

# 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

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

### Reporting Period (check one)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> <b>First Primary or Annual Report</b><br>(Due last Saturday in March or within 15 days thereafter)   | <input type="checkbox"/> <b>Pre-primary Report</b><br>(Due 7 to 10 days before primary election)            | <input type="checkbox"/> <b>Post-primary Report</b><br>(Due 25 to 30 days after primary election)            |
| <input checked="" type="checkbox"/> <b>First General Report</b><br>(Due last Saturday in September or within 15 days thereafter preceding general election)   | <input type="checkbox"/> <b>Pre-general Report</b><br>(Due 7 to 10 days before general or special election) | <input type="checkbox"/> <b>Post-general Report</b><br>(Due 25 to 30 days after general or special election) |
| <input type="checkbox"/> <b>Final Report</b> (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	<i>1,000.00</i>	<i>20,620.00</i>
2 <input type="checkbox"/> Fund-raising Events - Schedule 2A		
3 <input type="checkbox"/> <b>TOTAL CONTRIBUTIONS</b> (Add lines 1 and 2)	<i>1,000.00</i>	<i>20,620.00</i>
4 <input type="checkbox"/> Other Income - Schedule 3A	<i>3.81</i>	<i>74.50</i>
5 <input type="checkbox"/> Loans received - Schedule 1B		
6 <input type="checkbox"/> <b>TOTAL OTHER INCOME</b> (Add lines 4 and 5)	<i>3.81</i>	<i>74.50</i>
7 <input type="checkbox"/> In-kind (non-cash) contributions - Schedule 4A		

### EXPENDITURES

8 <input type="checkbox"/> Itemized Expenditures - Schedule 2B	<i>0.00</i>	<i>17,505.73</i>
9 <input type="checkbox"/> Loan Repayment - Schedule 1B		
10 <input type="checkbox"/> <b>TOTAL EXPENDITURES</b> (Add lines 8 and 9)	<i>0.00</i>	<i>17,505.73</i>

### CASH BALANCE SUMMARY

11 <input type="checkbox"/> Beginning Balance (From previous report)	<i>4,007.92</i>	16 <input type="checkbox"/> Outstanding Loans - 1B	<i>-0-</i>
12 <input type="checkbox"/> Total Receipts (Add lines 3 and 6, Column A)	<i>1,003.81</i>	17 <input type="checkbox"/> Unpaid Bills 3B	<i>-0-</i>
13 <input type="checkbox"/> Subtotal (Add lines 11 and 12, Column A)	<i>5,011.73</i>	18 <input type="checkbox"/> Total Debts (Add lines 16 and 17)	<i>-0-</i>
14 <input type="checkbox"/> Total Expenditures (Line 10, Column A)	<i>0.00</i>		
15 <input type="checkbox"/> Ending Balance (Subtract line 14 from line 13)	<i>5,011.73</i>		

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
6/14/02	Full Name: <i>Stephen R. Powell MD</i> Address: <i>1255 Pineview Drive Morgantown WV 26505</i> Contributor's job: (individual contributor only) <i>Ophthalmologist</i> Where contributor works: (individual contributor only) Affiliation: (political committee only)	1,000.00
	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)	
	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)	

Subtotal contributions of more than \$250.00 1,000.00

Subtotal contributions of \$250.00 or less 0.00

(Enter Total on Page 1, line 1, Col DA) Total 1,000.00

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SCHEDULE 3A

**OTHER INCOME: INTEREST, REFUNDS, MISCELLANEOUS RECEIPTS**

(For information, see General Instructions, Page 4)

Date	Source of Income	Type of Receipt	Amount
6/8/02 to 9/9/02	Interest	Bank Account	3.81
(Enter Total on Page 1, line 4, Col(A)) <b>Total</b>			3.81

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)) <b>Total</b>			-0-

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