

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

WV Academy of Ophthalmology Candidate or Committee Name	Edgar C. Sampania MD Candidate or Committee's Treasurer
Political Party (for candidates)	1255 Pineview Drive Treasurer's Mailing Address (Street, Route or P.O. Box)
Office Sought (for candidates) District/Division	Morgantown, WV 26505 (304) 366-7947 City, State, Zip Code Daytime Phone #

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 <input type="checkbox"/> Political Action Committees must also file a Statement of Dissolution (Form F-6) with this report <input type="checkbox"/>) | | |

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 <input type="checkbox"/> Contributions - Schedule 1A	2350.00	19,620.00
2 <input type="checkbox"/> Fund-raising Events - Schedule 2A		
3 <input type="checkbox"/> TOTAL CONTRIBUTIONS (Add lines 1 and 2)	2350.00	19,620.00
4 <input type="checkbox"/> Other Income - Schedule 3A	1.63	70.69
5 <input type="checkbox"/> Loans received - Schedule 1B		
6 <input type="checkbox"/> TOTAL OTHER INCOME (Add lines 4 and 5)	1.63	70.69
7 <input type="checkbox"/> In-kind (non-cash) contributions - Schedule 4A		

EXPENDITURES

EXPENDITURES	Column A Total for this reporting period	Column B: Election Cycle-to-Date Add Col A to last report's Col B
8 <input type="checkbox"/> Itemized Expenditures - Schedule 2B	0.00	17,505.73
9 <input type="checkbox"/> Loan Repayment - Schedule 1B		
10 <input type="checkbox"/> TOTAL EXPENDITURES (Add lines 8 and 9)	0.00	17,505.73

CASH BALANCE SUMMARY

11 <input type="checkbox"/> Beginning Balance (From previous report)	1656.29	16 <input type="checkbox"/> Outstanding Loans - 1B	- 0 -
12 <input type="checkbox"/> Total Receipts (Add lines 3 and 6, Column A)	2,351.63	17 <input type="checkbox"/> Unpaid Bills 3B	- 0 -
13 <input type="checkbox"/> Subtotal (Add lines 11 and 12, Column A)	4,007.92	18 <input type="checkbox"/> Total Debts (Add lines 16 and 17)	- 0 -
14 <input type="checkbox"/> Total Expenditures (Line 10, Column A)	0.00		
15 <input type="checkbox"/> Ending Balance (Subtract line 14 from line 13)	4007.92		

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
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
5/15/02	Full Name: Robert K. Scott II, MD Address: 102 Goble Street Lewisburg, WV 24901 Contributor's job: (individual contributor only) Ophthalmologist Where contributor works: (individual contributor only) Affiliation: (political committee only)	\$ 250.00
6/5/02	Full Name: David W. Cook, MD Address: 1300 Third Avenue Huntington, WV 25901 Contributor's job: (individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only)	\$ 1000.00
5/9/02	Full Name: David A. Faris MD Address: 2-B Chenoweth Drive Bridgeport, WV 26330 Contributor's job: (individual contributor only) Where contributor works: (individual contributor only) 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)	
	Full Name: Address: Contributor's job: (individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only)	
	Full Name: Address: 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 contributions of more than \$250 00

\$ 2250.00

Subtotal contributions of \$250 00 or less

\$ 100.00

(Enter Total on Page 1, line 1, Col DA) Total

\$ 2350.00

SCHEDULE 3A

OTHER INCOME: INTEREST, REFUNDS, MISCELLANEOUS RECEIPTS

(For information, see General Instructions, Page 4)

Date	Source of Income	Type of Receipt	Amount
5/9/02	Interest	Bank account	1.63
(Enter Total on Page 1, line 4, Col(A)) Total			1.63

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			- 0 -

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED

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
(Enter Total on Page 1, Line 16, Col D) Total			- 0 -

OATH OR AFFIRMATION

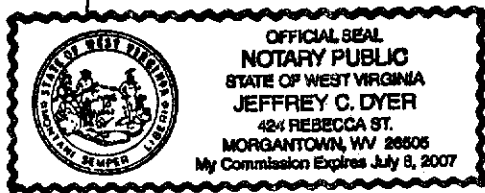
State of West Virginia, County of Monongalia

I, Edgar Gramponia, 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

Edgar Gramponia Signature of Candidate, Agent or Treasurer

Subscribed and sworn to before me this 11 day of June, 2002

Notary Seal



My commission expires July 8, 2007
Jeffrey C. Dyer 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

