

# State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2010 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 <i>WV Physical Therapy PAC</i>		Candidate or Committee's Treasurer <i>Eric Tait</i>	
Political Party (for candidates)		Treasurer's Mailing Address (Street, Route or P.O. Box) <i>530 SPAN OAKS DR.</i>	
Office Sought (for candidates)	District/Division	City, State, Zip Code <i>Milton, WV 25541</i>	Daytime Phone # <i>304-757-2500</i>

**Election Cycle Reporting Period (check one):**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> <b>Primary - First Report</b><br>Due March 27-April 2, 2010 | <input type="checkbox"/> <b>Pre-primary Report</b><br>Due April 26-30, 2010 | <input type="checkbox"/> <b>Post-primary Report</b><br>Due May 24-June 23, 2010           |
| <input type="checkbox"/> <b>General - First Report</b><br>Due Sept 20-24, 2010       | <input type="checkbox"/> <b>Pre-general Report</b><br>Due Oct. 18-22, 2010  | <input checked="" type="checkbox"/> <b>Post-general Report</b><br>Due Nov 15-Dec 15, 2010 |

**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 Due In \_\_\_\_\_ 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

<b>Beginning Balance</b> (ending balance from previous report) 1.		<i>1371</i>
<b>Total Contributions</b> (from Page 2) 2.		<i>+ 2115</i>
<b>Subtotal</b> (lines 1 + 2) 3.		<i>- 3486</i>
<b>Total Expenditures</b> (from Page 2) 4.		<i>- 1000</i>
<b>Ending Balance</b> (lines 3-4)		<i>= 2486</i>
<i>*Cannot have a negative ending balance</i>		

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

*18850*

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

*20700*

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Full Name	Amount
12/27	ERIC SLAU	100	12/27	Full Name: Holly TARR Address: 376 SPAN OAKS MILTON WV 25541 Contributor's job: (Individual) PT Where contributor works: (Individual) G... PT Affiliation: (Political committee) WVPTAC	275
12/27	Rosemary Kluth	15	12/27	Full Name: Holly TARR Address: 376 SPAN OAKS MILTON WV 25541 Contributor's job: (Individual) PT Where contributor works: (Individual) G... PT Affiliation: (Political committee) WVPTAC	275
12/14	Brada Whitman	150	12/29	Full Name: Susan Reed Address: 3889 Butcherbark Rd M... WV 26150 PT Contributor's job: (Individual) Where contributor works: (Individual) P... Affiliation: (Political committee) WVPTAC	1000
12/14	Don HERR	150		Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
12/14	Michael Stassus	150			

Total Contributions: **2115**  
(add both columns)

Check if additional pages have been attached.

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/ reimbursements)

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
12/26	EARL RAY Tomblin Building 1 State Capitol Complex CHARLESTON - WV 25305	CAN... contribution	1000

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.

Total Expenditures: **1000**

OATH OR AFFIRMATION

I, Eric Tarr, 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.

ET Signature of Candidate, Agent, or Treasurer

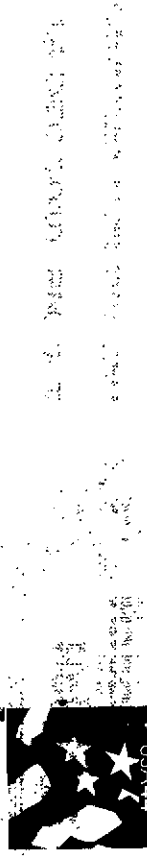
Date 12-14, 2010

Office Use Only

RECEIVED

Received By: \_\_\_\_\_

GENERATIONS PHYSICAL THERAPY CENTER  
OF SCOTT TEAYS  
3705 TEAYS VALLEY RD., SUITE 100  
HURRICANE, W.V. 25526-9645



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