

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

Election Cycle Reporting Period (check one): ☐ Primary - First Report (Due last Saturday in March or within 6 days thereafter) ☒ General - First Report (Due first Saturday in September or within 6 days thereafter)			☐ Pre-primary Report (Due 10 to 17 days before primary election) ☐ Pre-general Report (Due 10 to 17 days before primary election)	☐ Post-primary Report (Due 25 to 31 days after primary election) ☐ Post-general Report (Due 25 to 31 days after primary election)	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
Non-Election Cycle Reporting Period:		☒ Annual Report <u>by</u> Calendar Year Due last Saturday in March or within 6 days thereafter			

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report) 1.	<u>33,383.26</u>
Total Contributions (from Page 2) 2.	<u>+ 11,975.00</u>
Subtotal (lines 1+2) 3.	<u>= 45,358.26</u>
Total Expenditures (from Page 2) 4.	<u>- 361.98</u>
Ending Balance (lines 3-4)	<u>= 44,996.28</u>
<i>*Cannot have a negative ending balance</i>	

**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

More than \$250

Date	Full Name	Amount	Date	Full Name: Address: Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)	Amount
	Dick Stender O.D.	200		David Gomez Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee) optometrist	600
	Charles Waitkus O.D.	200		David Harshberger Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee) optometrist	500
	Gary Veronneau O.D.	200		Glen Bailey Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee) optometrist	500
	John Wiles O.D.	200		Patrick Fleming Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee) optometrist	250
	Thomas Tekavec O.D.	200			
	Craig Liebig O.D.	200			
	Cliffon Hyre O.D.	200			
	Dondd King O.D.	200			

3575

Total Contributions:
(add both columns)

11,975

98400

☒ Check if additional pages
have been attached.

ITEMIZED EXPENDITURES

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
5/12/05	US Postmaster	postage	37.98
7/23/05	US Postmaster	postage	37 -
12/12/05	US Postmaster	postage	37 -
1/28/06	Friends of Randy Swartemiller	donation	250 -

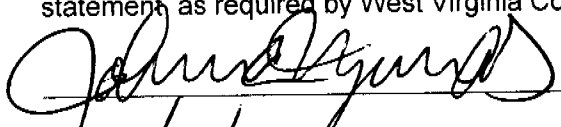
MAKE AS MANY COPIES
OF THIS PAGE AS YOU NEED.

Total Expenditures:

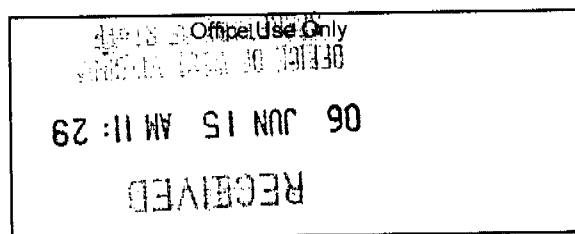
361.98

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.


Date 5/30/06 200

Signature of Candidate, Agent, or Treasurer



SCHEDULE 1A

CONTRIBUTIONS

\$250 or less

\$250 or more

Date	Full Name	Amount	Date	Full Name: Address:	Amount
	Steve Wilson O.D.	100		Shirley Willis	
	Jenna Gonzda O.D.	200		Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee) Optometrist	250
	Richard Goellner O.D.	100		Steve Odehrlk	
	Harold Rose O.D.	100		Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee) Optometrist	500
	Zane Lawhorn O.D.	200		John Myers	
	Eileen Brannon O.D.	200		Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee) Optometrist	250
	Gregory Brannon O.D.	200		Joe Myers	
	Tom Griffith O.D.	200		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.

CONTRIBUTORS

\$250 to \$499

280 01

Donor	Full Name	Address	Date	Amount
Joe Audia	O.D.	100	Full Name: Alan Rada Address: Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)	250
Harry Anderson	O.D.	50	Full Name: Phillip W. Imoth Address: Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)	550
Jim Campbell	O.D.	125	Full Name: Mark Cinalli Address: Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)	250
Steve Wilson	O.D.	200	Full Name: David Holliday Address: Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)	500
Terry Williams	O.D.	200		
TOTAL				3575

IDENTIFIED REPRODUCTIONS

[illegible]

CONCLUSION 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 and belief, and I am not aware of any untrue or misleading statements occurring within the period covered by this statement.

Signature of Candidate, Agent, or Tre

200

Commission Expires

Signature of Notary Public

Note: The stamp is not to be used as a receipt or stamp or when notarizing any document. Failure to do so may lead to the revocation of the notary's commission.

Spill - more

(both columns)

ITEMIZED EXPENDITURES

TOTAL

OATH OR AFFIRMATION

that the published statement is true and correct, to the best of my knowledge and belief.

Signature of Candidate Agent or Treasurer

Subscribed and sworn to before me this _____ day of _____, 19____.

Contributor's (Individual) Where works (Individual)	
Affiliation (Political committee)	
Full Name	
Address	
Contributor's job (Individual) Where works (Individual)	STAL
Affiliation (Political committee)	
Contribution	no
Contributor's job (Individual) Where works (Individual)	
Affiliation (Political committee)	

My Father and I

2. What is the subject of the article?
 3. What is the main purpose of the article?
 4. What is the author's attitude towards the subject?

10. The following information is for your information only:

July 26, 1944

CONFIDENTIAL

TO

Advisory Committee

10-10-68

Confidentiality is job (100% of all)

100-443887-100 (100-443887-100)

(b) (5) - Exemption

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.

DATE OF 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 for Treasurer

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

My Commission Expires _____

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.

IBS ACTION