

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

|                                                |                   |                                                                                              |                                    |
|------------------------------------------------|-------------------|----------------------------------------------------------------------------------------------|------------------------------------|
| Candidate or Committee Name<br><b>AMEN PAC</b> |                   | Candidate or Committee's Treasurer<br><b>TODD R. JONES</b>                                   |                                    |
| Political Party (for candidates)               |                   | Treasurer's Mailing Address (Street, Route or P.O. Box)<br><b>240 CAPITOL ST., SUITE 508</b> |                                    |
| Office Sought (for candidates)                 | District/Division | City, State, Zip Code<br><b>CHARLESTON WV 25301</b>                                          | Daytime Phone #<br><b>344-1623</b> |

## Election Cycle Reporting Period (check one):

- |                                                                           |                                                                       |                                                                                |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> Primary - First Report<br>Due March 25- 31, 2006 | <input type="checkbox"/> Pre-primary Report<br>Due April 22- 29, 2006 | <input type="checkbox"/> Post-primary Report<br>Due June 3- 9, 2006            |
| <input type="checkbox"/> General - First Report<br>Due Sept. 2- 8, 2006   | <input type="checkbox"/> Pre-general Report<br>Due Oct. 21- 28, 2006  | <input checked="" type="checkbox"/> Post-general Report<br>Due Dec. 2- 8, 2006 |

**Non-Election Cycle  
Reporting Period:**

- ☐ Annual Report Due in \_\_\_\_ 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 at the completion of the report.*

### RECEIPTS OF FUNDS:

Totals for this Period

|                                                                 |                   |
|-----------------------------------------------------------------|-------------------|
| Contributions (Page 3)                                          | <b>2,160.92</b>   |
| Monetary Contributions from all<br>Fund-Raising Events (Page 4) | +                 |
| Receipt of a Transfer of<br>Excess Funds (Page 8)               | +                 |
| <b>Total Monetary Contributions:</b>                            | <b>= 2,160.92</b> |
| In-Kind Contributions (Page 5)                                  | +                 |
| <b>Total Contributions:</b>                                     | <b>= 2,160.92</b> |

|                            |               |
|----------------------------|---------------|
| Other Income (Page 5)      | <b>4.86</b>   |
| Loans Received (Page 6)    | +             |
| <b>Total Other Income:</b> | <b>= 4.86</b> |

### OUTSTANDING LOANS & DEBTS:

|                            |          |
|----------------------------|----------|
| Unpaid Bills (Page 9)      |          |
| Outstanding Loans (Page 6) | +        |
| <b>Total Debts:</b>        | <b>=</b> |

### CASH BALANCE SUMMARY

|                                                               |                       |
|---------------------------------------------------------------|-----------------------|
| Beginning Balance<br>(ending balance from<br>previous report) | <b>11,261.92</b>      |
| Total Monetary<br>Contributions                               | + <b>2,160.92</b>     |
| Total Other Income                                            | + <b>4.86</b>         |
| <b>Subtotal:</b>                                              | <b>a. = 13,427.70</b> |

|                                                 |             |
|-------------------------------------------------|-------------|
| Total Expenditures (Page 7)                     |             |
| Total Disbursements of<br>Excess Funds (Page 8) | +           |
| Repayment of Loans (Page 6)                     | +           |
| <b>Subtotal:</b>                                | <b>b. =</b> |

|                                                       |                    |
|-------------------------------------------------------|--------------------|
| <b>Ending Balance:</b><br>(Subtotal a. - Subtotal b.) | <b>= 13,427.70</b> |
| <small>*Cannot be negative balance</small>            |                    |

**TOTAL CONTRIBUTIONS  
ELECTION YEAR-TO-DATE**  
(Add total contributions from all reports)

**13,289.16**

**TOTAL EXPENDITURES  
ELECTION YEAR-TO-DATE**  
(Add total expenditures from all reports)

**250.00**

Page 2. **CONTRIBUTIONS LESS THAN \$250** ☒ Check if additional pages have been attached.

*Check if additional pages  
have been attached.*

[illegible]

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OF THIS PAGE AS YOU NEED**

**Subtotal of contributions of less than \$250**

2,160.92

# **CONTRIBUTIONS \$250 OR MORE**

☐ Check if additional pages  
have been attached.

| DATE | INDIVIDUAL CONTRIBUTOR OR COMMITTEE'S NAME                                                                                                                                                                                      | AMOUNT |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
|      | Full Name:<br>Address: (residential and mailing if they are different)<br>Contributor's job: (individual contributor only)<br>Where contributor works: (individual contributor only)<br>Affiliation: (political committee only) |        |
|      | Full Name:<br>Address: (residential and mailing if they are different)<br>Contributor's job: (individual contributor only)<br>Where contributor works: (individual contributor only)<br>Affiliation: (political committee only) |        |
|      | Full Name:<br>Address: (residential and mailing if they are different)<br>Contributor's job: (individual contributor only)<br>Where contributor works: (individual contributor only)<br>Affiliation: (political committee only) |        |
|      | Full Name:<br>Address: (residential and mailing if they are different)<br>Contributor's job: (individual contributor only)<br>Where contributor works: (individual contributor only)<br>Affiliation: (political committee only) |        |
|      | Full Name:<br>Address: (residential and mailing if they are different)<br>Contributor's job: (individual contributor only)<br>Where contributor works: (individual contributor only)<br>Affiliation: (political committee only) |        |
|      | Full Name:<br>Address: (residential and mailing if they are different)<br>Contributor's job: (individual contributor only)<br>Where contributor works: (individual contributor only)<br>Affiliation: (political committee only) |        |

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Subtotal of all contributions of \$250 or more  
Subtotal of all contributions of less than \$250 (From page 2)

**Total Contributions:**

|            |
|------------|
| - 0 -      |
| + 2,160.92 |
| = 2,160.92 |

**FUND-RAISING EVENTS**
☐ Check if additional pages have been attached.

All monetary contributions received at a fundraiser must be reported in the Event Summary below.

If contributor's name and amount are not listed, the contribution must be turned over to the West Virginia General Revenue Fund.

The only exception to this rule may apply to political party executive committees. (W V Code §3-8-5a)

**EVENT SUMMARY**

|                             |                                                                                                                                                                                                                                           |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of Event _____         | <b>Total Monetary Contributions:</b><br><br><b>Total Expenditures:</b><br>(Itemized on page 7) -<br><br><b>NET RECEIPTS:</b><br>=<br><br><b>Total In-Kind Contributions</b><br><b>Related to the Fund-raiser</b><br>(Itemized on page 5.) |
| Type of Event _____         |                                                                                                                                                                                                                                           |
| Name of Place Held _____    |                                                                                                                                                                                                                                           |
| Address of Place Held _____ |                                                                                                                                                                                                                                           |

**LESS THAN \$250.00****\$250.00 OR MORE**

| Date                                                       | Full Name | Amount | Date                                                   | Full Name:<br>Address: (residential and mailing if they are different) | Amount |
|------------------------------------------------------------|-----------|--------|--------------------------------------------------------|------------------------------------------------------------------------|--------|
|                                                            |           |        |                                                        | Contributor's job: (Individual only)                                   |        |
|                                                            |           |        |                                                        | Where contributor works: (Individual only)                             |        |
|                                                            |           |        |                                                        | Affiliation: (Political committee only)                                |        |
|                                                            |           |        |                                                        | Full Name:<br>Address: (residential and mailing if they are different) |        |
|                                                            |           |        |                                                        | Contributor's job: (Individual only)                                   |        |
|                                                            |           |        |                                                        | Where contributor works: (Individual only)                             |        |
|                                                            |           |        |                                                        | Affiliation: (Political committee only)                                |        |
|                                                            |           |        |                                                        | Full Name:<br>Address: (residential and mailing if they are different) |        |
|                                                            |           |        |                                                        | Contributor's job: (Individual only)                                   |        |
|                                                            |           |        |                                                        | Where contributor works: (Individual only)                             |        |
|                                                            |           |        |                                                        | Affiliation: (Political committee only)                                |        |
|                                                            |           |        |                                                        | Full Name:<br>Address: (residential and mailing if they are different) |        |
|                                                            |           |        |                                                        | Contributor's job: (Individual only)                                   |        |
|                                                            |           |        |                                                        | Where contributor works: (Individual only)                             |        |
|                                                            |           |        |                                                        | Affiliation: (Political committee only)                                |        |
|                                                            |           |        |                                                        | Full Name:<br>Address: (residential and mailing if they are different) |        |
|                                                            |           |        |                                                        | Contributor's job: (Individual only)                                   |        |
|                                                            |           |        |                                                        | Where contributor works: (Individual only)                             |        |
|                                                            |           |        |                                                        | Affiliation: (Political committee only)                                |        |
| Subtotal of event contributions of less than \$250.00: -0- |           |        | Subtotal of event contributions of \$250.00 or more: + |                                                                        |        |
|                                                            |           |        | Total Contributions: -0-                               |                                                                        |        |

MAKE COPIES OF THIS PAGE TO LIST ADDITIONAL CONTRIBUTIONS. ATTACH ADDITIONAL PAGES TO REPORT.

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

| Date     | Source of Income   | Type of Receipt | Amount |
|----------|--------------------|-----------------|--------|
| 10/31/06 | CITY NATIONAL BANK | INTEREST        | 2.31   |
| 11/30/06 | CITY NATIONAL BANK | INTEREST        | 2.55   |
|          |                    |                 |        |
|          |                    |                 |        |

Total Other Income:

4.86

☐ Check if additional pages  
have been attached.
**IN-KIND CONTRIBUTIONS**

| Date | Name and Contributor Information | Description of Contribution | Value |
|------|----------------------------------|-----------------------------|-------|
|      |                                  |                             |       |
|      |                                  |                             |       |
|      |                                  |                             |       |
|      |                                  |                             |       |
|      |                                  |                             |       |

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Total In-Kind Contributions:

0 -

**LOANS**
☐ Check if additional pages have been attached.
**West Virginia Code: §3-8-5f. Loans to candidates, organizations or persons for election purposes.**

"Every candidate, financial agent, person or association of persons or organization advocating or opposing the nomination or election of any candidate or the passage or defeat of any issue or item to be voted upon may not receive any money or any other thing of value toward election expenses except from the candidate, his or her spouse or a lending institution. All loans shall be evidenced by a written agreement executed by the lender, whether the candidate, his or her spouse, or the lending institution. Such agreement shall state the date and amount of the loan, the terms, including interest and repayment schedule, and a description of the collateral, if any, and the full names and addresses of all parties to the agreement. A copy of the agreement shall be filed with the financial statement next required after the loan is executed."

The loan agreement **must** include all items asked for in the statute. (See above.) The loan agreement does not have to follow a certain format; generally, if all the required information is listed, any format is acceptable.

Candidates or political committees that take out a loan for the campaign through a bank or other commercial lending institution must include a copy of the loan agreement executed with that bank or institution. Candidates should not take out loans which are partially for personal use and partially for the campaign. It is almost impossible to keep reporting straight in this case.

Any money a candidate contributes to his or her campaign committee with the hope of repayment must be treated as a loan and reported in this section. When a candidate determines that no further repayment can be expected, the loan can be reported as repaid in this section by entering the amount left to repay in the repayments column and reporting the same amount as a contribution from the candidate on Page 2. **These loans must be executed in writing. Caution: Candidates may not carry outstanding loans from one campaign to the next. Each campaign is separate. Funds from a current campaign cannot be used to repay a loan from a previous campaign.**

**How to report loans**

1. Each loan for your campaign should be listed on a separate line. (Each time you loan money to the campaign or get a loan, it is considered to be a separate loan.) Include the following information on the form below:

- loan(s) from prior reporting periods and the balance of each loan (Col. A.) If a payment was made on the loan, list that in Col. C. **Any loan that was repaid in previous reporting periods does not need to be listed.**
- new loans, the amount (Col. B), any repayments (Col. C), and the balance (Col. D.)

2. **Attach a copy of the loan agreement for each loan received during the reporting period.**

**LOANS**

(A copy of the loan agreement for each loan secured during this filing period must accompany this report)

| Bank Loans: List name & address of financial institution<br>Candidate or Candidate's Spouse Loans:<br>List name, residence and mailing address of person(s) making or cosigning loan | Column A<br>Balance of previous loan at end of period | Column B<br>Amount of new loan received during period |        | Column C<br>Repayments during period |        | Column D<br>Balance outstanding at end of period |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|--------|--------------------------------------|--------|--------------------------------------------------|
|                                                                                                                                                                                      | Amount                                                | Date                                                  | Amount | Date                                 | Amount | Amount                                           |
| 1.                                                                                                                                                                                   |                                                       |                                                       |        |                                      |        |                                                  |
| 2.                                                                                                                                                                                   |                                                       |                                                       |        |                                      |        |                                                  |
| 3.                                                                                                                                                                                   |                                                       |                                                       |        |                                      |        |                                                  |
| 4.                                                                                                                                                                                   |                                                       |                                                       |        |                                      |        |                                                  |
| 5.                                                                                                                                                                                   |                                                       |                                                       |        |                                      |        |                                                  |
| <b>Totals:</b>                                                                                                                                                                       |                                                       | <b>Loans Received</b>                                 |        | <b>Repayment of Loans</b>            |        | <b>Outstanding Loans</b>                         |
|                                                                                                                                                                                      |                                                       | - 0 -                                                 |        | - 0 -                                |        | - 0 -                                            |

11

[illegible]**Total Expenditures:**

- 0 -

Page 8.

Receipt of a Transfer of Excess Funds

☐ Check if additional pages have been attached.

| Date                                         | Candidate Committee Name and Year | Amount |
|----------------------------------------------|-----------------------------------|--------|
|                                              |                                   |        |
|                                              |                                   |        |
|                                              |                                   |        |
|                                              |                                   |        |
|                                              |                                   |        |
| Total Receipts of Transfers of Excess Funds: |                                   | -0-    |

Disbursements of Excess Funds

| Date                                 | Name of candidate committee and election year disbursing excess funds | Purpose of Disbursement | Amount |
|--------------------------------------|-----------------------------------------------------------------------|-------------------------|--------|
|                                      |                                                                       |                         |        |
|                                      |                                                                       |                         |        |
|                                      |                                                                       |                         |        |
|                                      |                                                                       |                         |        |
|                                      |                                                                       |                         |        |
|                                      |                                                                       |                         |        |
|                                      |                                                                       |                         |        |
| Total Disbursements of Excess Funds: |                                                                       |                         | -0-    |

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**UNPAID BILLS**
☐ Check if additional pages  
have been attached.

| Date | Owed to Whom | Affiliated with what Company or Group | Purpose | Amount |
|------|--------------|---------------------------------------|---------|--------|
|      |              |                                       |         |        |
|      |              |                                       |         |        |
|      |              |                                       |         |        |
|      |              |                                       |         |        |
|      |              |                                       |         |        |
|      |              |                                       |         |        |
|      |              |                                       |         |        |
|      |              |                                       |         |        |
|      |              |                                       |         |        |
|      |              |                                       |         |        |

Total Unpaid Bills:

-0-

**OATH OR AFFIRMATION**

I, TODD R. JONES, 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, as required by West Virginia Code §3-8-5a.



 Signature of Candidate, Financial  
Agent or Treasurer

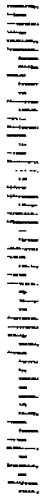
 Date 12/7, 200 6

Office Use Only

 RECEIVED  
06 DEC - 8 PM 1:16  
OFFICE OF THE CLERK  
LEGISLATIVE DEPARTMENT

|                    |        |
|--------------------|--------|
| Kathryn Kutil      | 60.00  |
| Patty Lucas        | 60.00  |
| Sheila Clark       | 75.00  |
| Kyle Webb          | 75.00  |
| Theresa Lippoli    | 60.00  |
| Shawna Lassley     | 30.00  |
| Robert Hay         | 75.00  |
| Cynthia Tabor      | 60.00  |
| Julieann Ray       | 60.00  |
| Nina Rolfe         | 30.00  |
| Jennifer McWhorter | 30.00  |
| Shelda Cox         | 30.00  |
| Jo Hewitt          | 37.50  |
| Bettie Clay        | 45.00  |
| Beverly Landers    | 60.00  |
| Kista Hamrick      | 75.00  |
| Michelle Bishop    | 60.00  |
| Ann Potter         | 30.00  |
| Holly Burley       | 60.00  |
| Robin Elkins       | 37.50  |
| Debra Cumpston     | 60.00  |
| Beth Fitzpatrick   | 67.50  |
| Patricia Hoyle     | 60.00  |
| Jamie Hass         | 30.00  |
| Patsy Webb         | 36.00  |
| Sarah Lemmons      | 37.50  |
| Judy Terrell       | 10.00  |
| Donna Blevins      | 37.50  |
| Pam Shumate        | 60.00  |
| Tammy Painter      | 30.00  |
| Kristy Dickens     | 37.50  |
| Sandra Willis      | 37.50  |
| Chris Lattimer     | 30.00  |
| Andrew Elliot      | 124.98 |
| Gregory Elliot     | 124.98 |
| Todd Jones         | 124.98 |
| Greg Willis        | 25.00  |
| John Elliot        | 124.98 |
| Roy Howell         | 52.50  |

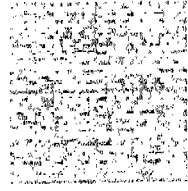
2,160.92



American Medical Facilities Management

Street, Suite 500 • Charleston, WV 25301

*Id Jones*



WV Secretary of State  
State Capitol Building 1, Room 157 K  
1900 Kanawha Blvd. East  
Charleston, WV 25305-0770