

State of West Virginia Campaign Financial Statement (Long Form) in Relation to the 2016 Election Year

Candidate or Committee Name <i>WV Academy of Eye Physicians & Surgeons</i>		Candidate or Committee's Treasurer <i>Bhassan Bhargava</i>	
Political Party (for candidates)		Treasurer's Mailing Address (Street, Route or P.O. Box) <i>1255 Pineriew Drive</i>	
Office Sought (for candidates)	District/Division	City, State, Zip Code <i>Morgantown, WV 26505</i>	Daytime Phone # <i>304-598-3301</i>

Election Cycle Reporting Period (check one):

- | | | |
|---|--|---|
| <input type="checkbox"/> Primary - First Report
Due March 26 - April 1, 2016 | <input type="checkbox"/> Pre-primary Report
Due April 25 - 29, 2016 | <input checked="" type="checkbox"/> Post-primary Report
Due May 23 - June 21, 2016 |
| <input type="checkbox"/> General - First Report
Due September 26 - 30, 2016 | <input type="checkbox"/> Pre-general Report
Due October 24 - 28, 2016 | <input type="checkbox"/> Post-general Report
Due Nov. 21 - Dec. 19, 2016 |

Check if Applicable:

- Amended Report
You must also check box of appropriate reporting period
- Final Report
Zero balance required.
PAC must also file Form F-6 Dissolution

Non-Election Cycle Reporting Period:

- 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

Contributions (Page 3)	<i>12000.00</i>
Monetary Contributions from all Fund-Raising Events (Page 4)	+
Receipt of a Transfer of Excess Funds (Page 8)	+
Total Monetary Contributions:	= 12000.00
In-Kind Contributions (Page 5)	+
Total Contributions:	= 12000.00

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

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)

12,000

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	<i>21,826.95</i>
Total Monetary Contributions	+ <i>12,000.00</i>
Total Other Income	+
Subtotal: a.	= 33,826.95

Total Expenditures (Page 7)	<i>2,000</i>
Total Disbursements of Excess Funds (Page 8)	+
Repayment of Loans (Page 6)	+
Subtotal: b.	= 2,000

Ending Balance:
(Subtotal a. - Subtotal b.) = *31,826.95*
*Cannot be negative balance

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

2,000

**Contributors of
\$250 or Less**

*Check if additional pages
have been attached.*

DATE	CONTRIBUTOR'S FULL NAME OR COMMITTEE'S NAME	AMOUNT

MAKE AS MANY COPIES
OF THIS PAGE AS YOU NEED

Subtotal of contributors of \$250 or less:

- 0 -

Contributors of More than \$250

Check if additional pages have been attached.

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DATE	INDIVIDUAL CONTRIBUTOR OR COMMITTEE'S NAME	AMOUNT
5-4-16	Full Name: Stephen R. Powell, M.D. Address: (residential and mailing if they are different) 4757 Ridgeway Drive, Morgantown, WV 26508 Contributor's job: (individual contributor only) Physician Where contributor works: (individual contributor only) Regional Eye Associates Affiliation: (political committee only) WV Academy of Eye Physicians & Surg, PAC	1,000
5-4-16	Full Name: Edgar C. Lamponia, M.D. Address: (residential and mailing if they are different) 408 Santana Pl Morgantown WV 26508 Contributor's job: (individual contributor only) Physician Where contributor works: (individual contributor only) Regional Eye Associates, Inc Affiliation: (political committee only) WV Academy of Eye Physicians & Surgeons PAC	1,000
5-4-16	Full Name: Heath L. Lemley, M.D. Address: (residential and mailing if they are different) 4414 Crown Point Dr, Morgantown, WV 26508 Contributor's job: (individual contributor only) Physician Where contributor works: (individual contributor only) Regional Eye Associates, Inc Affiliation: (political committee only) WV Academy of Eye Physicians & Surgeons PAC	1,000
X	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) WV Academy of Eye Physicians & Surgeons PAC	X
5-14-16	Full Name: Mark Mayle, M.D. Address: (residential and mailing if they are different) 269 Hoffman Ave Morgantown WV 26505 Contributor's job: (individual contributor only) Physician Where contributor works: (individual contributor only) Regional Eye Associates, Inc Affiliation: (political committee only) WV Academy of Eye Physicians & Surgeons PAC	1,000
5-14-16	Full Name: Brian K. Griffith Address: (residential and mailing if they are different) 102 Pine Tree Charleston, WV 25309 Contributor's job: (individual contributor only) Physician Where contributor works: (individual contributor only) Charleston Eye & Ear Affiliation: (political committee only) WV Academy of Eye Physicians & Surgeons PAC	1,000

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Subtotal of all contributors of more than \$250

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

Total Contributions:

	5,000
+	
=	10,000

**Contributors of
More than \$250**

Check if additional pages
have been attached.

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DATE	INDIVIDUAL CONTRIBUTOR OR COMMITTEE'S NAME	AMOUNT
5-19-16	Full Name: <i>Abraham Mitias, MD</i> Address: (residential and mailing if they are different) <i>215 Lorge town PL Charleston, WV 25314</i> Contributor's job: (individual contributor only) <i>Physician</i> Where contributor works: (individual contributor only) <i>Retina Consultants Inc</i> Affiliation: (political committee only) <i>WV Academy of Eye Physicians + Surgeons PAC</i>	1,000
5-19-16	Full Name: <i>Scott C. Jamerson</i> Address: (residential and mailing if they are different) <i>1199 Creekstone Ridge South Charleston, WV 25309</i> Contributor's job: (individual contributor only) <i>Physician</i> Where contributor works: (individual contributor only) <i>Retina Consultants</i> Affiliation: (political committee only) <i>WV Academy of Eye Physicians + Surgeons PAC</i>	1,000
5-19-16	Full Name: <i>David J Hunt, M.D.</i> Address: (residential and mailing if they are different) <i>820 Spring Rd, Charleston, WV 25314</i> Contributor's job: (individual contributor only) <i>Physician</i> Where contributor works: (individual contributor only) <i>Retina Consultants</i> Affiliation: (political committee only) <i>WV Academy of Eye Physicians + Surgeons PAC</i>	1,000
5-19-16	Full Name: <i>Stephen H Blydes</i> Address: (residential and mailing if they are different) <i>2307 Jefferson Street, Bluefield, WV 24701</i> Contributor's job: (individual contributor only) <i>Physician</i> Where contributor works: (individual contributor only) <i>Blydes Eye Clinic</i> Affiliation: (political committee only) <i>WV Academy of Eye Physicians + Surgeons PAC</i>	1,000
5-19-16	Full Name: <i>R. Mark Hatfield</i> Address: (residential and mailing if they are different) <i>1621 Woodvale Dr Charleston, WV 25314</i> Contributor's job: (individual contributor only) <i>Physician</i> Where contributor works: (individual contributor only) <i>Retina Consultants</i> Affiliation: (political committee only) <i>WV Academy of Eye Physicians + Surgeons PAC</i>	1,000
6-7-16	Full Name: <i>V.K. Raju</i> Address: (residential and mailing if they are different) <i>695 Westview Ave Morgantown, WV 26505</i> Contributor's job: (individual contributor only) <i>Physician</i> Where contributor works: (individual contributor only) <i>Morgantown Eye Clinic</i> Affiliation: (political committee only) <i>WV Academy of Eye Physicians + Surgeons PAC</i>	500

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Subtotal of all contributors of more than \$250

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

Total Contributions:

5500

+

=

**Contributors of
More than \$250**

Check if additional pages
have been attached.

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DATE	INDIVIDUAL CONTRIBUTOR OR COMMITTEE'S NAME	AMOUNT
6-7-16	Full Name: <i>Robert F. Dundervill III</i> Address: (residential and mailing if they are different) <i>409 Woodbridge Dr Charleston, WV 25311-9731</i> Contributor's job: (Individual contributor only) <i>Physician</i> Where contributor works: (individual contributor only) <i>Retina Consultants</i> Affiliation: (political committee only) <i>WV Academy of Eye Physicians + Surgeons PAC</i>	1000.00
6-7-16	Full Name: <i>Zane R Lazer, MD</i> Address: (residential and mailing if they are different) <i>382 Trends Ridge Rd, Marietta, OH 45750-5330</i> Contributor's job: (Individual contributor only) <i>Physician</i> Where contributor works: (Individual contributor only) <i>Ohio Valley Eye Physicians + Surgeons</i> Affiliation: (political committee only) <i>WV Academy of Eye Physician + Surgeons PAC</i>	1000.00
	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)	
	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)	

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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)

Total Contributions:

2000.00
+
=

FUND-RAISING 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. (W V Code §3-8-5a)

EVENT SUMMARY

Date of Event _____	Total Monetary Contributions: Total Expenditures: (Itemized on page 7) - NET RECEIPTS: = Total In-Kind Contributions related to the Fund-raiser: (Itemized on page 5) _____	_____
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	Full Name: Address: (residential and mailing if they are different)	Amount
				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: _____		
			Subtotal of contributors of \$250 or less: +		
			Total Contributions:		_____

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:

Check if additional pages have been attached.

IN-KIND CONTRIBUTIONS

Date	Name and Contributor Information	Description of Contribution	Value

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.

Total In-Kind Contributions:

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	Column B		Column C		Column D
	Balance of previous loan at end of period	Amount of new loan received during period		Repayments during period		Balance outstanding at end of period
	Amount	Date	Amount	Date	Amount	Amount
1.						
2.						
3.						
4.						
5.						
Totals:		Loans Received		Repayment of Loans		Outstanding Loans

ITEMIZED EXPENDITURES

(Itemize 3rd party expenditures/ reimbursements)

Check if additional pages have been attached.

Date	Name of Person or Vendor and Address	Purpose	Amount
5-4-16	Morrissey For WV	Campaign Financial Support	1,000
5-4-16	Friends of Cole	Campaign Financial Support	1,000

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Total Expenditures: 2,000

Receipt of a Transfer of Excess Funds

Check if additional pages have been attached.

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

Disbursements of Excess Funds

Date	Name of candidate committee and election year disbursing excess funds	Purpose of Disbursement	Amount
Total Disbursements of Excess Funds:			

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UNPAID BILLS

Check if additional pages
have been attached.

Date	Owed to Whom	Affiliated with what Company or Group	Purpose	Amount

Total Unpaid Bills:

OATH OR AFFIRMATION

I, Ghassan Ghomayek, 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.



Signature of Candidate, Financial Agent or Treasurer

Date June 8th, 2016

Office Use Only
SECRETARY OF STATE
STATE OF WEST VIRGINIA
2016 JUN 13 PM 12:01
RECEIVED
Received By: _____

WV
1255 Pineview Dr
Morgantown, WV 26505



Secretary of E
Bldg 1, Suite 13
1900 Kanawha Bldg
Charleston, WV
25305-