

State of West Virginia Campaign Financial Statement (Long Form) in Relation to 2004 Election Year

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.

Equal Justice PAC			
Candidate or Committee Name		Candidate or Committee's Treasurer	
		PO Box 3834	
Political Party (for candidates)		Treasurer's Mailing Address (Street, Route or P.O. Box)	
		Ches, W 25338 343-2900	
Office Sought (for candidates)	District/Division	City, State, Zip Code	Daytime Phone #

Reporting Period (check one)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Annual Report <u>Calendar Year</u>
(Due last Saturday in March or within 6 days thereafter. This report filed for old campaigns or year following most recent election) | <input type="checkbox"/> First Primary
(Due last Saturday in March or within 6 days thereafter. This is the first report for current election year reporting) | <input checked="" type="checkbox"/> Pre-primary Report
(Due 10 to 17 days before primary election) | <input type="checkbox"/> Post-primary Report
(Due 25 to 31 days after primary election) |
| <input type="checkbox"/> First General Report
(Due first Saturday in September or within 6 days thereafter) | <input type="checkbox"/> Pre-general Report
(Due 10 to 17 days before general or special election) | <input type="checkbox"/> Post-general Report
(Due 25 to 31 days after general or special election) | <input type="checkbox"/> Final Report
(Zero balance required. PAC must also file Form F-6 Dissolution) |
- Amended Report** (check if applicable)
You must also check box of appropriate reporting period
- *post general may also be final report if "0" balance*

REPORT TOTALS

Fill in totals after you complete pages for contributions, fundraisers, other income, in-kind contributions, loans, expenditures, unpaid bills.

CONTRIBUTIONS OF MONEY

Totals for this Period

1. Contributions - Schedule 1A	0
2. Fund-raising Events - Schedule 2A	0
3. TOTAL CONTRIBUTIONS (Add lines 1 and 2)	0
4. Other Income - Schedule 3A	.16
5. Loans received - Schedule 1B	0
6. TOTAL OTHER INCOME (Add lines 4 and 5)	.16
7. In-kind (non-cash) contributions - Schedule 4A	0

EXPENDITURES

8. Itemized Expenditures - Schedule 2B	1250.00
9. Loan Repayment - Schedule 1B	0
10. TOTAL EXPENDITURES (Add lines 8 and 9)	1250.00

OUTSTANDING LOANS/DEBTS

11. Unpaid Bills - Schedule 3B	0
12. Outstanding Loans - Schedule 1B	20000
13. TOTAL DEBTS (Add lines 11 and 12)	20000

CASH BALANCE SUMMARY

A. Beginning Balance (ending balance from previous report)	6991.87
B. Total Receipts (Add lines 3 & 6)	.16
C. Subtotal (Add lines A & B)	6992.03
D. Total Expenditures (Line 10)	1250.-
E. Ending Balance (Subtract line D from line C)	5742.04

**Cannot be negative balance*

**TOTAL RECEIPTS
ELECTION YEAR-TO-DATE**
(Add line B from all reports)

2000.-

**TOTAL EXPENDITURES
ELECTION YEAR-TO-DATE**
(Add line D from all reports)

5500.-

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)	
	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)	

**MAKE AS MANY COPIES
OF THIS PAGE AS YOU NEED**

Subtotal contributions of more than \$250.00

Subtotal contributions of \$250.00 or less

(Enter Total on Page 1, line 1)

Total

SCHEDULE 2A

FUND-RAISING EVENTS

EVENT SUMMARY

Date of Event _____ Type of Event _____

Name of Place Held _____

Address of Place Held _____

Total Receipts _____ Total Expenditures _____

NET RECEIPTS (Subtract total expenditures from total receipts) _____

WARNING: ALL 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 and applies only to political party committees. (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)	
				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)	
				Affiliation: (Political committee only)	
				Full Name: Address:	
				Contributor's job: (Individual only)	
				Where works: (Individual only)	
				Affiliation: (Political committee only)	
Subtotal contributions of less than \$250.00		0	Subtotal contributions of more than \$250.00		
			Subtotal contributions of \$250.00 or less		
			(Enter Total on Page 1, Line 2) TOTAL		0

MAKE COPIES OF THIS PAGE TO LIST ADDITIONAL CONTRIBUTIONS. ATTACH ADDITIONAL PAGES TO REPORT.

SCHEDULE 3A

OTHER INCOME: INTEREST, REFUNDS, MISCELLANEOUS RECEIPTS

(For information, see General Instructions, Page 4.)

Date	Source of Income	Type of Receipt	Amount
3/27/04 4/23/04	Interest Income	Bank Stmt	.16
(Enter Total on Page 1, line 4) Total			.16

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) Total			0

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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 11)			Total

[Handwritten Signature]

OATH OR AFFIRMATION

I, STEPHANIE A. GIATRAS, 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.

[Handwritten Signature: Stephanie A. Giatras]

Signature of Candidate, Financial Agent or Treasurer

Date MAY 1, 2004

RECEIVED
Office Use Only
 MAY 04 2004
 JOE MANCHIN III
 WV SECRETARY OF STATE

