

State of West Virginia

Campaign Financial Statement for Elections in 2002

For political committees, list the current election year. For candidates, list the current campaign or the year of an open past campaign.

Supply all information requested. It is required by WV Code §3-8-5a.

<u>West Virginians for Life, Inc PAC</u>	<u>William P. Whitesides, Jr.</u>		
Candidate or Committee Name	Candidate or Committee's Treasurer		
Political Party (for candidates)	<u>427 Spruce St.</u>		
Office Sought (for candidates)	District/Division	City, State, Zip Code	Daytime Phone #
		<u>Morgantown, WV 26505</u>	<u>(304) 291-5433</u>

Reporting Period (check one)

- | | | |
|--|---|--|
| <input type="checkbox"/> First Primary or Annual Report
(Due last Saturday in March or within 15 days thereafter) | <input type="checkbox"/> Pre-primary Report
(Due 7 to 10 days before primary election) | <input checked="" type="checkbox"/> Post-primary Report
(Due 25 to 30 days after primary election) |
| <input type="checkbox"/> First General Report
(Due last Saturday in September or within 15 days thereafter preceding general election) | <input type="checkbox"/> Pre-general Report
(Due 7 to 10 days before general or special election) | <input type="checkbox"/> Post-general Report
(Due 25 to 30 days after general or special election) |
| <input type="checkbox"/> Final Report (Campaign fund has zero balance, and no loans or outstanding bills. Political Action Committees must also file a Statement of Dissolution (Form F-6) with this report.) | | |

REPORT SUMMARY

Fill in summary after you complete pages for contributions, fundraisers, other income, in-kind contributions, loans, expenditures, unpaid bills.

CONTRIBUTIONS OF MONEY	Column A Total for this reporting period	Column B: Election Cycle-to-Date Add Col. A to last report's Col. B
1. Contributions - Schedule 1A	3,311.00	6,375.71
2. Fund-raising Events - Schedule 2A	- 0 -	- 0 -
3. TOTAL CONTRIBUTIONS (Add lines 1 and 2)	3,311.00	6,375.71
4. Other Income - Schedule 3A	316.26	316.26
5. Loans received - Schedule 1B	0.00	0.00
6. TOTAL OTHER INCOME (Add lines 4 and 5)	316.26	316.26
7. In-kind (non-cash) contributions - Schedule 4A	0.00	0.00

EXPENDITURES

8. Itemized Expenditures - Schedule 2B	3710.53	7184.06
9. Loan Repayment - Schedule 1B	- 0 -	- 0 -
10. TOTAL EXPENDITURES (Add lines 8 and 9)	3710.53	7184.06

CASH BALANCE SUMMARY

11. Beginning Balance (From previous report)	328.69	16. Outstanding Loans - 1B	- 0 -
12. Total Receipts (Add lines 3 and 6, Column A)	3627.26	17. Unpaid Bills 3B	1374.60
13. Subtotal (Add lines 11 and 12, Column A)	3,955.95	18. Total Debts (Add lines 16 and 17)	1374.60
14. Total Expenditures (Line 10, Column A)	3,710.53		
15. Ending Balance (Subtract line 14 from line 13)	245.42		

Note: The ending balance can't be a negative number. If you have a question about this, see General Instructions, Page 6 under Cash Balance Summary. The ending balance will be the beginning balance on your next report.

SCHEDULE 1A

CONTRIBUTIONS

\$250.00 OR LESS

(For information about contributions, see General Instructions, Page 3.)

DATE	CONTRIBUTOR'S FULL NAME OR COMMITTEE'S NAME	AMOUNT
5/8	Diane Cumber	40.00
"	Nancy Botkin	100.00
"	Lolita Delgra	25.00
"	Jack Marko	10.00
"	Ronald Seaton	100.00
5/7	Brian Louk	80.00
"	Michael Hogan	150.00
"	Cathy Wroblewski	20.00
"	Mary Sack	50.00
"	Susan Campbell	25.00
"	Basil Campbell	25.00
"	Bonnie Ayers	25.00
"	Mary Elliott	25.00
"	Janet Kimes	50.00
"	Debra Stubna	25.00
"	Rebecca Lanham	200.00
"	Joe Szabo	25.00

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Subtotal contributions of \$250.00 or less

975.00

**CONTRIBUTIONS
OVER \$250.00**

(For information about contributions, see General Instructions, Page 3.)

DATE	INDIVIDUAL CONTRIBUTOR OR COMMITTEE'S NAME <i>By law, you must report an individual contributor's occupation and business affiliation. For a committee, you must report the affiliation (the group, association, corporation, or union with which it is connected.)</i>	AMOUNT
5/7/2002	Full Name: <i>Marcy Carte</i> Address: <i>1319 Bridge Rd, Charleston, WV 25314</i> Contributor's job: (individual contributor only) <i>Homehouse care</i> Where contributor works: (individual contributor only) <i>Various Homes</i> Affiliation: (political committee only)	300.00
5/7/2002	Full Name: <i>Dr. Gunter Franz</i> Address: <i>913 Hawthorne Ave, Morgantown, WV 26505</i> Contributor's job: (individual contributor only) <i>professor</i> Where contributor works: (individual contributor only) <i>West Virginia University</i> Affiliation: (political committee only)	250.00
5/7/2002	Full Name: <i>Dale Riggs</i> Address: <i>P.O. Box 502, Buckhannon, WV 26201</i> Contributor's job: (individual contributor only) <i>Retired</i> Where contributor works: (individual contributor only) Affiliation: (political committee only)	300.00
5/7/2002	Full Name: <i>Cheryl Diplero</i> Address: <i>1981 Parkwood Rd., Charleston, WV 25314</i> Contributor's job: (individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only)	300.00
5/8/2002	Full Name: <i>Frank M. Armada</i> Address: <i>3942 Teays valley Rd., Hurricane, WV 25526</i> Contributor's job: (individual contributor only) <i>Attorney</i> Where contributor works: (individual contributor only) <i>Armada, Rogers & Thompson</i> Affiliation: (political committee only)	1000.00
	Full Name: _____ Address: _____ Contributor's job: (individual contributor only) _____ Where contributor works: (individual contributor only) _____ Affiliation: (political committee only) _____	

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Subtotal contributions of more than \$250.00 **2,150.00**

Subtotal contributions of \$250.00 or less **1161.00**

(Enter Total on Page 1, line 1, Col. A) Total **3,311.00**

SCHEDULE 3A

OTHER INCOME: INTEREST, REFUNDS, MISCELLANEOUS RECEIPTS

(For information, see General Instructions, Page 4.)

Date	Source of Income	Type of Receipt	Amount
5/7/2002	West Virginians for Life Political Action Committee Federal Fund	Reimbursement for Postage Paid	316.26
(Enter Total on Page 1, line 4, Col. A.) Total			316.26

SCHEDULE 4A

IN-KIND CONTRIBUTIONS

(For information, see General Instructions, Page 4.)

Date	Full name, address, occupation and place where works (if total contributions by individual or committee are more than \$250.00)	Description of contribution	Value (amount)
(Enter Total on Page 1, line 7, Col. A.) Total			

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SCHEDULE 3B

UNPAID BILLS

(For information, see General Instructions, Page 5.)

Date	Full name, residence address (if a person) or business address (if a firm)	Purpose	Amount
5/3/2000	Mailing Systems of Pittsburgh 155 Commerce Dr, Freedom PA 15062	Printing	1374.60
(Enter Total on Page 1, Line 16, Col. A.) Total			1374.60

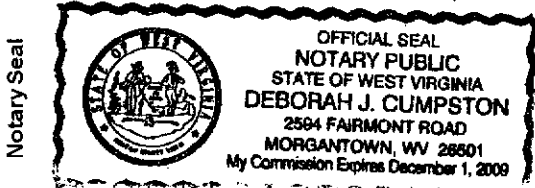
OATH OR AFFIRMATION

State of West Virginia, County of

I, William Whitesides, 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.

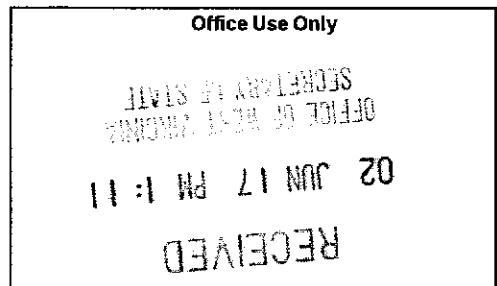
William Whitesides Signature of Candidate, Agent or Treasurer

Subscribed and sworn to before me this 12th day of June, 2002.



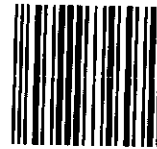
My commission expires 12/1/09
Deborah J. Cumpston
 Signature of Notary Public

Note: All West Virginia notaries must use a rubber stamp when notarizing any document. Failure to do so may lead to the revoking of the notary's commission.





7099 3220 0007 3904 0021



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25305

U.S. POSTAGE
PAID
MORGANTOWN, WV
26505
JUN 12, 02
AMOUNT

\$4.17
00019704-01

**RETURN RECEIPT
REQUESTED**

WEST VIRGINIANS FOR LIFE, INC.

(304) 291-LIFE
427 SPRUCE STREET
MORGANTOWN, WV 26505

TO:

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