

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>WV Academy of Ophthalmology</u> Candidate or Committee Name | | <u>Edgar C. Gannon, MD</u> Candidate or Committee's Treasurer | |
| Political Party (for candidates) | | <u>1255 Pineview Drive</u> Treasurer's Mailing Address (Street, Route or P.O. Box) | |
| Office Sought (for candidates) | District/Division | <u>Morgantown WV</u> City, State, Zip Code | <u>(304) 366-7747</u> 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 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 checked="" 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) |
- ☐ **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- Add Col A to last report's Col B |
|---|---|--|
| 1 <input type="checkbox"/> Contributions - Schedule 1A | - 0 - | 20,620.00 |
| 2 <input type="checkbox"/> Fund-raising Events - Schedule 2A | | |
| 3 <input type="checkbox"/> TOTAL CONTRIBUTIONS (Add lines 1 and 2) | - 0 - | 20,620.00 |
| 4 <input type="checkbox"/> Other Income - Schedule 3A | 1.06 | 75.56 |
| 5 <input type="checkbox"/> Loans received - Schedule 1B | | |
| 6 <input type="checkbox"/> TOTAL OTHER INCOME (Add lines 4 and 5) | 1.06 | 75.56 |
| 7 <input type="checkbox"/> In-kind (non-cash) contributions - Schedule 4A | | |

EXPENDITURES

| | | |
|---|-------|-----------|
| 8 <input type="checkbox"/> Itemized Expenditures - Schedule 2B | - 0 - | 17,505.73 |
| 9 <input type="checkbox"/> Loan Repayment - Schedule 1B | | |
| 10 <input type="checkbox"/> TOTAL EXPENDITURES (Add lines 8 and 9) | - 0 - | 17,505.73 |

CASH BALANCE SUMMARY

| | | | |
|--|----------|---|-------|
| 11 <input type="checkbox"/> Beginning Balance (From previous report) | 5,011.73 | 16 <input type="checkbox"/> Outstanding Loans - 1B | - 0 - |
| 12 <input type="checkbox"/> Total Receipts (Add lines 3 and 6, Column A) | 1.06 | 17 <input type="checkbox"/> Unpaid Bills 3B | - 0 - |
| 13 <input type="checkbox"/> Subtotal (Add lines 11 and 12, Column A) | 5,012.79 | 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) | 5,012.79 | | |

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.

OCT 29 2002

RECEIVED

JOE MANEY III
WV SECRETARY OF STATE

| | |
|--------------------|---|
| SCHEDULE 1A | CONTRIBUTIONS \$250.00 OR LESS <i>(For information about contributions, see General Instructions, Page 3)</i> |
|--------------------|---|

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|--------------------|---|

[illegible]

| | | |
|---|--|-------|
| MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED | Subtotal contributions of \$250.00 or less | — 0 — |
|---|--|-------|

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|---|--|-------|
| MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED | Subtotal contributions of \$250.00 or less | — 0 — |
|---|--|-------|

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 |
|------|---|--------|
| | 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) | |
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| | 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

— 0 —

Subtotal contributions of \$250.00 or less

— 0 —

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

— 0 —

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OF THIS PAGE AS YOU NEED**

SCHEDULE 3A

OTHER INCOME: INTEREST, REFUNDS, MISCELLANEOUS RECEIPTS

(For information, see General Instructions, Page 4)

| Date | Source of Income | Type of Receipt | Amount |
|---|------------------|-----------------|---------|
| 10/10/02 | Interest | Bank Account | \$ 1.06 |
| | | | |
| | | | |
| | | | |
| (Enter Total on Page 1, line 4, Col (A)) Total | | | \$ 1.06 |

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 — |

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ITEMIZED EXPENDITURES

[illegible]**Total**

- 2 -

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 |
|--|---|---------|--------|
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| | | | |
| (Enter Total on Page 1, Line 16, Col A) Total | | | — 0 — |

OATH OR AFFIRMATION

State of West Virginia, County of Monongalia

I, Edgar Grampon, 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 Grampon Signature of Candidate, Agent or Treasurer

Subscribed and sworn to before me this 27 day of October, 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.

