

State of West Virginia Campaign Financial Statement (Long Form) in Relation to the 2008 Election Year

Candidate or Committee Name West Virginia Dental Association Political Action Committee		Candidate or Committee's Treasurer Richard D. Stevens	
Political Party (for candidates)		Treasurer's Mailing Address (Street, Route or P.O. Box) 2016 1/2 Kanawha Boulevard East	
Office Sought (for candidates)	District/Division	City, State, Zip Code Charleston, WV 25311	Daytime Phone # 304-344-5246

Election Cycle Reporting Period (check one):

- | | | |
|---|--|---|
| <input type="checkbox"/> Primary - First Report
Due March 29 - April 4, 2008 | <input type="checkbox"/> Pre-primary Report
Due April 28 - May 2, 2008 | <input type="checkbox"/> Post-primary Report
Due May 26 - 30, 2008 |
| <input checked="" type="checkbox"/> General - First Report
Due Sept. 22- 26, 2008 | <input type="checkbox"/> Pre-general Report
Due Oct. 20- 24, 2008 | <input type="checkbox"/> Post-general Report
Due Nov. 17 - 21, 2008 |

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)	0.00
Monetary Contributions from all Fund-Raising Events (Page 4)	+ 0.00
Receipt of a Transfer of Excess Funds (Page 8)	+ 0.00
Total Monetary Contributions:	= 0.00
In-Kind Contributions (Page 5)	+ 0.00
Total Contributions:	= 0.00

Other Income (Page 5)	500.00
Loans Received (Page 6)	+ 0.00
Total Other Income:	= 500.00

OUTSTANDING LOANS & DEBTS:

Unpaid Bills (Page 9)	0.00
Outstanding Loans (Page 6)	+ 0.00
Total Debts:	= 0.00

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	2,762.05
Total Monetary Contributions	+ 0.00
Total Other Income	+ 500.00
Subtotal:	= 3,262.05

Total Expenditures (Page 7)	1,000.00
Total Disbursements of Excess Funds (Page 8)	+ 0.00
Repayment of Loans (Page 6)	+ 0.00
Subtotal:	= 1,000.00

Ending Balance: (Subtotal a. - Subtotal b.)	= 2,262.05
<i>*Cannot be negative balance</i>	

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

47,924.00

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

50,850.00

**Contributors of
More than \$250**

Check if additional pages
have been attached.

DATE	INDIVIDUAL CONTRIBUTOR OR COMMITTEE'S NAME	AMOUNT
	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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	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)	

NONE

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):
Total Contributions:

	0.00
+	0.00
=	0.00

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. (WV 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 \$250.00 or less:			Subtotal of contributors of more than \$250:		
0.00			+		
			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
8/6/2008	Voided check #1120 written 1/28/08 to Robert Plymale - check never received or cashed		500.00

Total Other Income: 500.00

Check if additional pages have been attached.

IN-KIND CONTRIBUTIONS

Date	Name and Contributor Information	Description of Contribution	Market Value

NONE

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Total In-Kind Contributions: 0.00

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

NONE

Total Unpaid Bills: 0.00

OATH OR AFFIRMATION

I, RICHARD D. STEVENS, 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.

Richard D Stevens

Signature of Candidate, Financial Agent or Treasurer

Date SEPT. 25, 2008

Office Use Only

RECEIVED BY: _____

2008 SEP 25 AM 9:59

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Charleston, WV 25311

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