential and mailing if they are different) 301 Laidley Street, Suite 30, Charleston, WV Contributor's job: (individual contributor only) Ophthalmologist Where contributor works: (individual contributor only) Same address Affiliation: (political committee only) West Virginia Academy of Eye Physicians and Surgeons | | | \$ 500.00 |
| 5/22/12 | Full Name: David J. Hunt, MD Address: (residential and mailing if they are different) 223 George Street, Suite 3, Beckley, WV Contributor's job: (individual contributor only) Ophthalmologist Where contributor works: (individual contributor only) Same Address Affiliation: (political committee only) West Virginia Academy of Eye Physicians and Surgeons | | | \$ 500.00 |
| 5/22/12 | Full Name: Scott C. Jamerson, MD Address: (residential and mailing if they are different) 301 Laidley Street, Suite 30, Charleston, WV Contributor's job: (individual contributor only) Ophthalmologist Where contributor works: (individual contributor only) Same Address Affiliation: (political committee only) West Virginia Academy of Eye Physicians and Surgeons | | | \$ 500.00 |
| 6/18/12 | Full Name: Stephen R. Powell, MD Address: (residential and mailing if they are different) 1255 Pineview Drive, Morgantown, WV Contributor's job: (individual contributor only) Ophthalmologist Where contributor works: (individual contributor only) Same Address Affiliation: (political committee only) West Virginia Academy of Eye Physicians and Surgeons | | | \$ 1,000.00 |
| | 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 | | | | \$ 3,000.00 |
| Subtotal of all contributors of \$250 or less (From page 2) | | | | + \$ 0.00 |
| Total Contributions: | | | | = \$ 3,000.00 |

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. (W V Code §3-8-5a)

EVENT SUMMARY

| | | |
|-----------------------|--|---|
| Date of Event | <div>Total Monetary Contributions:</div> <div>Total Expenditures: (Itemized on page</div> <div>NET RECEIPTS:</div> <div>Total In-Kind Contributions Related to the Fund-raiser (Itemized on page 5.)</div> | |
| Type of Event | | - |
| Name of Place Held | | = |
| Address of Place Held | | |

Contributors of \$250 or less

Contributors of more than \$250

| Date | Full Name | Amount | Date | | Amount |
|--|-----------|--------|--|--|---------|
| | | | | Full Name: Address: (residential and mailing if they are different) | |
| | | | | Contributor's job: (Individual only) | |
| | | | | Where contributor works: (Individual only) | |
| | | | | Affiliation: (Political Committee Only) | |
| | | | | Full Name: Address: (residential and mailing if they are different) | |
| | | | | Contributor's job: (Individual only) | |
| | | | | Where contributor works: (Individual only) | |
| | | | | Affiliation: (Political committee only) | |
| | | | | Full Name: Address: (residential and mailing if they are different) | |
| | | | | Contributor's job: (Individual only) | |
| | | | | Where contributor works: (Individual only) | |
| | | | | Affiliation: (Political committee only) | |
| | | | | Full Name: Address: (residential and mailing if they are different) | |
| | | | | Contributor's job: (Individual only) | |
| | | | | Where contributor works: (Individual only) | |
| | | | | Affiliation: (Political committee only) | |
| Subtotal of contributors of \$250 or less: | | | Subtotal of contributors of more than \$250: | | |
| \$ 0.00 | | | Subtotal of contributors of \$250 or less : | | + |
| | | | Total Contributions: | | \$ 0.00 |

MAKE COPIES OF THIS PAGE TO LIST ADDITIONAL CONTRIBUTIONS. ATTACH ADDITIONAL PAGES TO REPORT.

OTHER INCOME: INTEREST, REFUNDS, MISCELLANEOUS RECEIPTS

| Date | Source of Income | Type of Receipt | Amount |
|------|------------------|-----------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |

Total Other Income: \$ 0.00

☐ Check if additional pages have been attached.

IN-KIND CONTRIBUTIONS

| Date | Name and Contributor Information | Description of Contribution | Value |
|------|----------------------------------|-----------------------------|-------|
| | | | |
| | | | |
| | | | |
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OF THIS PAGE AS YOU NEED.

Total In-Kind Contributions: \$ 0.00

LOANS

☐

Check if additional pages have been attached.

West Virginia Code: §3-8-5f. Loans to candidates, organizations or persons for election purposes.

"Every candidate, financial agent, person or association of persons or organization advocating or opposing the nomination or election of any candidate or the passage or defeat of any issue or item to be voted upon may not receive any money or any other thing of value toward election expenses except from the candidate, his or her spouse or a lending institution. All loans shall be evidenced by a written agreement executed by the lender, whether the candidate, his or her spouse, or the lending institution. Such agreement shall state the date and amount of the loan, the terms, including interest and repayment schedule, and a description of the collateral, if any, and the full names and addresses of all parties to the agreement. A copy of the agreement shall be filed with the financial statement next required after the loan is executed."

The loan agreement **must** include all items asked for in the statute. (See above.) The loan agreement does not have to follow a certain format; generally, if all the required information is listed, any format is acceptable. Candidates or political committees that take out a loan for the campaign through a bank or other commercial lending institution must include a copy of the loan agreement executed with that bank or institution. Candidates should not take out loans which are partially for personal use and partially for the campaign. It is almost impossible to keep reporting straight in this case. Any money a candidate contributes to his or her campaign committee with the hope of repayment must be treated as a loan and reported in this section. When a candidate determines that no further repayment can be expected, the loan can be reported as repaid in this section by entering the amount left to repay in the repayments column and reporting the same amount as a contribution from the candidate on Page 2. **These loans must be executed in writing. Caution: Candidates may not carry outstanding loans from one campaign to the next. Each campaign is separate. Funds from a current campaign cannot be used to repay a loan from a previous campaign.**

How to report loans

1. Each loan for your campaign should be listed on a separate line. (Each time you loan money to the campaign or get a loan, it is considered to be a separate loan.) Include the following information on the form below:

a. loan(s) from prior reporting periods and the balance of each loan (Col. A.) If a payment was made on the loan, list that in Col. C. **Any loan that was repaid in previous reporting periods does not need to be listed.**

b. new loans, the amount (Col. B), any repayments (Col. C), and the balance (Col. D.)
2. Attach a copy of the loan agreement for each loan received during the reporting period.

LOANS

(A copy of the loan agreement for each loan secured during this filing period must accompany this report)

| | | | | | |
|---|--|--|--|---|---|
| Bank Loans: List name & address of financial institution Candidate or Candidate's Spouse Loans: List name, residence and mailing address of person(s) making or cosigning loan | Column A Balance of previous loan at end of period Amount | Column B Amount of new loan received during period Date Amount | | Column C Repayments during period Date Amount | Column D Balance outstanding at end of period Amount |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| | | Loans Received | | Repayment of Loans | Outstanding Loans |
| | | \$ 0.00 | | \$ 0.00 | \$ 0.00 |
| Totals: | | | | | |

ITEMIZED EXPENDITURES
(Itemize 3rd party expenditures/ reimbursements)

☐ Check if additional pages
have been attached.

| Date | Name of Person or Vendor and Address | Purpose | Amount |
|---------------------|--|-----------------------|-----------|
| 9/9/12 | Committee to Elect Mike Caputo | Campaign Contribution | \$ 500.00 |
| 9/9/12 | Committee to Elect Senator Herb Snyder | Campaign Contribution | \$ 250.00 |
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| Total Expenditures: | | | \$ 750.00 |

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OF THIS PAGE AS YOU NEED.

Receipt of a Transfer of Excess Funds

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Check if additional pages
have been attached.

| | Candidate Committee Name and Year | Amount |
|---|-----------------------------------|---------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Receipts of Transfers of Excess Funds: | | \$ 0.00 |

Disbursements of Excess Funds

| | Name of candidate committee and election year disbursing excess funds | Purpose of Disbursement | Amount |
|---|---|-------------------------|---------|
| | | | |
| | | | |
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| | | | |
| | | | |
| Total Disbursements of Excess Funds: | | | \$ 0.00 |

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OF THIS PAGE AS YOU NEED.

UNPAID BILLS

☐ Check if additional pages have been attached.

| Date | Owed to Whom | Affiliated with what Company or Group | Purpose | Amount |
|---------------------|--------------|---------------------------------------|---------|---------|
| | | | | |
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| Total Unpaid Bills: | | | | \$ 0.00 |

OATH OR AFFIRMATION

I, David A. Faris, M.D., swear or affirm that the attached statement is true and correct, 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.

David A. Faris Signature of Candidate, Financial Agent or Treasurer

Date 19-Sep, 202012

Office Use Only
RECEIVED
2012 SEP 24 AM 9:59
STATE OF WEST VIRGINIA
Received By: _____