

# State of West Virginia Campaign Financial Statement Relating to Elections Held in \_\_\_\_\_

(For political committees, this will be the current election year. For candidates, this will be the year you were or are on the ballot.)

## Short Form

(Supply all information requested. It is required by WV Code §3-8-5a.)

**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. Have you made or accepted any loans to your campaign?
2. Have you had any fundraisers?
3. Have you received any miscellaneous receipts, such as refunds, checking account interest or transferred funds from a previous campaign?
4. Do you have any unpaid bills?
5. Have you or anyone else given an in-kind contribution to your campaign?

Reporting Period (check one)			
<input type="checkbox"/> <b>First or Annual</b> <small>Due last Saturday in March or within 15 days thereafter.</small>	<input type="checkbox"/> <b>Pre-Primary</b> <small>Due 7 - 10 days before a primary election.</small>	<input type="checkbox"/> <b>Post-primary</b> <small>Due 25 - 30 days after a primary election.</small>	<input type="checkbox"/> <b>Final Report</b> (Campaign has zero balance, no loans or outstanding bills. Political committees must also file Statement of Dissolution (Form F-6) with this report.)
<input checked="" type="checkbox"/> <b>First General Report</b> <small>Due last Saturday in September or within 15 days thereafter preceding a general election.</small>	<input type="checkbox"/> <b>Pre-General</b> <small>Due 7 - 10 days before a general or special election.</small>	<input type="checkbox"/> <b>Post-General</b> <small>Due 25 - 30 days after general or special election.</small>	

Candidate or Committee Name <b>WV Optometric Assoc. PAC</b>	Treasurer <b>JOHN C. MYERS, D.D.</b>
Political Party (for candidates)	Treasurer's Mailing Address <b>35 Verona Ave.</b>
Office (for candidates)	<b>Wheeling WV 26003</b>
District/Circuit/Division (for candidates)	Treasurer's Daytime Phone# <b>304 242 8681</b>

### REPORT SUMMARY

(Complete page 2 before entering totals on the Report Summary)

	COLUMN A <small>Totals for this reporting period</small>	COLUMN B <small>Totals for election cycle*</small>
<b>Receipts</b>		
1. Total Contributions (Schedule 1A)	<b>1950.00</b>	
<b>Expenditures</b>		
2. Total Expenses (Schedule 1B)	<b>514.88</b>	

\*To get the numbers for Column B, add this report's Column A figures to Column B figures from the previous report. If this is the first report of the election cycle, Column B will be the same number as Column A.

### CASH BALANCE SUMMARY

(For information about the Cash Balance Summary, see page 3.)

3. Beginning Balance (from previous report)	<b>44,996.28</b>
4. Total Contributions (from line 1)	<b>1950.00</b>
5. Subtotal (add lines 3 and 4)	<b>46946.28</b>
6. Total Expenses (from line 2)	<b>514.88</b>
7. Ending Balance (subtract line 6 from line 5) <small>(This number is incorrect if it reflects a negative balance.)</small>	<b>46,432.40</b>

SCHEDULE 1A

CONTRIBUTIONS

\$250 or less

\$250 or more

Date	Full Name	Amount	Date	Full Name	Amount
	Larry Williams, D.D.	100		Full Name: Gary Verouneau, D.D. Address: <i>Rainelle</i> Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)	500
	Harold Rose, D.D.	200			
	John Wiles, D.D.	250		Full Name: Steve Odekuik, D.D. Address: <i>Dunbar</i> Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)	500
	Scott Carpenter, D.D.	100			
				Full Name: Monty Vickers, D.D. Address: <i>St. Albans</i> Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)	300
<b>TOTAL</b> (both columns)					<b>1450</b>

Schedule 1B

ITEMIZED EXPENDITURES

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
	checks charge (Checks In The Mail)	new checks	14.88
	Committee to Elect Larry Edgell	donation	200.00
	Dave Pettel for House	donation	100.00
	Committee to Elect Anita Stevens Caldwell	donation	200.00
			<b>TOTAL 514.88</b>

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.

OATH OR AFFIRMATION

State of West Virginia, County of \_\_\_\_\_

I, JOHN C. WYBORS, D.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.

*[Signature]*  
Signature of Candidate, Agent, or Treasurer

Subscribed and sworn to before me this 10<sup>th</sup> day of Sept., 2006.

RECEIVED  
06 SEP 25 PM 12:17

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.

WV 26003



AMOUNT  
**\$0.52**

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