

State of West Virginia Campaign Financial Statement Relating to Elections Held in _____

(For political committees, this will be the current election year. For candidates, this will be the year you were or are on the ballot.)

Short Form

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

IF YOUR ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES," YOU CANNOT USE THIS FORM. YOU MUST USE THE LONG FORM (FORM F-7) TO FILE YOUR CAMPAIGN FINANCE REPORT.

1. Have you made or accepted any loans to your campaign?
2. Have you had any fundraisers?
3. Have you received any miscellaneous receipts, such as refunds, checking account interest or transferred funds from a previous campaign?
4. Do you have any unpaid bills?
5. Have you or anyone else given an in-kind contribution to your campaign?

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

Candidate or Committee Name WV Optometric Assoc. PAC	Treasurer Dr. John Myers
Political Party (for candidates)	Treasurer's Mailing Address 35 Vernon Av
Office (for candidates)	Wheeling WV 26003
District/Circuit/Division (for candidates)	Treasurer's Daytime Phone # 304 242 8681

REPORT SUMMARY

(Complete page 2 before entering totals on the Report Summary)

	COLUMN A Totals for this reporting period	COLUMN B Totals for election cycle*
Receipts 1. Total Contributions (Schedule 1A)	10,200	
Expenditures 2. Total Expenses (Schedule 1B)	1,447.60	

CASH BALANCE SUMMARY

(For information about the Cash Balance Summary, see page 3.)

3. Beginning Balance (from previous report)	7,474.05
4. Total Contributions (from line 1)	10,200
5. Subtotal (add lines 3 and 4)	17,674.05
6. Total Expenses (from line 2)	1,447.60
7. Ending Balance (subtract line 6 from line 5) <i>(This number is incorrect if it reflects a negative balance.)</i>	16,226.45

*To get the numbers for Column B, add this report's Column A figures to Column B figures from the previous report. If this is the first report of the election cycle, Column B will be the same number as Column A.

RECEIVED
02 APR 31 PM 1:36
OFFICE OF WEST VIRGINIA
SECRETARY OF STATE

SCHEDULE 1A

CONTRIBUTIONS

\$250 or less

\$250 or more

Date	Full Name	Amount	Date	Full Name: Address: Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)	Amount
TOTAL					
(both columns)					

Schedule 1B

ITEMIZED EXPENDITURES

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.			TOTAL

OATH OR AFFIRMATION

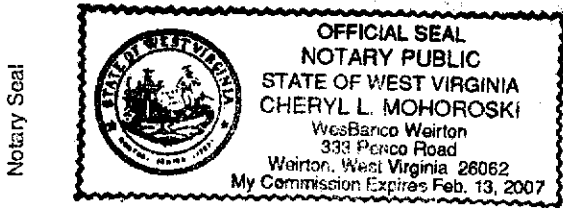
State of West Virginia, County of Ohio HANCOCK

I, JOHN C. MYERS, O.D., swear or affirm that the attached statement is true and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this statement.

John C. Myers
Signature of Candidate, Agent, or Treasurer

Subscribed and sworn to before me this 25th day of APRIL, 2002

Feb. 13, 2007.
My Commission Expires
Cheryl L. Mohoroski
Signature of Notary Public



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

SCHEDULE 1A

CONTRIBUTIONS

\$250 or less

\$250 or more

Date	Full Name	Amount	Date	Full Name: Address: Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)	Amount
3/27/01	Tom Griffith	100	10/6/01	Brett Radow Belle Optometrist	300
3/31/01	Dennis Hedrick	50			
4/3/01	Mark Cox	100	10/6/01	David Gomez Sophia Optometrist	300
4/3/01	Jim Pasinski	200			
4/4/01	Keith Wade	100	11/9/01	Nancy Ode Kirk Dunbar Optometrist	250
4/4/01	David Laughlin	100			
6/19/01	Charles Field	200	11/9/01	Steve Ode Kirk Dunbar Optometrist	250
7/19/01	Mark Cinatti	100			

TOTAL
(both columns) **2,050**

Schedule 1B

ITEMIZED EXPENDITURES

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
3/26/01	Committee to Re-Elect Marie Ledd		200
9/10/01	Craig for Senate 2002		200
10/5/01	Warner for House		200
11/17/01	Joe Minard for Senate 2002		300
11/7/01	Love for Senate 2002		200
TOTAL			1,100

MAKE AS MANY COPIES
OF THIS PAGE AS YOU NEED.

OATH OR AFFIRMATION

State of West Virginia, County of _____

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this statement.

Signature of Candidate, Agent, or Treasurer

Subscribed and sworn to before me this _____ day of _____, 200_____.

My Commission Expires

Signature of Notary Public

Notary Seal

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

SCHEDULE 1A

CONTRIBUTIONS

\$250 or less

\$250 or more

Date	Full Name	Amount	Date	Full Name: Address: Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)	Amount
8/23/01	Donald King	100	12/5/01	David Harsh Bergas Middlebourne Optometrist	250
10/4/01	Clifton Hyre	100			
10/4/01	Craig Hyre	100	2/8/02	Alan Rada Charleston Optometrist	250
10/4/01	Philip Wilmoth	200			
10/4/01	Charles Waitkus	200	2/14/02	Ron Fane Parkersburg Optometrist	500
10/4/01	Donna Chaney-Sayre	200			
10/4/01	Eileen Brannon	200		Full Name: Address: Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)	
10/4/01	Gregory Brannon	200			
TOTAL (both columns)					2,300

Schedule 1B

ITEMIZED EXPENDITURES

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
11/7/01	Wheeling Trophy		63.60
11/27/01	Postmaster		34
12/3/01	Mezzatesta for House of Delegates		250
TOTAL			347.60

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.

OATH OR AFFIRMATION

State of West Virginia, County of _____

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this statement.

Signature of Candidate, Agent, or Treasurer

Subscribed and sworn to before me this _____ day of _____, 200_____.

My Commission Expires

Signature of Notary Public

Notary Seal

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

SCHEDULE 1A

CONTRIBUTIONS

\$250 or less

\$250 or more

Date	Full Name	Amount	Date	Full Name: Address: Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)	Amount
10/4/01	Kathy Clark	100	11/10/01	Glenn Bailey Barboursville Optometrist	300
10/6/01	Shirley Willis	200	11/10/01	William Ratcliff Huntington Optometrist	250
10/6/01	Jim Selario	200			
10/6/01	David Laughlin	100			
10/6/01	Keith Wade	100	11/10/01	James Stewart Dunbar Optometrist	250
10/6/01	Ron Frame	200			
10/6/01	Travis Taylor	200	11/24/01	Terry Mangold	250
10/6/01	Sarah Taylor	200			

TOTAL
(both columns) **2,350**

Schedule 1B

ITEMIZED EXPENDITURES

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
TOTAL			

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.

OATH OR AFFIRMATION

State of West Virginia, County of _____

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this statement.

Signature of Candidate, Agent, or Treasurer

Subscribed and sworn to before me this _____ day of _____, 200_____.

My Commission Expires

Signature of Notary Public

Notary Seal

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

SCHEDULE 1A

CONTRIBUTIONS

\$250 or less

\$250 or more

Date	Full Name	Amount	Date	Full Name: Address: Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)	Amount
10/6/01	Alan Rada	200			
10/6/01	Paul West	100			
10/6/01	Adrienne Melgary	100			
10/9/01	Greg Browning	200			
10/10/01	Scott Peckl	50			
10/10/01	Don Taylor	50			
10/17/01	Dick Stender	100			
10/19/01	Joe Andia	200			
TOTAL (both columns)					1,100

Schedule 1B

ITEMIZED EXPENDITURES

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
TOTAL			

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.

OATH OR AFFIRMATION

State of West Virginia, County of _____

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this statement.

Signature of Candidate, Agent, or Treasurer

Subscribed and sworn to before me this _____ day of _____, 200_____.

My Commission Expires

Signature of Notary Public

Notary Seal

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

SCHEDULE 1A

CONTRIBUTIONS

\$250 or less

\$250 or more

Date	Full Name	Amount	Date	Full Name: Address: Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)	Amount
10/19/01	Don King	100			
10/23/01	Barbara Sharps	200			
10/24/01	Jim Campbell	100			
10/24/01	Patricia Ross	100			
10/26/01	Mark Cinalli	100			
10/26/01	John Wiles	100			
10/29/01	Dale Palmer	100			
10/31/01	Willie Childress	100			
TOTAL (both columns)					900

Schedule 1B

ITEMIZED EXPENDITURES

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.			TOTAL

OATH OR AFFIRMATION

State of West Virginia, County of _____

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this statement.

Signature of Candidate, Agent, or Treasurer

Subscribed and sworn to before me this _____ day of _____, 200_____.

My Commission Expires

Signature of Notary Public

Notary Seal

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

SCHEDULE 1A

CONTRIBUTIONS

\$250 or less

\$250 or more

Date	Full Name	Amount	Date	Full Name: Address: Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)	Amount
11/9/01	Lana Mohr Weaver	200			
11/14/01	Neill Marshall	100			
11/13/01	David Holliday	200			
11/29/01	Bob Powelson	100			
12/1/01	Jenna Gongola	200			
12/5/01	Terry Williams	200			
12/5/01	Neill Marshall	100			
12/7/01	John Janney	200			
TOTAL (both columns)					1,300

Schedule 1B

ITEMIZED EXPENDITURES

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
TOTAL			

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.

OATH OR AFFIRMATION

State of West Virginia, County of _____

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this statement.

Signature of Candidate, Agent, or Treasurer

Subscribed and sworn to before me this _____ day of _____, 200_____.

My Commission Expires

Signature of Notary Public

Notary Seal

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

SCHEDULE 1A

CONTRIBUTIONS

\$250 or less

\$250 or more

Date	Full Name	Amount	Date	Full Name: Address: Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)	Amount
12/14/01	Craig Hyre	100			
2/27/02	Michael Kucher	100			

TOTAL
(both columns) 200

Schedule 1B

ITEMIZED EXPENDITURES

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
TOTAL			

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.

OATH OR AFFIRMATION

State of West Virginia, County of _____

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this statement.

Signature of Candidate, Agent, or Treasurer

Subscribed and sworn to before me this _____ day of _____, 200_____.

My Commission Expires

Signature of Notary Public

Notary Seal

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