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.

Concerned Physicians Revitalizing WV	Shirley Whitaker
Candidate or Committee Name	**Candidate or Committee's Treasurer**
	35 Fairview Heights
Political Party (for candidates)	**Treasurer's Mailing Address (Street, Route or P.O. Box)**
	Parkersburg, WV 26101 304-422-5833
Office Sought (for candidates) **District/Division**	**City, State, Zip Code** **Daytime Phone #**

Reporting Period (check one)

- ☐ **Annual Report**_____**Calendar Year** (Due last Saturday in March or within 6 days thereafter. This report filed for old campaigns or year following most recent election)
- ☐ **First Primary** (Due last Saturday in March or within 6 days thereafter. This is the first report for current election year reporting)
- ☐ **Pre-primary Report** (Due 10 to 17 days before primary election)
- ☐ **Post-primary Report** (Due 25 to 31days after primary election)
- ☐ **First General Report** (Due first Saturday in September or within 6 days thereafter)
- ☐ **Pre-general Report** (Due 10 to 17 days before general or special election)
- ☒ **Post-general Report** (Due 25 to 31 days after general or special election)
- ☐ **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	550.00
2. Fund-raising Events - Schedule 2A	
3. TOTAL CONTRIBUTIONS (Add lines 1 and 2)	550.00
4. Other Income - Schedule 3A	
5. Loans received - Schedule 1B	
6. TOTAL OTHER INCOME (Add lines 4 and 5)	
7. In-kind (non-cash) contributions - Schedule 4A	

EXPENDITURES

8. Itemized Expenditures - Schedule 2B	1645.00
9. Loan Repayment - Schedule 1B	
10. TOTAL EXPENDITURES (Add lines 8 and 9)	1645.00

OUTSTANDING LOANS/DEBTS

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

CASH BALANCE SUMMARY

A. Beginning Balance (ending balance from previous report	1776.52
B. Total Receipts (Add lines 3 & 6)	550.00
C. Subtotal (Add lines A & B)	2326.52
D. Total Expenditures (Line 10)	1645.00
E. Ending Balance (Subtract line D from line C)	681.52

**Cannot be negative balance*

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

8375.00

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

7693.48

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
11/10/04	Dr. Gregory Krivchenia	200.00
11/22/04	WESPAC	100.00
		300.00

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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 *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.)*	AMOUNT
11/10/04	Full Name: Dr. David Cramer Address: 1301 Greenmont Circle Vienna, WV 26105 Contributor's job: (individual contributor only) Physician Where contributor works: (individual contributor only) Cornerstone Medical Group Affiliation: (political committee only)	250.00
	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)	
	Full Name: Address: Contributor's job: (individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only)	

Subtotal contributions of more than $250.00 250.00

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SCHEDULE 2B

ITEMIZED EXPENDITURES

(For information on Expenditures, see General Instructions, Page 5.)

Date	Full name, residence address (if a person) or business address (if a firm)	Purpose	Amount expenditure
10/27/04	PBM Advertising PO Box 5193 Vienna, WV 26105	Billboard Advertising	1645.00

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1645.00

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**

OATH OR AFFIRMATION

I, Shirley L. Whitaker, 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.

Signature of Candidate, Financial Agent or Treasurer

Date 11/29, 2004

Office Use Only

RECEIVED

NOV 30 2004

JOE MANCHIN III
WV SECRETARY OF STATE