State of West Virginia Campaign Financial Statement
(Short Form) in Relation to 2006 Election Year

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. Has your committee received any loans ?
2. Has your committee held any fundraisers?
3. Has your committee received any miscellaneous receipts, such as refunds or checking account interest?
4. Does your committee have any unpaid bills?
5. Have you or anyone else given an in-kind contribution to your campaign?
6. Has your committee given or received a transfer of excess campaign funds?

Candidate or Committee Name	Candidate or Committee's Treasurer
West Virginia Optometric Assoc. PAC	JOHN C. MYERS, O.D.
Political Party (for candidates)	**Treasurer's Mailing Address (Street, Route or P.O. Box)**
	35 Vernon Ave
Office Sought (for candidates) **District/Division**	**City, State, Zip Code** **Daytime Phone #**
	Wheeling WV 26003 2428681

Election Cycle Reporting Period (check one):

- ☐ **Primary - First Report** (Due last Staurday in March or within 6 days thereafter)
- ☐ **Pre-primary Report** (Due 10 to 17 days before primary election)
- ☐ **Post-primary Report** (Due 25 to 31 days after primary election)
- ☐ **General - First Report** (Due firstSaturday in September or within 6 days thereafter)
- ☐ **Pre-general Report** (Due 10 to 17 days before primary election)
- ☒ **Post-general Report** (Due 25 to 31 days after primary election)

Non-Election Cycle Reporting Period:

- ☒ **Annual Report** 05 **Calendar Year** Due last Saturday in March or within 6 days thereafter

Check if Applicable:

- ☒ **Amended Report** You must also check box of appropriate reporting period
- ☐ **Final Report** **Zero balance required.** PAC must also file Form F-6 Dissolution

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	1.	33,383.26
Total Contributions (from Page 2)	2.	+ 11,975.00
Subtotal (lines 1+2)	3.	= 45,358.26
Total Expenditures (from Page 2)	4.	- 361.98
Ending Balance (lines 3-4)		= 44,996.28

**Cannot have a negative ending balance*

TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE (Add line 2 from all reports)

11,975.00

TOTAL EXPENDITURES ELECTION YEAR-TO-DATE (Add line 4 from all reports)

361.98

CONTRIBUTIONS

$250 or less

Date	Full Name	Amount
	Dick Slender O.D.	200
	Charles Waithus O.D.	200
	Gary Veronneau O.D.	200
	John Wiles O.D.	200
	Thomas Tekavec O.D.	200
	Craig Liebig O.D.	200
	Clifton Hyre O.D.	200
	Donald King O.D.	200
		3575

More than $250

Date		Amount
	Full Name: David Gomez Address: Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee) optometrist	600
	Full Name: David Harshberger Address: Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee) Optometrist	500
	Full Name: Glen Bailey Address: Contributor's job: (Individual) optometrist Where works: (Individual) Affiliation: (Political committee)	500
	Full Name: Patrick Fleming Address: Contributor's job: (Individual) Optometrist Where works: (Individual Affiliation: (Political committee)	250
		8400

☒ *Check if additional pages have been atached.*

Total Contributions: (add both columns) 11,975

ITEMIZED EXPENDITURES

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
5/12/05	US Postmaster	postage	37.98
9/23/05	US Postmaster	postage	37.-
12/12/05	US Postmaster	postage	37.-
4/28/06	Friends of Randy Swartzmiller	donation	250.-

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.

Total Expenditures: 361.98

OATH OR AFFIRMATION

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, as required by West Virginia Code §3-8-5a.

_____ Signature of Candidate, Agent, or Treasurer

Date 5/30/06, 200__.

Office Use Only

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SCHEDULE 1A

CONTRIBUTIONS

$250 or less

Date	Full Name	Amount
	Steve Wilcox O.D.	100
	Jenna Congda O.D.	200
	Richard Goellner O.D.	100
	Harold Rose O.D.	100
	Zane Lawhorn O.D.	200
	Eileen Brannon O.D.	200
	Gregory Brannon O.D.	200
	Tom Griffith O.D.	200

$250 or more

Date		Amount
	Full Name: Shirley Willis Address: Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee) Optometrist	250
	Full Name: Steve Odekirk Address: Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee) Optometrist	500
	Full Name: John Myers Address: Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee) Optometrist	250
	Full Name: Joe Myers Address: Contributor's job: (Individual) Where works: (Individual Affiliation: (Political committee)	250
	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 _____

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

Date	Full Name $250 or less		Amount
	Joe Audia	OD	100
	Harry Anderson	OD	50
	Jim Campbell	OD	125
	Steve Wilson	OD	200
	Terry Williams	O.D	200

$250 or more

Date		Amount
	Full Name: Address: Alan Rada Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)	250
	Full Name: Address: Phillip Wilmoth Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)	550
	Full Name: Address: Mark Cinalli Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)	250
	Full Name: Address: David Holliday Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)	500

#3575

TOTAL (Both columns)

Schedule 1B ITEMIZED EXPENDITURES

Date	Full Name	Address		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__

Commission Expires

Signature of Notary Public

Note: Notaries public 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.

CONTRIBUTIONS

$250 or more

Full Name / Address / Contributor's job / Where works / Affiliation	Amount
Full Name: Address: Jim Herman; Contributor's job (Individual) Where works (Individual) Affiliation (Political committee): Optometrist	500
Full Name: Address: Brett Radow; Contributor's job (Individual) Where works (Individual) Affiliation (Political committee): Optometrist	500
Full Name: Address: Martin Gresalk; Contributor's job (Individual) Where works (Individual) Affiliation (Political committee): Optometrist	500
Full Name: Address: Bill Ratcliff; Contributor's job (Individual) Where works (Individual) Affiliation (Political committee): Optometrist	250

TOTAL (both columns)

Schedule 1B

ITEMIZED EXPENDITURES

Date	Name, residence, business address	Purpose	Amount

TOTAL

COPIES

YOU NEED

OATH OR AFFIRMATION

that the attached statement is true and correct, to the best of my

Signature of Candidate, Agent or Treasurer

Subscribed and sworn to before me this ____ day of ____, 20__

Full Name:
Address:

Contributor's job: (Individual)
Where works: (Individual)
Affiliation: (Political committee)

OATH OR AFFIRMATION

	Amount
[illegible]	500
[illegible]	250
[illegible]	250
[illegible] Contributor's job: (Individual) Work address: (Individual) Affiliation: (Political Committee)	250
TOTAL (both columns)	

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

Notary Seal

____
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.

TOTAL

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.

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/Treasurer

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

My Commission Expires

Notary Seal

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.