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.

WESPAC	Amy N. Tolliver		
Candidate or Committee Name	Candidate or Committee's	Treasurer	
	PO Box 4106		
Political Party (for candidates)	Treasurer's Mailing Addre	ss (Street, Route or F	P.O. Box)
	Charleston, WV 253	64 925	5-0342
Office Sought (for candidates) District/Division	City, State, Zip Code	Da	ytime Phone #
First Primary or Annual Report (Due last Saturday in March or within 15 days thereafter)	Period (check one) Pre-primary Report Due 7 to 10 days Defore primary election)	(Due 25 i after prim	mary Report to 30 days nary election)
(Due last Saturday in September or within 15 days thereafter preceding general election)	Pre-general Report Due 7 to 10 days pefore general or special election)	(Due 25 after gen special e	lection)
Final Report (Campaign fund has zero balance, and n file a Statement of Dissolution (Form F-6) with this repo		olitical Action Committe	es must also
REPOR Fill in summary after you complete pages for contributions, fundral	T SUMMARY sers, other income, in-kind contrib	utions, loans, expenditure	s,unpaid bills.
CONTRIBUTIONS OF MONEY	Column A Total for this reporting period	Column B: Electio Add Col. A to last r	_
1. Contributions - Schedule 1A	14,955.00		117,098.00
2. Fund-raising Events - Schedule 2A	0.00		0.00
3. TOTAL CONTRIBUTIONS (Add lines 1 and 2)	14,955.00		117,098.00
4. Other Income - Schedule 3A	0.00		0.00
5. Loans received - Schedule 1B	0.00		0.00
6. TOTAL OTHER INCOME (Add lines 4 and 5)	0.00		0.00
7. In-kind (non-cash) contributions - Schedule 4A	0.00		0.00
EXPENDITURES		-	
8. Itemized Expenditures - Schedule 2B	440.00		133,729.64
9. Loan Repayment - Schedule 1B	0.00		0.00
10. TOTAL EXPENDITURES (Add lines 8 and 9)	440.00		133,729.64
CASHBALANCESUMMARY			
11. Beginning Balance (From previous report)	42,563.18	16. Outstanding Loans - 1B	0.00
12. Total Receipts (Add lines 3 and 6, Column A)	14,955.00	17. Unpaid Bills	
13. Subtotal (Add lines 11 and 12, Column A)	57,518.18	3B	1,155.00
14. Total Expenditures (Line 10, Column A)	440.00	18. Total Debts	
15. Ending Balance (Subtract line 14 from line 13)	57,078.18	(Add lines 16 and 17)	1,155.00

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
	(Please see attached)	
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· ·		

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED

Subtotal contributions of \$250.00 or less

1,765.00

SCHEDULE 1A

CONTRIBUTIONS OVER \$250.00

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

DATE	INDIVIDUAL CONTRIBUTOR OR COMMITTEE'S NAME 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.)	AMOUNT
	Full Name: (Please see attached)	
	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)	
	Full Name:	
	Address:	
	Contributor's job: (individual contributor only)	
	Where contributor works: (individual contributor only)	
	Affiliation: (political committee only)	
MAKE AS MAN	Subtotal contributions of more than \$250.00	13,190.00
	E AS YOU NEED Subtotal contributions of \$250.00 or less	1,765.00
	(Enter Total on Page 1, line 1, Col. A) Total	14,955.00

SCHEDULE 2A

FUND-RAISING EVENTS

EVENT SUMMARY

Date of Event N/A	Type of Event			
Name of Place Held			_	
Address of Place Held			_	
Total Receipts	Total Expenditures		_	
NET RECEIPTS (Subtract total expenditures from total receipts)				

WARNING: <u>ALL</u> monies received by fundraisers must be reported under Schedule 2A, regardless of the type of fundraiser. If contributors and amounts are not listed, WV Code §3-8-5a requires that the money be turned over to the West Virginia General Revenue Fund. The only exception to this is detailed in West Virginia Code §3-8-5a <u>and applies only to political party committees</u>. (For additional information, see General Instructions, Page 4.)

\$250.00 OR LESS

OVER \$250.00

	\$250.00 OR LESS			OVER \$250.00	
Date	Full Name	Amount	Date		Amount
				Full Name: Address: Contributor's job: (Individual only)	
	4			Where works: (Individual only) Affiliation: (Political commmittee only)	
	·			Full Name: Address: Contributor's job: (Individual only) Where works: (Individual only) Affiliation: (Political committee only)	
				Full name: Address: Contributor's job: (Individual only) Where works: (Individual only) Affiliation: (Political committee only)	
	:			Full name: Address: Contributor's job: (Individual only) Where works: (Individual only)	
				Affiliation: (Political committee only) Full Name: Address: Contributor's job: (Individual only) Where works: (Individual only)	
			Su	Affiliation: (Political committee only) btotal contributions of more than \$250.00	0.00
Subt	otal contributions of less than \$250.00	0.00		Subtotal contributions of \$250.00 or less	0.00
		5.00		(Enter Total on Page 1, Line 2, Col. A.) TOTAL	0.00

SCHEDULE 3A

OTHER INCOME: INTEREST, REFUNDS, MISCELLANEOUS RECEIPTS (For information, see General Instructions, Page 4.)

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Date	Source of Income	Type of Receipt	Amount	
'.'				
	,			
	_			
		·		
	·			
				0.00
		(Enter Total on Page 1, line 4, Col. A.)	Total	0.00

SCHEDULE 4A

IN-KIND CONTRIBUTIONS

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)
	,		
	MANY COPIES AGE AS YOU NEED.	Enter Total on Page 1, line 7, Col. A.) Total	0.

LOANS

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 in Schedule 1A. 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 a 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 have to be listed.
 - b. new loans, the amount (Col. B), any repayments (Col. C), and the balance (Col. D.)
- 2. Add the amounts of all new loans (Col. B total) and carry that number to the Report Summary, Page 1, Col. A, line 5.
- 3. Add the amounts of all repayments (Col. C total) and carry the total to the Report Summary, Page 1, Col. A, line 9.
- 4. Add amounts of outstanding loans (Col. D total), and carry the total to the Report Summary, Page 1, Col. A, line 16.
- 5. Attach a copy of the loan agreement for each loan received during the reporting period.

SCHEDULE 1B

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	Column A Balance of previous loan at end of period	Column B Amount of new loan received during period		Column C Repayments during period		Column D Balance outstanding at end of period	
person(s) makingor cosigning loan	Amount	Date	Amount	Date	Amount	Amount	
1.							
2.	AMERICAN III -						
3.			:				
4.							
5.							

		0.00	0.00	0.00
e 1.)	Totals			

(Enter Totals on Report Summary, Page

SCHEDULE 21	(For information on Expenditures, see General Instructions, Page 5.)				
Date	Full name, residence address (if a person) or business address (if a firm)	Purpose	Amount expenditure		
8/07/02	AMPAC 1101 Vermont Avenue, NW Washington, DC 2005	Membership Dues	440.00		
	· ·				
MAKE AS MAN OF THIS PAGE		al on Page 1, line 8, Col. A.) Total	440.00		

SCHEDULE 3B

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

Amount	Purpose	Full name, residence address (if a person) or business address (if a firm)	Date
1,155.00	Membership Dues	AMPAC 1101 Vermont Avenue. NW	9/27/02
1,155.00	ne 16, Col. A.) Total	(Enter Total on Page 1, Li	

OATH OR AFFIRE	MATION
State of West Virginia, County of Kassarba 1. Amy N. Tolliver Steasurer	, swear or affirm that the attached statement is true and
correct, to the best of my knowledge, for all financial transactions occurring	
Amy Tallion	Signature of Candidate, Agent or Treasurer
Subscribed and sworn to before me this 15th day of October	, 200 <u>.2</u>
OFFICIAL SEAL NOTARY PUBLIC STATE OF WEST VIRGINIA SUE B. SHANKLIN WY STATE MEDICAL ASSOCIATION 4307 MacCORKILE AVE., SE, P.O. BOX 4106 CHARLESTON, WY 25384 My Commission Expires September 10, 2006	My commission expires <u>Peplember 10, 2000</u> Signature of Notary Public
Note: <u>All</u> West Virginia notaries <u>must</u> use a rubber stamp when notariz of the notary's commission.	ing any document. Failure to do so may lead to the revoking Office Use Only
	70

Checks received 6/01/02 through 6/30/02 DAILY TRACKING SHEET WESPAC

	THING	DUTTI TIMONITY			
Date				Total \$	
Received	Donor	Occupation	Practice Name	Amount	
6/17/2002	Milagros L. Mercado, MD	Physician		\$ 50.00	
•	118 Carolina Avenue				
	Chester, WV 26034-1111				
6/18/2002	John D. Holloway, MD	Physician	John D. Holloway, MD	\$ 1,000.00	*
	Suite 305				
	2115 Chapline Street				
	Wheeling, WV 26003-3859				
			Jackson Surgical		
6/18/2002	Prasid Vongsnakorn, MD	Physician	Associates, Inc.	\$ 100.00	
	PO Box 351	_			
: :	Ripley, WV 25271				
6/20/2002	Mohammed Omar, MD	Physician	Retired	\$ 50.00	
	202 Oak Drive				
	Clarksburg, WV 26301				
					•
Monthly Total	tal			\$ 1,000.00	6

Contributions #250 en los = \$200.00 Contributions O'Me \$250 = \$1,000.00

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WESPAC
Checks received 7/01/02 through 7/31/02
DAILY TRACKING SHEET

Date				L	Total \$
Received	Donor	Occupation	Practice Name	A	Amount
7/3/2002	Russell A. Miller, MD	Physician	Rusell A. Miller, MD	↔	100.00
	1900-C Garfield Avenue				
	Parkersburg, WV 26101				
7/15/2002	Anne D. Hooper, MD	Physician	Anne D. Hooper, MD	↔	100.00
	63 Cedar Knoll				
	Ronceverte, WV 24970				
7/17/2002	Lewis W. Gravely, MD	Physician	Lewis W. Gravely, MD	€9	100.00
	413 Carriage Drive				
	Beckley, WV 25801				
7/19/2002	Robert E. Bowen, MD	Physician	Robert E. Bowen, MD	€9	100.00
	Suite 2400				
	2000 Foundation Way				
	Martinsburg, WV 25401				
			Valley Orthopaedic		
7/29/2002	Richard H. Sibley	Physician	Surgeons	₩	100.00
	1 Barnes Place				
	Charleston, WV 25314				
7/30/2002	Deena Freeman-Salon, MD	Physician		↔	100.00
	134 Oak Lane Villa				
	Daniels, WV 25832				
Monthly Total	otal			49	600.00

Contributions and \$50 or less = 600.00

WESPAC
Checks received 8/01/02 through 8/31/02
DAILY TRACKING SHEET

	8/7/2002	8/5/2002	8/3/2002	8/3/2002	8/1/2002	8/1/2002	Date Received
Parkersburg Cardiology Associates, Inc Tri-State Otolaryngology Happy Verma, MD Retired Retired Parkersburg Pathology Services Thrush & Clark Allergists Toman Am Toman Tri Am Am Am Am Fractice Name Am Am Am Am Am Am Am Am Am	L. Blair Thrush, MD #9 Foxchase Road	Judith Kemp, MD 800 Garfield Avenue Parkersburg, WV 26101	Linda Linger, DO HC 70, Box 118 B Davis, WV 26260	Happy Verma, MD 5386 Big Tyler Road Charleston, WV 25313	Phillip R. Stevens, MD 3 Stonecrest Drive Huntington, WV 25701	Stanley M. Pamfilis, MD Suite 512 600 18th Street Parkersburg, WV 26101	
actice Name Am ourg Cardiology jes, Inc Otolaryngology Verma, MD verma, MD s Clark Allergists To Am	Physician	Physician	Physician	Physician	Physician	Physician	Occupation
Am I o	Thrush & Clark Allergists	Parkersburg Pathology Services	Retired	Happy Verma, MD	Tri-State Otolaryngology	Parkersburg Cardiology Associates, Inc	Practice Name
otal \$ mount 500.00 1,000.00 100.00 100.00 365.00	⇔	↔	↔	↔	i	€	ÞΉ
	365.00	100.00	100.00	100.00	1,000.00	500.00	otal \$

8/23/2002		8/23/2002	8/20/2002			8/13/2002		8/9/2002		8/8/2002	8/7/2002	
Wayne C. Spiggle, MD Route 2, Box 97 Keyser, WV 26926	705 Garfield Avenue Suite 440 Parkersburg, WV 26101	Dan McGraw, MD	William K. Post, MD 3914 Westlake Drive Morgantown, WV 26508		Weston, WV 26452	Robert Snuffer	1412 Boulevard Drive Belpre, Ohio 45714	Anthony Kitchen, MD	5 Forest Hills Wheeling, WV 26003	Carolyn Miller	John J. Keefe, MD 116 Brown Avenue Kingwood, WV 26537	
Physician		Physician	Phsician			Resident		Physician		Physician Spouse	Physician	
Retired		Dan McGraw, MD	opecialists	Morgantown Orthopaedic		Resident Physician		Emergency Medicine Physicians			John J. Keefe, MD	
₩		₩:	4	·		49		₩		€9	49	•
100.00		1,000.00	00.00			15.00		365.00		100.00	365.00	
		*	7	-				*				

\$ 250.00	Tygart Valley Orthopedics & Sports Medicine	Physician	Richard Topping, MD 51 Barron Avenue Elkins, WV 26241	8/26/2002
\$ 500.00	САМС	Physician	Elizabeth Spangler, MD 839 Gordon Drive Charleston, WV 25303	8/26/2002
\$ 500.00	Generoso Duremdes, MD	Physician	Generoso Duremdes, MD PO Box 1719 Princeton, WV 24740	8/24/2002
\$ 365.00	General Anesthesia Services Inc	Physician	Paul Skaff, MD 28 Norwood Road Charleston, WV 25314	8/23/2002
\$ 365.00	Family Health Center	Physcian	Terrry L. Elliott, MD 6 Holly Road Wheeling, WV 26003	8/23/2002
\$ 100.00	Retired	Physcian	Alva Deardorff, MD 1417 Robinhood Road Charleston, WV 25314	8/23/2002
\$ 500.00	Bone & Joint Surgeons Inc	Physicain	William Sale, MD 1502 Hampton Road Charleston, WV 25314	8/23/2002

_	\$ 9,190.00	49			otal	Monthly Total
	1,000.00	₩	Michael P. Riggleman, MD	Physician	8/29/2002 Michael P. Riggleman, MD 112 Kug Kendall Lane Morefield, WV 26836	8/29/2002
	1,000.00	₩	Robert C Byrd Health Sciences Center of WVU	Physician	Eddie Reed, MD 901 Suncrest Place Morgantown, WV 26505	8/26/2002

Contributions # 250 or less = # 865.00 Contributions over #350 = # 8325.00 = \$ 8325.00

WESPAC
Checks received 9/01/02 through 9/30/02
DAILY TRACKING SHEET

_	09,000.00	•) tal	INTOTICHE TOTAL
	3 065 00	^				Tomatal:
					Charleston, WV 25301	
					501 Morris Street	
	100.00	₩.	CAMC	Physician	Glen Crotty, MD	9/25/2002
					Wheeling, WV 26003	
					203 Professional Center I	
ત્	1,000.00	↔	Dante A. Marra, MD	Physician	Dante A. Marra, MD	9/19/2002
					Buckhannon, WV 26201	
					37 Lincoln Way	
*	365.00	€9	John A. Mathias, MD	Physician	John A. Mathias, MD	9/16/2002
					Beckley, WV 25801	
					410 Carriage Drive	
*	1,000.00	↔	Associates in OB/GYN	Physician	Juddson Lindley, MD	9/10/2002
					Charleston, WV 25301	
					401-J Bibby Street	
*	500.00	€9	Rehabilitation	Physician	Kenneth Wright, MD	9/5/2002
			CAMC Medical			
					Charleston, WV 25314	
					1566 Thomas Circle	
¥ `	1,000.00	8	Associated Radiologists	Physician	Gene Cordell, MD	9/2/2002
	Amount	Α	Practice Name	Occupation	Donor	Received
	Total \$	۲ ا				Date

Contributions that 250 on los = \$2,865.00 Contributions there \$250 = \$2,865.00

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