

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

For political committees, list 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.

Reporting Period - First General

EPIC Pharm PAC of West Virginia	Ken Reed
Candidate or Committee Name	Candidate or Committee's Treasurer 261 Berkmore Place, 1C
Political Party (for candidates)	Treasurer's Mailing Address (Street, Route or P.O. Box) Berkeley Springs, WV 304-258-3800 25411
Office Sought (for candidates)	District/Division
City, State, Zip Code	Daytime Phone #

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	\$1,600.00
2. Fund-raising Events - Schedule 2A	\$0.00
3. Total Contributions (Add Lines 1 and 2)	\$1,600.00
4. Other Income - Schedule 3A	\$0.00
5. Loans Received - Schedule 1B	\$0.00
6. Total Other Income (Add lines 4 and 5)	\$0.00
7. In-Kind (non-cash) Contributions - Schedule	\$0.00

Cash Balance Summary

A. Beginning Balance (ending balance from previous report)	\$10,075.00
B. Total Receipts (Add lines 3 & 6)	\$1,600.00
C. Subtotal (Add lines A & B)	\$11,675.00
D. Total Expenditures (Line 10)	\$0.00
E. Ending Balance (Subtract line D from Line C)	\$11,675.00

Expenditures

8. Itemized Expenditures - Schedule 2B	\$0.00
9. Loan Repayment - Schedule 1B	\$0.00
10. Total Expenditures (Add Lines 8 and 9)	\$0.00

TOTAL RECEIPTS

ELECTION YEAR-TO-DATE

(Add line B from all reports)

\$1,600.00

Outstanding Loans/Debts

11. Unpaid Bills - Schedule 3B	\$0.00
12. Outstanding Loans - Schedule 1B	\$0.00
13. Total Debts (Add lines 11 and 12)	\$0.00

TOTAL EXPENDITURES

ELECTION YEAR-TO-DATE

(Add line D from all reports)

\$0.00

SCHEDULE 1A**CONTRIBUTIONS
\$250.00 OR LESS**

Date	Individual Contributor or Committee's Name	Amount
6/10/2004	American Pharmacy	\$60.00
6/10/2004	Black Diamond Pharmacy	\$40.00
6/10/2004	Bluewells Family Pharmacy	\$60.00
6/10/2004	Budget Discount Pharmacy	\$60.00
6/10/2004	Charlies Pharmacy	\$60.00
6/10/2004	Charlie's Pharmacy #2	\$60.00
6/10/2004	Crab Orchard Pharmacy	\$60.00
6/10/2004	Flat Iron Drug Store	\$60.00
6/10/2004	Four Seasons Pharmacy	\$60.00
6/10/2004	Fritz's Pharmacy	\$60.00
6/10/2004	Goody Koontz Drug Store	\$60.00
6/10/2004	Hometown Pharmacy	\$60.00
6/10/2004	laeger Pharmacy	\$60.00
6/10/2004	Judy's Drug Store	\$60.00
6/10/2004	Lumberport Pharmacy	\$60.00
6/10/2004	McDowell Pharmacy	\$60.00
6/10/2004	Medicine Shop	\$60.00
6/10/2004	Medicine Shop - Downtown	\$60.00
6/10/2004	Nicholas Pharmacy	\$60.00
6/10/2004	Pennsboro Pharmacy	\$60.00
6/10/2004	Pill Box & Gift Shoppe	\$60.00
6/20/2004	Reeds Drug Store	\$60.00
6/10/2004	Reeds Pharmacy	\$60.00
6/10/2004	Reeds Pharmacy 2	\$60.00
6/10/2004	Sav A Lot Pharmacy/Ft. Ashby	\$60.00
6/10/2004	South Berkeley Pharmacy Inc.	\$60.00
6/10/2004	Sunrise Pharmacy	\$60.00
	Total	\$1,600.00

SCHEDULE 1A**CONTRIBUTIONS
OVER \$250.00**

Date	Individual Contributor or Committee's Name	Amount
	Subtotal contributions of more than \$250.00	\$0.00
	Subtotal contributions of \$250.00 or less	\$1,600.00
	Total	\$1,600.00

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) _____

Date	Full Name	Amount	Date	Amount
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SCHEDULE 3A

OTHER INCOME: INTEREST, REFUNDS, MISCELLANEOUS RECEIPTS

Date	Source of Income	Type of Receipt	Amount
		Total	\$0.00

SCHEDULE 4A

IN-KIND CONTRIBUTIONS

Date		Description of Contribution	Value
		Total	\$0.00

SCHEDULE 1B

LOANS

Bank Loans: List name & address of financial institution. Candidate or Candidate's Spouse Loans: List name, residence and mailing address of person(s) making or cosigning the loan.	Column A	Column B		Column C		Column D
	Balance of previous loan at end of period	Amount of new loan received during period		Repayments during period		Balance outstanding at end of period
	Amount	Date	Amount	Date	Amount	Amount
	Total	\$0.00		\$0.00		\$0.00

SCHEDULE 2B

ITEMIZED EXPENDITURES

Date		Purpose	Amount
		Total	\$0.00

SCHEDULE 3B**UNPAID BILLS**

Date		Purpose	Amount
		Total	\$0.00

Office Use Only

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