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

Candidate or Committee Name	Candid	date or Committee's Treasure	•
West Virginia Academy of Eye Physi		<i>a</i>	horageb, mo
Political Party (for candidates)	Treasu	rer's Mailing Address (Street,	Route on P.O. Box)
	$\mathcal{P}_{i}$	D Box 4569	
Office Sought (for candidates) District/	Division City, St	tate, Zip Code	Daytime Phone # (304)
	Mo	organtown, WY 26	504 598-486
Election Cycle Report	ting Period (che	eck one):	Check if Applicable:
Primary - First Report Due March 29-April 4, 2014  Pre-Primary Due April 28-Ma		Post-Primary Report Due May 26-June 23, 2014	Amended Report You must also check box of appropriate
General - First Report  Due September 22-26, 2014  Pre-General  Due October 20		Post-General Report Due Nov. 17-Dec. 15, 2014	reporting period Final Report
Poporting Period:	inual Report Due In ue last Saturday in N ys thereafter		Zero balance required. PAC must also file Form F-6 Dissolution
	REPORT T	<u>OTALS</u>	
	in totals at the comple	letion of the report.	
RECEIPTS OF FUNDS: Total	ls for this Period	CASH BALA	NCE SUMMARY
Contributions (Page 3) 4.	400.00	Beginning Balanc	
Monetary Contributions from all		(ending balance fron previous report)	19952.04
Fund-Raising Events (Page 4) + Receipt of a Transfer of			19902.07
Excess Funds (Page 8)		Total Monetary Contributions	+ 11400 00
Total Monetary Contributions: =	11100 00	Contributions	+ 4400.00
	4400.00	→ Total Other Income	+
In-Kind Contributions (Page 5) +		Cubtotali	- 0.10 - 1
Total Contributions:	1400.00	Subtotal:	a. = 24352.04
	7.700.00	'   <sub> </sub>	
Other Income (Page 5)		Total Expenditures	(Page 7) 500.00
		Total Disbursements	s of
Loans Received (Page 6) +		Excess Funds (P	age 8) + ——
Total Other Income:	0	Repayment of Loar	(S (Page 6) +
OUTSTANDING LOANS & DE	BTS:	Subtotal:	b. = 500.00
Unpaid Bills (Page 9)			
Outstanding Loans (Page 6) +		Ending Balan	ce:
Total Debts:	0	(Subtotal a Sub *Cannot be negative	total b.) = 1205104
TOTAL CONTRIBUTIO ELECTION YEAR-TO-DA (Add total contributions from a	ATE all reports)	ELECTION (Add total expendi	(PENDITURES YEAR-TO-DATE tures from all reports)

Official Form F-7

Issued by the WV State Election Commission

Revised 10/13

Page 2.	Contributors of \$250 or Less	Check if additional pages have been attached.
DATE	CONTRIBUTOR'S FULL NAME OR COMMITTEE'S NAME	AMOUNT
6-12-14	Geoffrey Bradford, MD	100.00
	ANY COPIES GE AS YOU NEED Subtotal of contributors of \$250	or less:

Page	3.
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# Contributors of More than \$250

N	Check if additional pages have been attached.
لكا	have been attached.

DATE	` INDIVIDUAL CONTRIBUTOR OR COMMITTEE'S NAME	AMOUNT
S. (C. L.	Full Name: Muge R. Kesen, M.D. Address: (residential and mailing if they are different) P.D.Box 9193 Molgantown, wy	
	Contributor's job: (individual contributor only) physician 26506	
	Where contributor works: (individual contributor only) WVUE/E Institute	500.00
6-12-14	Affiliation: (political committee only) $WVAEP5$	
	Full Name: Scott H. Strickler, MD  Address: (residential and mailing if they are different) HIS GRAND Park Drive  Swite 315 farkersburger  Contributor's job: (individual contributor only) Physician  26105-4000	
6-12-14	Where contributor works: (individual contributor only) Ohio Valley Eye Mysicians Affiliation: (political committee only) WARPS	900.00
	Full Name: John V. Linberg, MD Address: (residential and mailing if they are different) 373 GRANDIEW AVE Contributor's job: (individual contributor only) physicians	705
6-12-14	Where contributor works: (individual contributor only) Will Eye Institute Affiliation: (political committee only) WIREAS	500.00
	Full Name: Joseph G. Feghali, MD Address: (residential and mailing if they are different) 2000 Hampton Cifcle Contributor's job: (individual contributor only) Suted Mongantown, wy 20	TO S
6-12-14	Where contributor works: (individual contributor only) Joseph G. Fegahli, MD, Inc.  Affiliation: (political committee only) WN ACFS	500.00
	Full Name: Judie Chapton, MO Address: (residential and mailing if they are different) POBox 9193 Molgantown, WY 26506	
	Contributor's job: (individual contributor only) Physician	
1	Where contributor works: (individual contributor only) WIU Eye Institute	500.00
6-12-14	Affiliation: (political committee only) WNAEPS  Full Name: Monique Jean Leys, mD  Address: (residential and mailing if they are different) P.D. Box 9193 Mongantown, WV  26506	
	Contributor's job: (individual contributor only) Physician	_
	Where contributor works: (individual contributor only) WNUE ye Institute	500.00
6-12-14	Affiliation: (political committee only) WNAEAS	

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)

100.00

**Total Contributions:** 

= 4400,0C

Page 3.	Contributors of Checkifaddition More than \$250	
DATE	INDIVIDUAL CONTRIBUTOR OR COMMITTEE'S NAME	AMOUNT
	Full Name: Zane f. Lazel, MD  Address: (residential and mailing if they are different) 4/8 Grand Park Drive,  Surte 3/5 Parkershung, wr  Contributor's job: (individual contributor only) Physician  Where contributor works: (individual contributor only) oh, o Valley Eye Physicians + Sun	900.00 eoss
6-12-14	Affiliation: (political committee only)	
0 10 1 1	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)	0.00

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED Subtotal of all contributors of more than \$250

100.0

Subtotal of all contributors of \$250 or less (From page 2) +

Total Contributions: = 900.00

P	a	q	е	4.

#### **FUND-RAISING EVENTS**

_	Check if additional pages
	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. (WV Code §3-8-5a)

#### **EVENTSUMMARY**

Date	e of Event			Total Monetary Contributions:			
	e of Event ne of Place Held			Total Expenditures: (Itemized on pg. 7)	-		
				NETRECEIPTS:	=		
Ada	ress of Place Held			Total In-Kind Contributions			] ]
				Related to the Fund-raiser (Itemized on pg. 5)	0		_
	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 ar	re different)		į
				Contributor's job: (Individual only)			
				Where contributor works: (Individual only)			
				Affiliation: (Political commmittee only)			
				Full Name: Address: (residential and mailing if they are	re different)		
				Contributor's job: (Individual only)			
				Where contributor works: (Individual only)			
				Affiliation: (Political commmittee only)			
				Full Name: Address: (residential and mailing if they are	re different)		
				Contributor's job: (Individual only)			
				Where contributor works: (Individual only)			
				Affiliation: (Political commmittee only)			
				Full Name: Address: (residential and mailing if they a	re different)		
				Contributor's job: (Individual only)			
	*			Where contributor works: (Individual only)			
				Affiliation: (Political commmittee only) Full Name:			
			-	Address: (residential and mailing if they a	re different)		
	· · · · · · · · · · · · · · · · · · ·			Contributor's job: (Individual only)			
			-	Where contributor works: (Individual only)			
				Affiliation: (Political commmittee only)			
				Subtotal of contributors of r	more than \$250:		

\$250 or less:

Subtotal of contributors of

Subtotal of contributors of \$250 or less: |+

**Total Contributions:** 

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

Date	Source of Income	Type of Receipt		Amount
	•			
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				~
Check if a	dditional nages	Total Other Income:	E	2
Check if a	ndditional pages n attached.	Total Other Income:	2	<u> </u>
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Page	∍ 6.
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### **LOANS**

7	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	Column A Balance of previous loan at end of period	Column B Amount of new loan received during period		Column C Repayments during period		Column D Balance outstanding at end of period
person(s) makingor cosigning loan	Amount	Date	Amount	Date	Amount	Amount
1.						
2.						
3.						
4.					1000	
5.						
		Loans F	Received	Repaymen	t of Loans	Outstanding Loans
	Totals:		0	(	)	0

Page	8.
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## Receipt of a Transfer of Excess Funds

٦	Check if additional pages
┛	Check if additional pages have been atached.

Date	Candidate Committee Name and Year	Amount
	•	
	Total Receipts of Transfers of Excess Funds:	0
	or and or	

#### **Disbursements of Excess Funds**

Date	Name of candidate committee and election year disbursing excess funds	Purpose of Disbursement	Amount
	Total Disbu	rsements of	2

MAKEASMANY COPIES OF THIS PAGE AS YOU NEED. **Excess Funds:** 

Page	9.
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# **UNPAID BILLS**

1	Check if additional pages
J	have been attached.

			nave been attached.		
Date	Owed to Whom	Affiliated with what Company or Group	Purpose	Amount	
	•				
	<del></del>				
•		Tatallian	ata Dilla		
		Total Unp		<u> 0</u>	
		OATH OR AFFIRMATION		· · · · · · · · · · · · · · · · · · ·	

1, Chassan Ghora		, swear or affirm that the attached
		financial transactions occurring within the period
covered by this statement, as required	by West Virginia Code §3	3-8-5a.
	F,	Signature of Candidate, Financial
		Agent or Treasurer
	Date <u>September</u>	<u>25</u> , 20 <u>14</u>

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West Virginia
Academy Of
Eye Physicians
& Surgeons

P.O. Box 4569 Morgantown, West Virginia 26504



West Virginia Secretary of State Building 1 Suite 157-K 1900 Kanawha Blvd. E Charleston, WV 25305

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