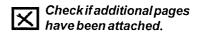
### State of West Virginia Campaign Financial Statement (Long Form) in Relation to the 2014 Election Year

Candidate or Committee Name	Candidate or Committee's Treasurer					
WESPAC		Steve Brown				
Political Party (for candidates)	Treasurer's Mailing Address (Street, Route or P.O. Box)					
			PO Box 4106			
Office Sought (for candidates)	City, State, Zip Code Daytime Phone #					
		Charleston, WV 25364 (304)925-0342				
Election Cycle F	Reporting Perio	d (check	one):	Chec	k if Applicable:	
	rimary Report oril 28-May 2, 2014	Post-Primary Report Due May 26-June 23, 2014		Amended Report You must also check		
	eneral Report ctober 20-24, 2014	Post-General Report Due Nov. 17-Dec. 15, 2014		,   	oox of appropriate eporting period iinal Report	
Non-Election Cycle Reporting Period:	Annual Report Due last Satur days thereafte	rday in Mar	Calendar Year ch or within 6	F	Yero balance required. PAC must also file From F-6 Dissolution	
	REPO	RT TO	<u>TALS</u>			
RECEIPTS OF FUNDS:	Fill in totals at th	•	n of the report.  CASH BALAN	NCE S	SUMMARY	
Contributions (Page 3)	2,065.00		Beginning Balance			
Monetary Contributions from all	+		(ending balance from previous report)			
Fund-Raising Events (Page 4) Receipt of a Transfer of	1				713.96	
Excess Funds (Page 8)	+		Total Monetary Contributions		+ 2,065.00	
Total Monetary Contributions:	= 2,065.00		Total Other Income		+	
In-Kind Contributions (Page 5)	+	[	Subtotal:			
Total Contributions: = 2,065.00			Subtotal.	a.	= 2,778.96	
OtherIncome (Page 5)		$\neg  $	Total Expenditures (F	Page 7)	269.42	
Loans Received (Page 6)	+		Total Disbursements of Excess Funds (Page		+	
Total Other Income:	= 0.00		Repayment of Loans			
OUTSTANDING LOANS 8	& DEBTS:		Subtotal:	b.		
Unpaid Bills (Page 9)					269.42	
Outstanding Loans (Page 6)	+		Ending Balance			
Total Debts:	= 0.00		(Subtotal a Subto	-	= 2,509.54	
TOTAL CONTRIBI ELECTION YEAR-T (Add total contributions f	O-DATE	)	TOTAL EXP ELECTION YE (Add total expenditu	AR-T	O-DATE	
26,580.00			34,079.99	)		

Page 2.	Contributors of \$250 or Less	Check if additional pages have been attached.	
DATE	CONTRIBUTOR'S FULL NAME OR COMMITTEE'S NAME	AMOUNT	
	SEE ATTACHED		
	IANY COPIES AGE AS YOU NEED Subtotal of contributors of \$250 o	r less: 700.00	

Page	3.
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### Contributors of More than \$250



DATE	INDIVIDUAL CONTRIBUTOR OR COMMITTEE'S NAME	AMOUN
	SEE ATTACHED	
	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)	
	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) \_+

1,365.00 700.00

Total Contributions: = 2,065.00

Page 4
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### **FUND-RAISING EVENTS**

٦	Check if additional pages
Ш	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. (W V Code §3-8-5a)

			EVENTS	SUMMARY			
	e of Event			Total Monetary Contributions: Total Expenditures:			
Name of Place Held		(Itemized on pg. 7)					
				NET RECEIPTS:	=		]
Add	Iress of Place Held			Total In-Kind Contributions			]
				Related to the Fund-raiser (Itemized on pg. 5)			
-	Contributors of \$250 o	r less		Contributors of more	than \$250		
Date	Full Name	Amount	Date			Amount	
				Full Name: Address: (residential and mailing if they a	are different)		
				Contributor's job: (Individual only)			
				Where contributor works: (Individual only)			
				Affiliation: (Political commmittee only)  Full Name:			
				Address: (residential and mailing if they a	are different)		
				Contributor's job: (Individual only)			
			l	Where contributor works: (Individual only)	•		
		Affiliation: (Political commmittee only)					
				Full Name: Address: (residential and mailing if they a	are different)		
		Contributor's job: (Individual only)					
				Where contributor works: (Individual only)			
	· · · · · · · · · · · · · · · · · · ·			Affiliation: (Political commmittee only)			
				Full Name: Address: (residential and mailing if they a	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 a	are different)		
				Contributor's job: (Individual only)			
			•	Where contributor works: (Individual only)	)		
				Affiliation: (Political commmittee only)			
				Subtotal of contributors of	more than \$250:		
	Subtotal of contributors of		1_	Subtotal of contributors of	of \$250 or less :	+	
`	\$250 or less:			Total	Contributions:		

Page 5.
OTHER INCOME: INTEREST, REFUNDS, MISCELLANEOUS RECEIPTS

Date	Source of Income	Type of Receipt		Amount
				<del></del> .
		Total Other Income:	0.00	
Check if a	additional pages n attached.	Total Other Income:	0.00	
Check if a	additional pages n attached. IN-KIND CONTRI		0.00	
Check if a have bee	n attached.			Value
have bee	n attached. IN-KIND CONTRI	BUTIONS		
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have bee	n attached. IN-KIND CONTRI	BUTIONS		

Page	6.
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### **LOANS**

7	Check if additional pages
l	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)

g remaining the report,					
Bank Loans: List name & address of financial institution Candidate or Candidate's Spouse Loans: List name, residence and mailing address of	Column A Balance of previous loan at end of period	Column B Amount of new le received during p	oan	Column C Repayments during period	Column D Balance outstanding at end of period
person(s) makingor cosigning loan	Amount	Date Amo	ount Da	ate Amount	Amount
1.	none				
2.					
3.		1			
4.					
5.					
		Loans Recei	ived Rep	payment of Loans	Outstanding Loans
	Totals:				

Pad	ıe	7.

### **ITEMIZED EXPENDITURES**

(Itemize 3rd party expenditures/reimbursements)

 Check if additional pages
have been attached.

Date	Name of Person or Vendor and Address	Purpose	Amount
10/31/14	BB & T Bank	service charges	269.42
MAKE AS MANY OF THIS PAGE	COPIES AS YOU NEED.	Total Expenditures:	269.42

Page 8.	Receipt of a Transfer of Excess Funds		Check if add nave been a	itional page tached.
Date	Candidate Committee Name and Year		Am	nount
				, <del>-</del>
		<del></del>		
	Total Receipts of T of Excess Funds:	ransfers	0.00	
	Disbursements of Excess Funds			
Date	Name of candidate committee and election year disbursing excess funds	Purpo Disburs	se of ement	Amount

Total Disbursements of Excess Funds: 0.00

Page	9.
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### **UNPAID BILLS**

Check if additional pag	es
have been attached.	

Date	Owed to Whom	Affiliated with what Company or Group	Purpose	e An	nount
Total Unpaid Bills:					
			•		

### OATH OR AFFIRMATION

, swear or affirm that the attached
nancial transactions occurring within the period 8-5a.
Signature of Candidate, Financial
Agent or Treasurer

Office Use Only VANGUAN SECRETARIORS
2014 DEC -5 AMII: 31
Received By:

## WESPAC

# Donations Received 10-20-14 through 11-16-14 Secretary of State Report Contributions over \$250.00

Total \$ Amount	\$365.00	\$500.00	\$500.00	Total Amounts \$1,365.00
Practice Name	Carl W Liebig MD	Kelly Medical Corporation	Allan B Kunkel MD, Inc.	Total A
Occupation	Physician	Physician	Physician	
Donor	11/5/2014 Carl W Liebig MD Route 3 Box 3152 Keyser WV, 26726	11/5/2014 Michael A Kelly MD 1 Pavilion Drive Daniels WV, 25832	11/7/2014 Allan B Kunkel MD 906 Union Highway Scherr WV, 26726	nors 3
Date Donor Receive	11/5/2014	11/5/2014	11/7/2014	Total Donors

## WESPAC

### Donations Received 10-20-14 through 11-16-14 Secretary of State Report

# Contributions \$250.00 or Less

Total S Amount	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00
Practice Name	Orthopedic Healthcare Associates Inc	Logan Regional Medical Center	Frank A Scattaregia MD LTD	CAMC Administration	Joby Joseph MD Inc	Stephen Milroy MD
Occupation	Physician	Physician	Physician	Physician	Physician	Physician
Donor	10/27/2014 Tony Majestro MD 415 Morris Street Suite 104 Charleston WV, 25301	10/27/2014 Raymond O Rushden MD PO Box 1736 140 Stollings Avenue Logan WV, 25601	10/31/2014 Frank A Scattaregia MD 786 1/2 W 2nd Street Weston WV, 26452	11/5/2014 Constantino Y Amores MD 1308 Upper Dartmouth Avenu Charleston WV, 25302	11/5/2014 Joby Joseph MD 888 Oakwood Drive Suite 210 Charleston, 25314	Stephen K Milroy MD 3100 MacCorkle Avenue SE Suite 809 Charleston WV, 25304
Date Receive	10/27/2014	10/27/2014	10/31/2014	11/5/2014	11/5/2014	11/7/2014

Wednesday, November 19, 2014

Physician 11/12/2014 Ophas Vongxaiburana MD 201 East 5th Avenue Ranson WV, 25438

Total Donors 7

Total Amounts \$700.00

\$100.00

Ophas Vongxaiburana MD PC

Wednesday, November 19, 2014

# WEDICAL INSURANCE AGENCY "Meeting the insurance needs of physicians"

P.O. Box 4106 Charleston, West Virginia 25364 Secretary of State Building 1, Suite 157-K 1900 Kanawha Boulevard, East Charleston, WV 25305-0770

