

# 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.*

DOC PAC		Theresa A. Waxman	
Candidate or Committee Name		Candidate or Committee's Treasurer	
		Rt.1, Box 352	
Political Party (for candidates)		Treasurer's Mailing Address (Street, Route or P.O. Box)	
		Clarksburg, WV 24301 304 624-6548	
Office Sought (for candidates)	District/Division	City, State, Zip Code	Daytime Phone #

### Reporting Period (check one)

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> <b>Annual Report</b> _____ Calendar Year<br>(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"/> <b>First Primary</b><br>(Due last Saturday in March or within 6 days thereafter. This is the first report for current election year reporting) | <input type="checkbox"/> <b>Pre-primary Report</b><br>(Due 10 to 17 days before primary election)            | <input type="checkbox"/> <b>Post-primary Report</b><br>(Due 25 to 31 days after primary election)                |
| <input checked="" type="checkbox"/> <b>First General Report</b><br>(Due first Saturday in September or within 6 days thereafter)  | <input type="checkbox"/> <b>Pre-general Report</b><br>(Due 10 to 17 days before general or special election)  | <input type="checkbox"/> <b>Post-general Report</b><br>(Due 25 to 31 days after general or special election) | <input type="checkbox"/> <b>Final Report</b><br>(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	6700.00
2. Fund-raising Events - Schedule 2A	
<b>3. TOTAL CONTRIBUTIONS</b> (Add lines 1 and 2)	6700.00
4. Other Income - Schedule 3A	
5. Loans received - Schedule 1B	
<b>6. TOTAL OTHER INCOME</b> (Add lines 4 and 5)	
7. In-kind (non-cash) contributions - Schedule 4A	119.51

#### EXPENDITURES

8. Itemized Expenditures - Schedule 2B	5931.45
9. Loan Repayment - Schedule 1B	
<b>10. TOTAL EXPENDITURES</b> (Add lines 8 and 9)	5931.45

#### OUTSTANDING LOANS/DEBTS

11. Unpaid Bills - Schedule 3B	
12. Outstanding Loans - Schedule 1B	
<b>13. TOTAL DEBTS</b> (Add lines 11 and 12)	

#### CASH BALANCE SUMMARY

A. Beginning Balance (ending balance from previous report)	0
<b>B. Total Receipts</b> (Add lines 3 & 6)	6700.00
<b>C. Subtotal</b> (Add lines A & B)	6700.00
<b>D. Total Expenditures</b> (Line 10)	5931.45
<b>E. Ending Balance</b> (Subtract line D from line C)	768.55

*\*Cannot be negative balance*

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

6700.00

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

5931.45

**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
7/28/04	Frank Dombkosi	250.00
7/28/04	Susan B. Kennedy	250.00
7/28/04	Joseph Momen, M.D.	250.00
8/6/04	Carlos A. Naranjo, M.D.	250.00
8/11/04	Mary C. Mikowski	250.00
8/11/04	Leah Heimbach	250.00
8/12/04	Simon McClure	250.00
8/23/04	David H. Church, M.D.	250.00
8/25/04	Charles A. Lefebvre, M.D.	250.00
8/26/04	E. Samuel Guy	250.00
9/1/04	Anthony Catania, Jr.	150.00
9/1/04	Kandy S. Franke	150.00
9/2/04	Ginger Aulick	50.00

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**Subtotal contributions of \$250.00 or less**

2850.00

**SCHEDULE 1A**

**CONTRIBUTIONS  
OVER \$250.00**

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

DATE	INDIVIDUAL CONTRIBUTOR OR COMMITTEE'S NAME <small>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.)</small>	AMOUNT
6/25/04	Full Name: David E. Hess, M.D. Address: 3 Raven's Craft Estates Bridgeport, WV 26330 Contributor's job: (individual contributor only) Physician Where contributor works: (individual contributor only) Self employed Affiliation: (political committee only)	500.00
6/25/04	Full Name: David L. Waxman, MD Address: Rt. 1, Box 352 Clarksburg, WV 26301 Contributor's job: (individual contributor only) Physician Where contributor works: (individual contributor only) self employed Affiliation: (political committee only)	500.00
8/23/04	Full Name: Douglas E. McKinney Address: 636 Rivendell Dr. Bridgeport, WV 26330 Contributor's job: (individual contributor only) Physician Where contributor works: (individual contributor only) Self employed Affiliation: (political committee only)	500.00
8/24/04	Full Name: Robert L. Grzanka Address: 644 Rivendell Dr. Bridgeport, WV 26330 Contributor's job: (individual contributor only) Physician Where contributor works: (individual contributor only) self-employed Affiliation: (political committee only)	300.00
8/25/04	Full Name: Michael A. Stewart, MD Address: P.O. Box 307 Clarksburg, WV 26302-0307 Contributor's job: (individual contributor only) Physician Where contributor works: (individual contributor only) self-employed Affiliation: (political committee only)	300.00
8/30/04	Full Name: Lillie Swisher Address: 37 Wood St. Jane Lew, WV 26378 Contributor's job: (individual contributor only) Office Manager Where contributor works: (individual contributor only) Family Medical Clinic of Jane Lew Affiliation: (political committee only)	500.00
<b>Subtotal contributions of more than \$250.00</b>		2600.00
<b>Subtotal contributions of \$250.00 or less</b>		
<b>Total</b>		

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**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
6/25/04	Full Name: Theresa A. Waxman Address: Rt. 1, Box 352 Clarksburg, WV 26301 Contributor's job: (individual contributor only) <i>unemployed housewife</i> Where contributor works: (individual contributor only) <i>unemployed</i> Affiliation: (political committee only)	250.00
9/2/04	Full Name: Deborah M. Fischer Address: 640 Rivendell Drive Bridgeport, WV 26330-1367 Contributor's job: (individual contributor only) <i>housewife</i> Where contributor works: (individual contributor only) <i>unemployed</i> Affiliation: (political committee only)	1000.00
	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)	

Subtotal contributions of more than \$250.00 *2600.00*

*1250.00*

Subtotal contributions of \$250.00 or less

*2850.00*

**Total**

*6700.00*

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(Enter Total on Page 1, line 1)

**SCHEDULE 3A**

**OTHER INCOME: INTEREST, REFUNDS, MISCELLANEOUS RECEIPTS**

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

Date	Source of Income	Type of Receipt	Amount
(Enter Total on Page 1, line 4)			<b>Total</b>

**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)
7/10/04	Theresa A. Waxman Rt.1, Box 352 Clarksburg, WV 26301 Housewife, unemployed	postage stamps	60.31
8/23/04	Theresa A. Waxman Rt.1, Box 352 Clarksburg, WV 26301 unemployed housewife	postage stamps	59.20
(Enter Total on Page 1, line 7)			<b>Total</b>

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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)			<b>Total</b>

**OATH OR AFFIRMATION**

I, Theresa A. Waxman, 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.

Theresa A. Waxman Signature of Candidate, Financial Agent or Treasurer

Date September 7, 2004

Office Use Only

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