

Matrix Reasoning:	Nonverbal abstract reasoning skills, requires visual information processing.	4 – Extremely Low
Picture Arrangement:	Ability to plan, interpret, and anticipate social events; related to cultural backgrounds; requires visual organization and perception.	5 – Borderline

	Score	Percentile	Confidence Interval
Verbal IQ Score:	83	13	79 – 88
Performance IQ Score:	72	3	67 – 80
Full Scale IQ Score:	76	5	72 – 81

#### INTERPRETATIONS:

On the WAIS-III, he obtained a Full Scale IQ score of 76, (5th percentile), which places him in the Borderline range of intellectual functioning overall, however his true IQ score could range from as low as 72 to 81. He obtained a Verbal IQ score of 83, (13th percentile), which places him in the Low Average range of verbal intellectual functioning, however his true IQ score could range from as low as 79 to 88. He obtained a Performance IQ score of 72, (3rd percentile), which places him in the Borderline range of non-verbal intellectual functioning, however his true IQ score could range from as low as 67 to 80. There is a significant difference between the his Verbal and Performance IQ scores, which indicates that he performs better on tasks that emphasize verbal abilities as on tasks that emphasize visual-spatial abilities.

## SUMMARY AND CONCLUSIONS:

The patient [REDACTED] is a [REDACTED]-year-old married times two, white male. He has arthritis in both of his knees. He walks with the assistance of a cane. He hurts often in his legs. He has received physical therapy in the past, but significant pain persists. He currently takes Celexa, Naproxen, and Remeron as prescribed by physician(s). He experiences a level and frequency of pain that interferes with his ability to function. He experiences this level of significant pain on a daily basis. His level on pain, on average, is an 8 on a scale of 0 to 10. He is not able to work due to the pain, by his report. He is not able to play sports; etc. due to the pain. Both his sexual ability and level of sexual desire have decreased due to the pain. He has been receiving mental health treatment at [REDACTED] [REDACTED] Kentucky since the summer of 2007. He has been diagnosed with anxiety and depression there. He does not have a history of suicidal or homicidal ideation. In his family of origin, there is not a history of substance abuse or mental health problems. He said he does not currently have any suicidal or homicidal ideation. His panic attacks began in the 1980's, but were rare. His severe panic attacks began about two months ago. He said that being in public triggers panic attacks. He has two to three panic attacks a week. He is experiencing symptoms of depression. He cries occasionally for no apparent reason. He sleeps poorly at night and fatigues easily during the day. His appetite fluctuates. He has a loss of interest in activities that were once pleasurable for him. He said he feels worthless and hopeless.

**DIAGNOSTIC IMPRESSIONS FROM DSM-IV:**

- AXIS I:** Major Depressive Disorder, Single Episode, Moderate  
Panic Disorder with Agoraphobia  
Pain Disorder Associated with Both Psychological Factors and a General Medical Condition
- AXIS II:** Borderline Intellectual Functioning
- AXIS III:** General Medical Condition: arthritis in knees; legs hurt often
- AXIS IV:** Psychosocial and Environmental Problems: lack of financial income
- AXIS V:** Current GAF: 52

**PROGNOSIS:**

prognosis for the next year is fair. With treatment that should include psychotherapy and psychiatric intervention, it would not be unreasonable to expect to see a fair amount of remediation of his anxiety symptoms. However, without treatment, this evaluator would not expect to see any significant amount of improvement.


**SUMMARY AND CONCLUSIONS:**

This evaluator believes that could manage funds without assistance or restriction, if they were awarded to him.

**MEDICAL SOURCE STATEMENT:**

Based upon the observations and findings of this evaluation, the evaluator has the following opinions regarding [REDACTED] mental abilities.

- a. [REDACTED] appears to have at least an average ability to understand, retain, and follow instructions.
- b. [REDACTED] appears to have at least an average ability to perform simple, repetitive tasks.
- c. [REDACTED] appears to have at least an average ability to relate to others, including fellow workers and supervisors.
- d. [REDACTED] appears to have an impaired ability to adapt to the workplace, regarding his ability to tolerate the stress and pressures associated with day to day work activity.

  
\_\_\_\_\_  
Brad Adkins, Ph.D.  
Licensed Clinical Psychologist

**MEDICAL ASSESSMENT OF ABILITY TO DO WORK-RELATED ACTIVITIES (MENTAL)**

Name		Social Security Number:	
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To determine this individual's ability to do work-related activities on a day-to-day basis in a regular work setting, please give us an assessment – **BASED ON YOUR EXAMINATION** – of how the individual's mental/emotional capabilities are affected by the impairment(s). Consider the medical history, the chronicity of findings (or lack thereof), and the expected duration of any work-related limitations, but not the individual's age, sex or work experience.

**NOTE: THE FOLLOWING DEFINITIONS ARE DIFFERENT THAN THOSE USED PREVIOUSLY**

1 Describe the individual's ability to perform the activity according to the following terms.

- Unlimited** - Ability to function in this area is not limited by a mental impairment.
- Good** - Ability to function in this area is more than satisfactory.
- Fair** - Ability to function in this area is limited but satisfactory.
- Poor** - Ability to function in this area is seriously limited but not precluded.
- None** - No useful ability to function in this area.

2 Identify the particular medical or clinical findings (i.e., mental status examination, behavior intelligence test results, and symptoms) which support your assessment of any limitations.

**IT IS IMPORTANT THAT YOUR ASSESSMENT BE BASED UPON THE OBJECTIVE MEDICAL EVIDENCE.**

**I. MAKING OCCUPATIONAL ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust to a job and complete item #9.

	Unlimited	Good	Fair	Poor	None
1. Follow Work Rules			X		
2. Relate to Co-Workers			X		
3. Deal with the Public				X	
4. Use Judgment				X	
5. Interact With Supervisor(s)			X		
6. Deal With Work Stresses		X			
7. Function Independently			X		
8. Maintain Attention/Concentration				X	

9. Describe any limitations and include the medical/clinical findings that support this assessment.

**II. MAKING PERFORMANCE ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust to a job, and complete item #4.

	Unlimited	Good	Fair	Poor	None
1. Understand, remember and carry out complex job instructions.				X	
2. Understand, remember and carry out detailed, but not complex job instructions.			X		
3. Understand, remember and carry out simple job instructions.			X		

4. Describe any limitations and include the medical/clinical findings that support this assessment; e.g., intellectual ability, thought or organization, memory, comprehension, etc.

**III. MAKING PERSONAL/SOCIAL ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust personally and socially and complete item #5.

	Unlimited	Good	Fair	Poor	None
1. Maintain personal appearance.		X			
2. Behave in an emotionally stable manner.			X		
3. Related predictably in social situations.			X		
4. Demonstrate Reliability.				X	

5. Describe any limitations and include the medical/clinical findings that support this assessment.

IV. OTHER WORK-RELATED ACTIVITIES

V. CAPABILITY TO MANAGE BENEFITS

Can the individual manage benefits in his or her own best interest?

YES (X) NO ( )

B. J. P. O.  
SIGNATURE/TITLE/MEDICAL SPECIALITY

11-29-07  
DATE

# ERIC C. CONN, P.S.C.

12407 South U.S. 23, P.O. Box 308  
Stanville, Kentucky 41659-0308  
Telephone: (606) 478-5100 Fax: (606) 478-5109

Eric C. Conn  
Attorney at Law

John E. Hunt  
Attorney at Law

12/14/07  
DATE

Hon. D. B. Daugherty  
Administrative Law Judge  
Office of Hearings and Appeals  
301 Ninth Street, 2<sup>nd</sup> Floor Annex  
Huntington, WV 25701

RE: [REDACTED]

SSN: [REDACTED]

Dear Judge Daugherty:

Enclosed please find the following which I am respectfully submitting on behalf of the above-named claimant:

CONSULTATIVE EVALUATION DONE BY:  
BRAD ADKINS, Ph.D. ON 11/29/07.

Respectfully submitted,

12 PAGES TOTAL  
SENT BY FAX / EMAIL

ERIC C. CONN  
Attorney at Law

CLF025988



# PSYCHOLOGICAL EVALUATION

For Professional Use Only

NAME: [REDACTED] DATE OF EVALUATION: 11-29-07

ADDRESS: [REDACTED] DATE OF BIRTH: [REDACTED]

CHRONOLOGICAL AGE: [REDACTED] years

SSN: [REDACTED]

EXAMINER: Brad Adkins, Ph.D.

## TESTS ADMINISTERED:

Wechsler Adult Intelligence Scale – 3<sup>rd</sup> Edition (WAIS-III)

## REASON FOR REFERRAL:

The patient was referred for this evaluation by the law offices of Eric C. Conn in order to determine the presence and nature of psychopathology and to make recommendations regarding his treatment. The patient was informed that the standard rules of confidentiality apply to his evaluation, with the exception that this evaluation will be made available to the aforementioned law office. The amount of time consumed by this evaluation was 3.5 hours.

## BACKGROUND INFORMATION:

The patient, [REDACTED] is a [REDACTED]-year-old married [REDACTED], white male. He said that he had no physical problems. He currently takes Hydroxyzine as prescribed by a physician.

He has been receiving treatment at the [REDACTED] [REDACTED] Kentucky for the last two months. He went there briefly about two years ago also. He has been diagnosed with panic disorder and depression.

He does not have a history of suicidal or homicidal ideation. In his family of origin, his grandmother, his aunt, and mother have anxiety problems. He said he does not currently have any suicidal or homicidal ideation.

He began having panic attacks around the age of twenty-two. He has about two attacks per day on average. He said that being in public triggers his attacks.

He has been having problems with depression since his early 20's. He cries occasionally for no apparent reason. He sleeps poorly at night and tires easily during the day. His appetite fluctuates. He has a loss of interest in activities that were once enjoyable for him. He said that he feels worthless and hopeless.

In regard to activities of daily living:

- 1) He is able to perform outside chores.
- 2) He is able to perform inside chores.
- 3) He has no problems when performing toileting, hygiene maintenance, and grooming.
- 4) He has no problems when dressing.
- 5) He does have a driver's license.

He was raised by his biological mother and step-father. [REDACTED] [REDACTED] He said that he argues often with his mother. He does not have a good relationship with [REDACTED] [REDACTED] Corporal punishment was used as disciplinary measures in the home when he was growing up. He had no known problems with reaching developmental milestones.

He quit school [REDACTED] due to anxiety. His grades were usually a "C" average. [REDACTED] He had no significant behavioral problems while in school.

He has worked mostly in [REDACTED] He has worked less than one year. He was never terminated from any of his jobs.

He has been married [REDACTED] He is currently married and has been for two years. He said that the marriage is good. [REDACTED]

He does not have a history of substance abuse.

He does not have a history of arrests.

He does not have a history of abuse either as a victim or as a perpetrator.

#### **BEHAVIORAL OBSERVATIONS:**

The patient presented for the evaluation on time. His appearance and dress were appropriate for the testing situation. He appeared to be of average height and average weight. He was alert and oriented to person, place, and time. His affect was congruent with his stated level of anxiety. His immediate, recent, and remote memories were intact. Rapport was established easily. He was friendly and polite. He gave information freely. Eye contact was good. He was cooperative with testing and followed directions well.

#### **ESTIMATION OF TEST VALIDITY:**

The following test results were obtained from the patient during the administration of the WAIS-III. They appear to be a valid representation of his current level of intellectual functioning.

**TEST RESULTS:**

**WECHSLER ADULT INTELLIGENCE SCALE - THIRD EDITION**

	<b>VERBAL MEASURES</b>	<b>SCALED SCORE</b>
<b>Vocabulary:</b>	Language usage and accumulated verbal learning ability; related to educational experiences, range of ideas and acquired interests.	7 - Below Average
<b>Similarities:</b>	Verbal concept formation; requires logical abstract reasoning skills.	6 - Borderline
<b>Arithmetic:</b>	Numerical reasoning; speed of mental computation; requires attention and concentration.	8 - Average
<b>Digit Span:</b>	Immediate auditory memory requires concentration and attention.	6 - Borderline
<b>Information:</b>	General fund of cultural knowledge related to habitual, over-learned material; requires long-term memory and alertness to the environment.	7 - Below Average
<b>Comprehension:</b>	Practical knowledge and judgment in social situation; requires common sense.	5 - Borderline

**PERFORMANCE MEASURES:**

<b>Picture Completion:</b>	Visual conceptual ability; perception of the whole in relation to its parts; requires visual acuity, concentration, and attention to detail.	8 – Average
<b>Digit Symbol-Coding:</b>	Visual-motor speed and coordination when learning an unfamiliar task; requires attention, concentration, dexterity, speed, and short-term memory.	6 – Borderline
<b>Block Design:</b>	Nonverbal concept formation; requires perceptual organization, abstract conceptualization, and spatial analysis.	6 – Borderline
<b>Matrix Reasoning:</b>	Nonverbal abstract reasoning skills, requires visual information processing.	7 – Below Average
<b>Picture Arrangement:</b>	Ability to plan, interpret, and anticipate social events; related to cultural backgrounds; requires visual organization and perception.	6 – Borderline

	Score	Percentile	Confidence Interval
Verbal IQ Score:	79	8	75 - 85
Performance IQ Score:	78	7	73 - 86
Full Scale IQ Score:	77	6	73 - 82

### INTERPRETATIONS:

On the WAIS-III, he obtained a Full Scale IQ score of 77, (6th percentile), which places him in the Borderline range of intellectual functioning overall, however his true IQ score could range from as low as 73 to 82. He obtained a Verbal IQ score of 79, (8th percentile), which places him in the Borderline range of verbal intellectual functioning, however his true IQ score could range from as low as 75 to 85. He obtained a Performance IQ score of 78, (7th percentile), which places him in the Borderline range of non-verbal intellectual functioning, however his true IQ score could range from as low as 73 to 86. There is not a significant difference between the his Verbal and Performance IQ scores, which indicates that he performs as well on tasks that emphasize verbal abilities as on tasks that emphasize visual-spatial abilities.

### SUMMARY AND CONCLUSIONS:

The patient [REDACTED] is a [REDACTED]-year-old married [REDACTED] white male. He said that he had no physical problems. He currently takes Hydroxyzine as prescribed by a physician. He has been receiving treatment at the [REDACTED] [REDACTED] Kentucky for the last two months. He went there briefly about two years ago also. He has been diagnosed with panic disorder and depression. He does not have a history of suicidal or homicidal ideation. In his family of origin, his grandmother, his aunt, and mother have anxiety problems. He said he does not currently have any suicidal or homicidal ideation. He began having panic attacks around the age of twenty-two. He has about two attacks per day on average. He said that being in public triggers his attacks. He has been having problems with depression since his

early 20's. He cries occasionally for no apparent reason. He sleeps poorly at night and tires easily during the day. His appetite fluctuates. He has a loss of interest in activities that were once enjoyable for him. He said that he feels worthless and hopeless.

On the WAIS-III, he obtained a Full Scale IQ score of 77, (6th percentile), which places him in the Borderline range of intellectual functioning overall, however his true IQ score could range from as low as 73 to 82. He obtained a Verbal IQ score of 79, (8th percentile), which places him in the Borderline range of verbal intellectual functioning, however his true IQ score could range from as low as 75 to 85. He obtained a Performance IQ score of 78, (7th percentile), which places him in the Borderline range of non-verbal intellectual functioning, however his true IQ score could range from as low as 73 to 86.

#### DIAGNOSTIC IMPRESSIONS FROM DSM-IV:

- AXIS I: Major Depressive Disorder, Single Episode, Moderate  
Panic Disorder with Agoraphobia
- AXIS II: Borderline Intellectual Functioning
- AXIS III: General Medical Condition: N/A
- AXIS IV: Psychosocial and Environmental Problems: lack of financial  
income
- AXIS V: Current GAF: 53

#### PROGNOSIS:

prognosis for the next year is fair. With treatment that should include psychotherapy and psychiatric intervention, it would not be unreasonable to expect to see a fair amount of remediation of his anxiety symptoms. However, without treatment, this evaluator would not expect to see any significant amount of improvement.


**SUMMARY AND CONCLUSIONS:**

This evaluator believes that [REDACTED] could manage funds without assistance or restriction, if they were awarded to him.

**MEDICAL SOURCE STATEMENT:**

Based upon the observations and findings of this evaluation, the evaluator has the following opinions regarding Christopher's mental abilities.

- a. [REDACTED] appears to have at least an average ability to understand, retain, and follow instructions.
- b. [REDACTED] appears to have at least an average ability to perform simple, repetitive tasks.
- c. [REDACTED] appears to have at least an average ability to relate to others, including fellow workers and supervisors.
- d. [REDACTED] appears to have an impaired ability to adapt to the workplace, regarding his ability to tolerate the stress and pressures associated with day to day work activity.

  
Brad Adkins, Ph.D.  
Licensed Clinical Psychologist



**MEDICAL ASSESSMENT OF ABILITY TO DO WORK-RELATED ACTIVITIES (MENTAL)**

<b>Name</b>		<b>Social Security Number:</b>	
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To determine this individual's ability to do work-related activities on a day-to-day basis in a regular work setting, please give us an assessment – **BASED ON YOUR EXAMINATION** – of how the individual's mental/emotional capabilities are affected by the impairment(s). Consider the medical history, the chronicity of findings (or lack thereof), and the expected duration of any work-related limitations, but not the individual's age, sex or work experience.

**NOTE: THE FOLLOWING DEFINITIONS ARE DIFFERENT THAN THOSE USED PREVIOUSLY**

- 1 Describe the individual's ability to perform the activity according to the following terms.
  - Unlimited** - Ability to function in this area is not limited by a mental impairment.
  - Good** - Ability to function in this area is more than satisfactory.
  - Fair** - Ability to function in this area is limited but satisfactory.
  - Poor** - Ability to function in this area is seriously limited but not precluded.
  - None** - No useful ability to function in this area.

2 Identify the particular medical or clinical findings (i.e., mental status examination, behavior intelligence test results, and symptoms) which support your assessment of any limitations.

**IT IS IMPORTANT THAT YOUR ASSESSMENT BE BASED UPON THE OBJECTIVE MEDICAL EVIDENCE.**

**I. MAKING OCCUPATIONAL ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust to a job and complete item #9.

	Unlimited	Good	Fair	Poor	None
1. Follow Work Rules				X	
2. Relate to Co-Workers			X		
3. Deal with the Public			X		
4. Use Judgment			X		
5. Interact With Supervisor(s)			X		
6. Deal With Work Stresses				X	
7. Function Independently			X		
8. Maintain Attention/Concentration					X

9. Describe any limitations and include the medical/clinical findings that support this assessment.

**II. MAKING PERFORMANCE ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust to a job, and complete item #4.

	Unlimited	Good	Fair	Poor	None
1. Understand, remember and carry out complex job instructions.				X	
2. Understand, remember and carry out detailed, but not complex job instructions.			X		
3. Understand, remember and carry out simple job instructions.			X		

4. Describe any limitations and include the medical/clinical findings that support this assessment; e.g., intellectual ability, thought or organization, memory, comprehension, etc.

**III. MAKING PERSONAL/SOCIAL ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust personally and socially and complete item #5.

	Unlimited	Good	Fair	Poor	None
1. Maintain personal appearance.		X			
2. Behave in an emotionally stable manner.				X	
3. Related predictably in social situations.			X		
4. Demonstrate Reliability.				X	

5. Describe any limitations and include the medical/clinical findings that support this assessment.

IV. OTHER WORK-RELATED ACTIVITIES

V. CAPABILITY TO MANAGE BENEFITS

Can the individual manage benefits in his or her own best interest?

YES (X) NO ( )

*Bob A. Ph.D.*

\_\_\_\_\_  
SIGNATURE/TITLE/MEDICAL SPECIALITY

11-29-07

\_\_\_\_\_  
DATE

**ERIC C. CONN, P.S.C.**

12407 South U.S. 23, P.O. Box 308  
Starville, Kentucky 41659-0308  
Telephone: (606) 478-5100 Fax: (606) 478-5109

**Eric C. Conn  
Attorney at Law**

**John E. Hunt  
Attorney at Law**

12/14/07  
DATE

Hon D. B. Daugherty  
Administrative Law Judge  
Office of Hearings and Appeals  
301 Ninth Street, 2<sup>nd</sup> Floor Annex  
Huntington, WV 25701

RE: [REDACTED]

SSN: [REDACTED]

Dear Judge Daugherty:

Enclosed please find the following which I am respectfully submitting on behalf of the above-named claimant:

**CONSULTATIVE EVALUATION DONE BY:**  
**BRAD ADKINS, Ph.D. ON 11/29/07**

Respectfully submitted,

13 PAGES TOTAL  
SENT BY FAX / EMAIL

ERIC C. CONN  
Attorney at Law

# PSYCHOLOGICAL EVALUATION

## For Professional Use Only

NAME: [REDACTED] DATE OF EVALUATION: 11-29-07

ADDRESS: [REDACTED] DATE OF BIRTH: [REDACTED]

CHRONOLOGICAL AGE: [REDACTED] years

SSN: [REDACTED]

EXAMINER: Brad Adkins, Ph.D.

### TESTS ADMINISTERED:

Wechsler Adult Intelligence Scale -- 3<sup>rd</sup> Edition (WAIS-III)

### REASON FOR REFERRAL:

The patient was referred for this evaluation by the law offices of Eric C. Conn in order to determine the presence and nature of psychopathology and to make recommendations regarding his treatment. The patient was informed that the standard rules of confidentiality apply to his evaluation, with the exception that this evaluation will be made available to the aforementioned law office. The amount of time consumed by this evaluation was 3.5 hours.

### BACKGROUND INFORMATION:

The patient, [REDACTED] a [REDACTED]-year-old single, white male. He reports chronic pain in his back, but does not know what specifically is wrong with it. He currently takes Thorazine, Neurontin, and Ultram as prescribed by physician(s).

He experiences a level and frequency of pain that interferes with his ability to function. He experiences this level of significant pain on a daily basis. His level on pain, on average, is 7 on a scale of 0 to 10. He is not able to work due to the pain, by his report. He is not able to [REDACTED] etc. due to the pain. Both his sexual ability and level of sexual desire have decreased due to the pain.

He has been receiving mental health treatment from [REDACTED] Kentucky since 1988. He has been diagnosed with depression and anxiety.

He has attempted suicide on numerous occasions by cutting his wrists and overdosing. He has been psychiatrically hospitalized on several occasions. In his family of origin, his mother and father have depression. He said that he does not currently have a plan to commit suicide, but thinks of it often.

He described his usual mood as sad and anxious. His family and friends have told him that he is more irritable than he used to be. He worries about his health, finances, etc. He is having problems with attention and concentration. He has attempted to stop worrying but has not been successful. He becomes very nervous and upset when around others and in public.

In regard to activities of daily living:

- 1) He is not able to perform outside chores.
- 2) He is able to perform inside chores.
- 3) He has no problems when performing toileting, hygiene maintenance, and grooming.
- 4) He has no problems when dressing.
- 5) He never obtained a driver's license as he was "too nervous to drive".

He quit school [REDACTED] He said his grades were "D's" and "F's". He failed [REDACTED] grades. He was in remedial classes. He had some minor behavioral problems while in school.

He has worked [REDACTED] He has worked about two year's altogether.

He has never been married and he has [REDACTED] children.

He said he has been arrested about twenty times on alcohol charges. He has not had any alcohol in six years, by his report.

He does not have a history of abuse either as a victim or as a perpetrator.

#### **BEHAVIORAL OBSERVATIONS:**

The patient presented for the evaluation on time. His appearance and dress were appropriate for the testing situation. He appeared to be of average height and average weight. He was alert and oriented to person, place, and time. His affect was congruent with his stated level of anxiety. His immediate, recent, and remote memories were intact. Rapport was established easily. He was friendly and polite. He gave information freely. Eye contact was good. He was cooperative with testing and followed directions well.

#### **ESTIMATION OF TEST VALIDITY:**

The following test results were obtained from the patient during the administration of the WAIS-III. They appear to be a valid representation of his current level of intellectual functioning.

**TEST RESULTS:**

**WECHSLER ADULT INTELLIGENCE SCALE – THIRD EDITION**

	<b>VERBAL MEASURES</b>	<b>SCALED SCORE</b>
<b>Vocabulary:</b>	Language usage and accumulated verbal learning ability; related to educational experiences, range of ideas and acquired interests.	4 – Extremely Low
<b>Similarities:</b>	Verbal concept formation; requires logical abstract reasoning skills.	2 – Extremely Low
<b>Arithmetic:</b>	Numerical reasoning; speed of mental computation; requires attention and concentration.	5 – Borderline
<b>Digit Span:</b>	Immediate auditory memory requires concentration and attention.	5 – Borderline
<b>Information:</b>	General fund of cultural knowledge related to habitual, over-learned material; requires long-term memory and alertness to the environment.	4 – Extremely Low
<b>Comprehension:</b>	Practical knowledge and judgment in social situation; requires common sense.	6 – Borderline



**PERFORMANCE MEASURES:**

Picture Completion:	Visual conceptual ability; perception of the whole in relation to its parts; requires visual acuity, concentration, and attention to detail.	6 – Borderline
Digit Symbol-Coding:	Visual-motor speed and coordination when learning an unfamiliar task; requires attention, concentration, dexterity, speed, and short-term memory.	8 – Average
Block Design:	Nonverbal concept formation; requires perceptual organization, abstract conceptualization, and spatial analysis.	5 – Borderline
Matrix Reasoning:	Nonverbal abstract reasoning skills; requires visual information processing.	5 – Borderline
Picture Arrangement:	Ability to plan, interpret, and anticipate social events; related to cultural backgrounds; requires visual organization and perception.	4 – Extremely Low

	Score	Percentile	Confidence Interval
Verbal IQ Score:	66	1	62 - 72
Performance IQ Score:	73	4	68 - 81
Full Scale IQ Score:	66	1	63 - 71

### INTERPRETATIONS:

On the WAIS-III, he obtained a Full Scale IQ score of 66, (1st percentile), which places him in the Extremely Low range of intellectual functioning overall, however his true IQ score could range from as low as 63 to 71. He obtained a Verbal IQ score of 66, (1st percentile), which places him in the Extremely Low range of verbal intellectual functioning, however his true IQ score could range from as low as 62 to 72. He obtained a Performance IQ score of 73, (4th percentile), which places him in the Borderline range of non-verbal intellectual functioning, however his true IQ score could range from as low as 68 to 81. There is not a significant difference between the his Verbal and Performance IQ scores, which indicates that he performs as well on tasks that emphasize verbal abilities as on tasks that emphasize visual-spatial abilities.

### SUMMARY AND CONCLUSIONS:

The patient, [REDACTED] is a [REDACTED] year-old single, white male. He reports chronic pain in his back, but does not know what specifically is wrong with it. He currently takes Thorazine, Neurontin, and Ultram as prescribed by physician(s). He experiences a level and frequency of pain that interferes with his ability to function. He experiences this level of significant pain on a daily basis. His level on pain, on average, is 7 on a scale of 0 to 10. He is not able to work due to the pain, by his report. He is not able [REDACTED] etc. due to the pain. Both his sexual ability and level of sexual desire have decreased due to the pain. He has been receiving mental health treatment from [REDACTED] Kentucky since 1988. He has been diagnosed with depression and anxiety.

He has attempted suicide on numerous occasions by cutting his wrists and overdosing. He has been psychiatrically hospitalized on several occasions. In his family of origin, his mother and father have depression. He said that he does not currently have a plan to commit suicide, but thinks of it often. He described his usual mood as sad and anxious. His family and friends have told him that he is more irritable than he used to be. He worries about his health, finances, etc. He is having problems with attention and concentration. He has attempted to stop worrying but has not been successful. He becomes very nervous and upset when around others and in public.

On the WAIS-III, he obtained a Full Scale IQ score of 66, (1st percentile), which places him in the Extremely Low range of intellectual functioning overall, however his true IQ score could range from as low as 63 to 71. He obtained a Verbal IQ score of 66, (1st percentile), which places him in the Extremely Low range of verbal intellectual functioning, however his true IQ score could range from as low as 62 to 72. He obtained a Performance IQ score of 73, (4th percentile), which places him in the Borderline range of non-verbal intellectual functioning, however his true IQ score could range from as low as 68 to 81.

**DIAGNOSTIC IMPRESSIONS FROM DSM-IV:**

**AXIS I:** Major Depressive Disorder, Single Episode, Severe without  
Psychotic Features

Social Phobia

Pain Disorder Associated with Both Psychological Factors and a  
General Medical Condition

**AXIS II:** Borderline Intellectual Functioning

**AXIS III:** General Medical Condition: chronic back pain

**AXIS IV:** Psychosocial and Environmental Problems: lack of financial  
income

**AXIS V:** Current GAF: 53

**PROGNOSIS:**

Prognosis for the next year is fair. With treatment that should include psychotherapy and psychiatric intervention, it would not be unreasonable to expect to see a fair amount of remediation of his depression and anxiety symptoms. However, without treatment, this evaluator would not expect to see any significant amount of improvement.

**SUMMARY AND CONCLUSIONS:**

This evaluator believes that [redacted] could manage funds without assistance or restriction, if they were awarded to him.

**MEDICAL SOURCE STATEMENT:**

Based upon the observations and findings of this evaluation, the evaluator has the following opinions regarding [REDACTED] al abilities.

- a. [REDACTED] appears to have at least an average ability to understand, retain, and follow instructions.
- b. [REDACTED] appears to have at least an average ability to perform simple, repetitive tasks.
- c. [REDACTED] appears to have at least an average ability to relate to others, including fellow workers and supervisors.
- d. [REDACTED] appears to have an impaired ability to adapt to the workplace, regarding his ability to tolerate the stress and pressures associated with day to day work activity.



Brad Adkins, Ph.D.  
Licensed Clinical Psychologist

**MEDICAL ASSESSMENT OF ABILITY TO DO WORK-RELATED ACTIVITIES (MENTAL)**

<b>Name</b> [REDACTED]	<b>Social Security Number:</b> [REDACTED]	[REDACTED]
------------------------	---	------------

To determine this individual's ability to do work-related activities on a day-to-day basis in a regular work setting, please give us an assessment – **BASED ON YOUR EXAMINATION** – of how the individual's mental/emotional capabilities are affected by the impairment(s). Consider the medical history, the chronicity of findings (or lack thereof), and the expected duration of any work-related limitations, but not the individual's age, sex or work experience.

**NOTE: THE FOLLOWING DEFINITIONS ARE DIFFERENT THAN THOSE USED PREVIOUSLY**

1 Describe the individual's ability to perform the activity according to the following terms.

- Unlimited** - Ability to function in this area is not limited by a mental impairment.
- Good** - Ability to function in this area is more than satisfactory.
- Fair** - Ability to function in this area is limited but satisfactory.
- Poor** - Ability to function in this area is seriously limited but not precluded.
- None** - No useful ability to function in this area.

2 Identify the particular medical or clinical findings (i.e., mental status examination, behavior intelligence test results, and symptoms) which support your assessment of any limitations.

**IT IS IMPORTANT THAT YOUR ASSESSMENT BE BASED UPON THE OBJECTIVE MEDICAL EVIDENCE.**

**I. MAKING OCCUPATIONAL ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust to a job and complete item #9.

	Unlimited	Good	Fair	Poor	None
1. Follow Work Rules		X			
2. Relate to Co-Workers		X			
3. Deal with the Public				X	
4. Use Judgment			X		
5. Interact With Supervisor(s)		X			
6. Deal With Work Stresses				X	
7. Function Independently				X	
8. Maintain Attention/Concentration				X	

9. Describe any limitations and include the medical/clinical findings that support this assessment:

**II. MAKING PERFORMANCE ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust to a job, and complete item #4.

	Unlimited	Good	Fair	Poor	None
1. Understand, remember and carry out complex job instructions.				X	
2. Understand, remember and carry out detailed, but not complex job instructions.				X	
3. Understand, remember and carry out simple job instructions.			X		

4. Describe any limitations and include the medical/clinical findings that support this assessment; e.g., intellectual ability, thought or organization, memory, comprehension, etc.

**III. MAKING PERSONAL/SOCIAL ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust personally and socially and complete item #5.

	Unlimited	Good	Fair	Poor	None
1. Maintain personal appearance.			X		
2. Behave in an emotionally stable manner.			X		
3. Related predictably in social situations.			X		
4. Demonstrate Reliability.				X	

5. Describe any limitations and include the medical/clinical findings that support this assessment.

IV. OTHER WORK-RELATED ACTIVITIES

V. CAPABILITY TO MANAGE BENEFITS

Can the individual manage benefits in his or her own best interest?

YES (X) NO ( )

*B. J. Ph.D.*

\_\_\_\_\_  
SIGNATURE/TITLE/MEDICAL SPECIALITY

11-29-07

\_\_\_\_\_  
DATE



# PSYCHOLOGICAL EVALUATION

## For Professional Use Only

NAME: [REDACTED] DATE OF VALUATION: 12-06-07  
 ADDRESS: [REDACTED] DATE OF BIRTH: [REDACTED]  
 CHRONOLOGICAL AGE: [REDACTED] years SSN: [REDACTED]

EXAMINER: Brad Adkins, Ph.D.

### TESTS ADMINISTERED:

Wechsler Adult Intelligence Scale -- 3<sup>rd</sup> Edition (WAIS-III)

### REASON FOR REFERRAL:

The patient was referred for this evaluation by the law offices of Eric C. Conn in order to determine the presence and nature of psychopathology and to make recommendations regarding her treatment. She was informed that the standard rules of confidentiality apply to her evaluation, with the exception that this evaluation will be made available to the aforementioned law office. The amount of time consumed by this evaluation was 3.5 hours.

### BACKGROUND INFORMATION:

The patient, [REDACTED] a [REDACTED]-year-old single, white female. She has anorexia. She has scoliosis. She has mitral valve prolapse. She has exercise induced asthma. She was diagnosed with fetal alcohol syndrome at birth. She said, "my heart didn't beat for five months when she was carrying

Gibson, Crystal Rose  
Page 2

me." She currently takes Ketoprofen, Tramadol, and Flexeril as prescribed by a physician(s).

She experiences a level and frequency of pain that interferes with her ability to function. She experiences this level of significant pain on a daily basis. Her level of pain, on average, is a 10 on a scale of 0 to 10. She is not able to work due to the pain, by her reports. She is not able to walk far, run, and sit for long periods, etc. due to the pain. Both her sexual ability and level of sexual desire have decreased due to her heart problems.

She has a history of treatment at [REDACTED] in [REDACTED] Kentucky for about a year, ending about one year ago. She was diagnosed with anxiety and depression there.

She reports that she was diagnosed with anorexia at the age of five by a pediatrician and that it was caused by the use of Ritalin.

She does not have a history of suicidal or homicidal ideation. In her family of origin, she reports that her father has schizophrenia and bipolar disorder. Her mother has anxiety and depression problems. Her maternal grandmother has moderate retardation. Her brother has bipolar disorder, he is autistic, and has schizophrenia. She said that she does not currently have any suicidal or homicidal ideation.

She reported that she has been experiencing depression since the age of twelve. She cries frequently for no apparent reason. She sleeps poorly at night and tires easily during the day. Her appetite fluctuates. She has a loss of interest in activities that were once enjoyable for her. She said she feels worthless and hopeless.

In regard to activities of daily living:

- 1) Her ability to perform outside chores is impaired.
- 2) She lives with her mother. She helps her mother some with the inside chores.
- 3) She has no problems when performing toileting, hygiene maintenance, and grooming.
- 4) She has no difficulty when dressing.

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- 5) She does not have a driver's license.

She was raised by her mother [REDACTED]. She has a good relationship with her mother. Her father was rarely around and frequently drunk. She has [REDACTED]. Groundings were used as disciplinary measures in the home when she was growing up. She had delays in reaching all developmental milestones.

She graduated from high school in [REDACTED]. She graduated from [REDACTED] Kentucky. She was in [REDACTED]. She said she [REDACTED] twice. She said she is not able to read well now. She said, "I can't say big words". She had no significant behavioral problems while in school.

She has worked four days at [REDACTED]. She had to quit due to her heart problems.

She has never been married but she does have a boyfriend.

She does not have a history of substance abuse.

She does not have a history of arrests.

She does not have a history of abuse either as a victim or as a perpetrator.

#### BEHAVIORAL OBSERVATIONS:

The patient presented for the evaluation on time. Her appearance and dress were appropriate for the testing situation. She appeared to be of average height but she had a very small frame. She was alert and oriented to person, place, and time. Her affect was congruent with her stated level of anxiety. Her immediate, recent, and remote memories were intact. Rapport was established easily. She was friendly and polite. She gave information freely. Eye contact was good. She was cooperative with testing and followed directions well.

  
Page 4**ESTIMATION OF TEST VALIDITY:**

The following test results were obtained from the patient during the administration of the WAIS-III. They appear to be a valid representation of her current level of intellectual functioning.

**TEST RESULTS:****WECHSLER ADULT INTELLIGENCE SCALE - THIRD EDITION**

	VERBAL MEASURES	SCALED SCORE
Vocabulary:	Language usage and accumulated verbal learning ability; related to educational experiences, range of ideas and acquired interests.	4 - Extremely Low
Similarities:	Verbal concept formation; requires logical abstract reasoning skills.	4 - Extremely Low
Arithmetic:	Numerical reasoning; speed of mental computation; requires attention and concentration.	5 - Borderline
Digit Span:	Immediate auditory memory requires concentration and attention.	7 - Below Average
Information:	General fund of cultural knowledge related to habitual, over-learned material; requires long-term memory and alertness to the environment.	4 - Extremely Low

  
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Comprehension: Practical knowledge and judgment in social situation; requires common sense. 3 – Extremely Low

**PERFORMANCE MEASURES:**

Picture Completion: Visual conceptual ability; perception of the whole in relation to its parts; requires visual acuity, concentration, and attention to detail. 2 – Extremely Low

Digit Symbol-Coding: Visual-motor speed and coordination when learning an unfamiliar task; requires attention, concentration, dexterity, speed, and short-term memory. 5 – Borderline

Block Design: Nonverbal concept formation; requires perceptual organization, abstract conceptualization, and spatial analysis. 3 – Extremely Low

Matrix Reasoning: Nonverbal abstract reasoning skills, requires visual information processing. 2 – Extremely Low

Picture Arrangement: Ability to plan, interpret, and anticipate social events; related to cultural backgrounds; requires visual organization and perception. 4 – Extremely Low

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	Score	Percentile	Confidence Interval
Verbal IQ Score:	67	1	63 - 73
Performance IQ Score:	58	0.3	54 - 67
Full Scale IQ Score:	61	0.5	58 - 66

### INTERPRETATIONS:

On the WAIS-III, she obtained a Full Scale IQ score of 61, (0.5 percentile), which places her in the Extremely Low range of intellectual functioning overall, however her true IQ score could range from as low as 58 to 66. She obtained a Verbal IQ score of 67, (1st percentile), which places her in the Extremely Low range of verbal intellectual functioning, however her true IQ score could range from as low as 63 to 73. She obtained a Performance IQ score of 58, (0.3 percentile), which places her in the Extremely Low range of non-verbal intellectual functioning, however her true IQ score could range from as low as 54 to 67. There is not a significant difference between her Verbal and Performance IQ scores, which indicates that she performs as well on tasks that emphasize verbal abilities as on tasks that emphasize visual-spatial abilities.

### SUMMARY:

The patient, [REDACTED] is a [REDACTED]-year-old single, white female. She has anorexia. She has scoliosis. She has mitral valve prolapse. She has exercise induced asthma. She was diagnosed with fetal alcohol syndrome at birth. She said, "my heart didn't beat for five months when she was carrying me." She currently takes Ketoprofen, Tramadol, and Flexeril as prescribed by a physician(s). She experiences a level and frequency of pain that interferes with her ability to function. She experiences this level of significant pain on a daily basis. Her level of pain, on average, is a 10 on a scale of 0 to 10. She is not able to work due to the pain, by her reports, She is not able to walk far, run, and sit for long periods, etc. due to the pain. Both her sexual ability and level of sexual desire have decreased due to her heart problems. She has a history of treatment at Mountain Comprehensive Care Center in



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Prestonsburg, Kentucky for about a year, ending about one year ago. She was diagnosed with anxiety and depression there. She reports that she was diagnosed with anorexia at the age of five by a pediatrician and that it was caused by the use of Ritalin. She does not have a history of suicidal or homicidal ideation. In her family of origin, she reports that her father has schizophrenia and bipolar disorder. Her mother has anxiety and depression problems. Her maternal grandmother has moderate retardation. Her brother has bipolar disorder, he is autistic, and has schizophrenia. She said that she does not currently have any suicidal or homicidal ideation. She reported that she has been experiencing depression since the age of twelve. She cries frequently for no apparent reason. She sleeps poorly at night and tires easily during the day. Her appetite fluctuates. She has a loss of interest in activities that were once enjoyable for her. She said she feels worthless and hopeless.

On the WAIS-III, she obtained a Full Scale IQ score of 61, (0.5 percentile), which places her in the Extremely Low range of intellectual functioning overall, however her true IQ score could range from as low as 58 to 66. She obtained a Verbal IQ score of 67, (1st percentile), which places her in the Extremely Low range of verbal intellectual functioning, however her true IQ score could range from as low as 63 to 73. She obtained a Performance IQ score of 58, (0.3 percentile), which places her in the Extremely Low range of non-verbal intellectual functioning, however her true IQ score could range from as low as 54 to 67.



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**DIAGNOSTIC IMPRESSIONS FROM DSM-IV:**

- AXIS I: Major Depressive Disorder, Single Episode, Mild  
Pain Disorder Associated with Both Psychological Factors and a General Medical Condition
- AXIS II: R/O Mild Mental Retardation
- AXIS III: General Medical Condition: anorexia; scoliosis; mitral valve prolapse; alcohol syndrome
- AXIS IV: Psychosocial and Environmental Problems: lack of financial income
- AXIS V: Current GAF: 49

**PROGNOSIS:**

prognosis for the next year is fair. With treatment that should include psychotherapy and psychiatric intervention, it would not be unreasonable to expect to see a fair amount of remediation of her depression symptoms. However, without treatment, this evaluator would not expect to see any significant amount of improvement.

**CONCLUSIONS:**

This evaluator believes that could manage funds without assistance or restriction, if they were awarded to her.

**MEDICAL SOURCE STATEMENT:**

Based upon the observations and findings of this evaluation, the evaluator has the following opinions regarding mental abilities.





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- a. [redacted] appears to have at least an average ability to understand, retain, and follow instructions.
- b. [redacted] appears to have at least an average ability to perform simple, repetitive tasks.
- c. [redacted] appears to have at least an average ability to relate to others, including fellow workers and supervisors.
- d. [redacted] appears to have an impaired ability to adapt to the workplace, regarding her ability to tolerate the stress and pressures associated with day to day work activity.

A handwritten signature in cursive script that reads "Brad Adkins, Ph.D.".

Brad Adkins, Ph.D.

Licensed Clinical Psychologist

**MEDICAL ASSESSMENT OF ABILITY TO DO WORK-RELATED ACTIVITIES (MENTAL)**

<b>Name</b>		<b>Social Security Number:</b>	
-------------	--	--------------------------------	--

To determine this individual's ability to do work-related activities on a day-to-day basis in a regular work setting, please give us an assessment – **BASED ON YOUR EXAMINATION** – of how the individual's mental/emotional capabilities are affected by the impairment(s). Consider the medical history, the chronicity of findings (or lack thereof), and the expected duration of any work-related limitations, but not the individual's age, sex or work experience.

**NOTE: THE FOLLOWING DEFINITIONS ARE DIFFERENT THAN THOSE USED PREVIOUSLY**

- 1 Describe the individual's ability to perform the activity according to the following terms.
  - Unlimited** - Ability to function in this area is not limited by a mental impairment.
  - Good** - Ability to function in this area is more than satisfactory.
  - Fair** - Ability to function in this area is limited but satisfactory.
  - Poor** - Ability to function in this area is seriously limited but not precluded.
  - None** - No useful ability to function in this area.
- 2 Identify the particular medical or clinical findings (i.e., mental status examination, behavior intelligence test results, and symptoms) which support your assessment of any limitations.

**IT IS IMPORTANT THAT YOUR ASSESSMENT BE BASED UPON THE OBJECTIVE MEDICAL EVIDENCE.**

**I. MAKING OCCUPATIONAL ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust to a job and complete item #9.

	Unlimited	Good	Fair	Poor	None
1. Follow Work Rules		X			
2. Relate to Co-Workers		X			
3. Deal with the Public				X	
4. Use Judgment			X		
5. Interact With Supervisor(s)		X			
6. Deal With Work Stresses				X	
7. Function Independently			X		
8. Maintain Attention/Concentration				X	

9. Describe any limitations and include the medical/clinical findings that support this assessment.

**II. MAKING PERFORMANCE ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust to a job, and complete item #4.

	Unlimited	Good	Fair	Poor	None
1. Understand, remember and carry out complex job instructions.				X	
2. Understand, remember and carry out detailed, but not complex job instructions.				X	
3. Understand, remember and carry out simple job instructions.			X		

4. Describe any limitations and include the medical/clinical findings that support this assessment; e.g., intellectual ability, thought or organization, memory, comprehension, etc.

**III. MAKING PERSONAL/SOCIAL ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust personally and socially and complete item #5.

	Unlimited	Good	Fair	Poor	None
1. Maintain personal appearance.		X			
2. Behave in an emotionally stable manner.			X		
3. Related predictably in social situations.			X		
4. Demonstrate Reliability.				X	

5. Describe any limitations and include the medical/clinical findings that support this assessment.

IV. OTHER WORK-RELATED ACTIVITIES

V. CAPABILITY TO MANAGE BENEFITS

Can the individual manage benefits in his or her own best interest?

YES (X) NO ( )

B. J. Ph.D.  
SIGNATURE/TITLE/MEDICAL SPECIALITY

12-6-07  
DATE

# PSYCHOLOGICAL EVALUATION

## For Professional Use Only

NAME:

[REDACTED]

DATE OF EVALUATION:

12-06-07

ADDRESS:

[REDACTED]

DATE OF BIRTH:

[REDACTED]

CHRONOLOGICAL AGE:

[REDACTED]

years

SSN:

[REDACTED]

EXAMINER: Brad Adkins, Ph.D.

### SOURCES OF INFORMATION:

Clinical Interview

[REDACTED]

brought him to the interview.

### REASON FOR REFERRAL:

The patient was referred for this evaluation by the law offices of Eric C. Conn in order to determine the presence and nature of psychopathology and to make recommendations regarding his treatment. The patient was informed that the standard rules of confidentiality apply to his evaluation, with the exception that this evaluation will be made available to the aforementioned law office. The amount of time consumed by this evaluation was 3.5 hours.

### BACKGROUND INFORMATION:

The patient, [REDACTED] is a [REDACTED]-year-old single, white male. He reports that he has hypertension and poor vision. He currently takes Lisinopril, Desmospressin, and Celexa as prescribed by a physician(s).

[REDACTED]  
Page 2

He has been going to [REDACTED] Kentucky for about two years. He has been diagnosed with depression there.

He reports that he gestured suicide in February of 2006. He obtained a gun, but decided not to do it. He gestured the suicide attempt due to harassment by his peers and being told he should commit suicide by other children. In his family of origin, his mother had mood problems. He said that he does not currently have any suicidal or homicidal ideation.

He said he can remember being sad since his mother dies when he was five. His symptoms worsened when his grandmother died. He sleeps poorly at night and tires easily during the day. He cries occasionally for no apparent reason. His appetite fluctuates. He has a loss of interest in things that were once pleasurable for him. He said that he feels hopeless.

In regard to activities of daily living:

- (1) He has no problems in performing outside chores.
- (2) He has no problems in performing inside chores.
- (3) He has no problems when performing toileting, hygiene maintenance, and grooming.
- (4) He has no problems with dressing.
- (5) He does not have a driver's license.

He is being raised by his maternal [REDACTED] His mother passed away when he was five. His father has not had anything to do with him. He has one brother. Corporal punishment is used occasionally as disciplinary measures in the home. He had no known problems in reaching developmental milestones.

He is currently in the [REDACTED] He has not failed any grades. He does not have a history of remedial classes. He reports his grades were usually "B's" and "C's", but have dropped somewhat lately. He attributes this to being harassed frequently by his peers due to his size and his clothing.

He does not have a history of substance abuse.

[REDACTED]  
Page 5

He does not have a history of arrests.

He does not have a history of abuse either as a victim or as a perpetrator.

#### BEHAVIORAL OBSERVATIONS:

The patient presented for the evaluation on time. His appearance and dress were appropriate for the testing situation. He was quite tall and brawny for his age. He was alert and oriented to person, place, and time. His affect was congruent with his stated level of anxiety. His immediate, recent, and remote memories were intact. Rapport was established easily. He was friendly and polite. He gave information freely. Eye contact was good. He was cooperative with testing and followed directions well.

#### SUMMARY AND CONCLUSIONS:

The patient, [REDACTED], is a 14-year-old single, white male. He reports that he has hypertension and poor vision. He currently takes Lisinopril, Desmopressin, and Celexa as prescribed by a physician(s). He has been going to [REDACTED] Kentucky for about two years. He has been diagnosed with depression there. He reports that he gestured suicide in February of 2006. He obtained a gun, but decided not to do it. He gestured the suicide attempt due to harassment by his peers and being told he should commit suicide by other children. In his family of origin, his mother had mood problems. He said that he does not currently have any suicidal or homicidal ideation. He said he can remember being sad since his mother dies when he was five. His symptoms worsened when his grandmother died. He sleeps poorly at night and tires easily during the day. He cries occasionally for no apparent reason. His appetite fluctuates. He has a loss of interest in things that were once pleasurable for him. He said that he feels hopeless.



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**DIAGNOSTIC IMPRESSIONS FROM DSM-IV:**

AXIS I: Major Depressive Disorder, Single Episode, Severe without Psychotic Features


AXIS II: No Diagnosis

AXIS III: General Medical Condition: hypertension; poor vision


AXIS IV: Psychosocial and Environmental Problems: lack of financial income

AXIS V:-- Current GAF: 52

**PROGNOSIS:**

 prognosis for the next year is fair. With treatment that should include psychotherapy and psychiatric intervention, it would not be unreasonable to expect to see a fair amount of remediation of his depression symptoms. However, without treatment, this evaluator would not expect to see any significant amount of improvement.

**CONCLUSIONS:**

This evaluator believes that, due to his age,  could not manage funds without assistance or restriction, if they were awarded to him.



Brad Adkins, Ph.D.  
Licensed Clinical Psychologist



**MEDICAL ASSESSMENT OF ABILITY TO DO WORK-RELATED ACTIVITIES (MENTAL)**

<b>Name</b>		<b>Social Security Number:</b>	
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To determine this individual's ability to do work-related activities on a day-to-day basis in a regular work setting, please give us an assessment – **BASED ON YOUR EXAMINATION** – of how the individual's mental/emotional capabilities are affected by the impairment(s). Consider the medical history, the chronicity of findings (or lack thereof), and the expected duration of any work-related limitations, but not the individual's age, sex or work experience.

**NOTE: THE FOLLOWING DEFINITIONS ARE DIFFERENT THAN THOSE USED PREVIOUSLY**

1 Describe the individual's ability to perform the activity according to the following terms.

- Unlimited**     -     **Ability to function in this area is not limited by a mental impairment.**
- Good**         -     **Ability to function in this area is more than satisfactory.**
- Fair**           -     **Ability to function in this area is limited but satisfactory.**
- Poor**          -     **Ability to function in this area is seriously limited but not precluded.**
- None**         -     **No useful ability to function in this area.**

2 Identify the particular medical or clinical findings (i.e., mental status examination, behavior intelligence test results, and symptoms) which support your assessment of any limitations.

**IT IS IMPORTANT THAT YOUR ASSESSMENT BE BASED UPON THE OBJECTIVE MEDICAL EVIDENCE.**

**I. MAKING OCCUPATIONAL ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust to a job and complete item #9.

	Unlimited	Good	Fair	Poor	None
1. Follow Work Rules		X			
2. Relate to Co-Workers		X			
3. Deal with the Public				X	
4. Use Judgment			X		
5. Interact With Supervisor(s)		X			
6. Deal With Work Stresses				X	
7. Function Independently			X		
8. Maintain Attention/Concentration				X	

9. Describe any limitations and include the medical/clinical findings that support this assessment.

**II. MAKING PERFORMANCE ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust to a job, and complete item #4.

	Unlimited	Good	Fair	Poor	None
1. Understand, remember and carry out complex job instructions.				X	
2. Understand, remember and carry out detailed, but not complex job instructions.				X	
3. Understand, remember and carry out simple job instructions.			X		

4. Describe any limitations and include the medical/clinical findings that support this assessment; e.g., intellectual ability, thought or organization, memory, comprehension, etc.

**III. MAKING PERSONAL/SOCIAL ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust personally and socially and complete item #5.

	Unlimited	Good	Fair	Poor	None
1. Maintain personal appearance.		X			
2. Behave in an emotionally stable manner.			X		
3. Related predictably in social situations.			X		
4. Demonstrate Reliability.				X	

5. Describe any limitations and include the medical/clinical findings that support this assessment.

IV. OTHER WORK-RELATED ACTIVITIES

V. CAPABILITY TO MANAGE BENEFITS

Can the individual manage benefits in his or her own best interest?

YES (X) NO ( )

*B. J. Ph.D.*  
SIGNATURE/TITLE/MEDICAL SPECIALITY

12-6-07  
DATE

**Eric C. Conn, P.S.C.**

Attorney at Law  
12407 South U.S. 23 P.O. Box 308  
Stanville, KY 41659-0308  
Telephone (606) 478-5100 Fax (606) 478-5109

ERIC C. CONN

ATTORNEY AT LAW



ATTORNEY AT LAW

12/14/07

Hon. Judge Daugherty  
Office of Disability Adjudication and Review  
Second Floor Annex  
301 Ninth Street  
Huntington, WV 25701

RE: 

SSN: 

Dear Sir/Madam:

Enclosed please find the following which I am respectfully submitting on behalf of the above-named claimant:

CONSULTATIVE EVALUATION DONE BY:  
BRAD ADKINS, Ph.D. ON 12/06/07

       PAGES TOTAL  
SENT BY FAX / EMAIL

Respectfully submitted,

ERIC C. CONN  
Attorney at Law

CLF027757

# PSYCHOLOGICAL EVALUATION

## For Professional Use Only

NAME: [REDACTED] DATE OF EVALUATION: 12-06-07

ADDRESS: [REDACTED] DATE OF BIRTH: [REDACTED]

CHRONOLOGICAL AGE: 35 years SSN: [REDACTED]

EXAMINER: Brad Adkins, Ph.D.

### TESTS ADMINISTERED:

Wechsler Adult Intelligence Scale - 3<sup>rd</sup> Edition (WAIS-III)

### REASON FOR REFERRAL:

The patient was referred for this evaluation by the law offices of Eric C. Conn in order to determine the presence and nature of psychopathology and to make recommendations regarding his treatment. The patient was informed that the standard rules of confidentiality apply to his evaluation, with the exception that this evaluation will be made available to the aforementioned law office. The amount of time consumed by this evaluation was 3.5 hours.

### BACKGROUND INFORMATION:

The patient, [REDACTED] is a [REDACTED]-year-old single, white male. He reports that he has no known physical problems. He currently takes Tegretol, and Vistaril as prescribed by [REDACTED], Kentucky.

ADKINS  
12/13/07

[REDACTED]

Page 2

He has had mental health treatment all of his life. Re reported that he was [REDACTED]. He was psychiatrically hospitalized one time due to suicidal gestures and attempts. He was diagnosed with depression and anxiety at [REDACTED].

He said that he does not currently have any suicidal or homicidal ideation.

He has been experiencing depression symptoms since his childhood rape. He cries frequently for no apparent reason. He sleeps poorly at night and fatigues easily during the day. His appetite fluctuates. He has a loss of interest in activities that were once pleasurable for him. He said that he feels worthless and hopeless.

He does not like being around people. He is easily offended by references to homosexuals because he believes they are all perpetrators. He has nightmares and recurrent thoughts [REDACTED]. He is hyper vigilant [REDACTED]. He has dread when he sees [REDACTED].

In regard to activities of daily living:

- 1) He has no problems performing outside chores.
- 2) He has no problems performing inside chores.
- 3) He has no problems when performing toileting, hygiene maintenance, and grooming.
- 4) He has no problems when dressing.
- 5) He does have a driver's license.

His father was physically abusive to him. His mother was verbally abusive to him. He lived in several foster homes while he was growing up. He has six siblings. He had no known problems with reaching developmental milestones.

He was [REDACTED] throughout school. He was expelled [REDACTED] grade due to fighting. His grades in remedial classes were about a "C" average.

[REDACTED]  
Page 3

He worked as a [REDACTED] for about five years.

He has never been married. He currently has a fiancé. He has [REDACTED]  
[REDACTED]

He does not have a history of substance abuse.

He has a history for child support non-payment. He was arrested one time for assault and battery after being provoked, by his report.

#### BEHAVIORAL OBSERVATIONS:

The patient presented for the evaluation on time. His appearance and dress were appropriate for the testing situation. He appeared to be of average height and average weight. He was quiet spoken. He appeared to be apprehensive at first. He was alert and oriented to person, place, and time. His affect was congruent with his stated level of anxiety. His immediate, recent, and remote memories were intact. Rapport was established easily. He was friendly and polite. He gave information freely. Eye contact was good. He was cooperative with testing and followed directions well.

#### ESTIMATION OF TEST VALIDITY:

The following test results were obtained from the patient during the administration of the WAIS-III. They appear to be a valid representation of his current level of intellectual functioning.



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TEST RESULTS:

WECHSLER ADULT INTELLIGENCE SCALE - THIRD EDITION

	VERBAL MEASURES	SCALED SCORE
Vocabulary:	Language usage and accumulated verbal learning ability; related to educational experiences, range of ideas and acquired interests.	5 - Borderline
Similarities:	Verbal concept formation; requires logical abstract reasoning skills.	7 - Below Average
Arithmetic:	Numerical reasoning; speed of mental computation; requires attention and concentration.	4 - Extremely Low
Digit Span:	Immediate auditory memory requires concentration and attention.	6 - Borderline
Information:	General fund of cultural knowledge related to habitual, over-learned material; requires long-term memory and alertness to the environment.	4 - Extremely Low
Comprehension:	Practical knowledge and judgment in social situation; requires common sense.	4 - Extremely Low





**PERFORMANCE MEASURES:**

Picture Completion:	Visual-conceptual ability; perception of the whole in relation to its parts; requires visual acuity, concentration, and attention to detail.	7 - Below Average
Digit Symbol-Coding:	Visual-motor speed and coordination when learning an unfamiliar task; requires attention, concentration, dexterity, speed, and short-term memory.	7 - Below Average
Block Design:	Nonverbal concept formation; requires perceptual organization, abstract conceptualization, and spatial analysis.	5 - Borderline
Matrix Reasoning:	Nonverbal abstract reasoning skills, requires visual information processing.	4 - Extremely Low
Picture Arrangement:	Ability to plan, interpret, and anticipate social events; related to cultural backgrounds; requires visual organization and perception.	4 - Extremely Low



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	Score	Percentile	Confidence Interval
Verbal IQ Score:	70	2	66 - 76
Performance IQ Score:	72	3	67 - 80
Full Scale IQ Score:	68	2	65 - 73

**INTERPRETATIONS:**

On the WAIS-III, he obtained a Full Scale IQ score of 68, (2nd percentile), which places him in the Extremely Low range of intellectual functioning overall, however his true IQ score could range from as low as 65 to 73. He obtained a Verbal IQ score of 70, (2nd percentile), which places him in the Borderline range of verbal intellectual functioning, however his true IQ score could range from as low as 66 to 76. He obtained a Performance IQ score of 72, (3rd percentile), which places him in the Borderline range of non-verbal intellectual functioning, however his true IQ score could range from as low as 67 to 80. There is not a significant difference between the his Verbal and Performance IQ scores, which indicates that he performs as well on tasks that emphasize verbal abilities as on tasks that emphasize visual-spatial abilities.

**SUMMARY AND CONCLUSIONS:**

The patient [redacted] is a [redacted]-year-old single, white male. He reports that he has no known physical problems. He currently takes Tegerol and Vistaril as prescribed by [redacted] Kentucky. He has had mental health treatment all of his life. Re reported that he was [redacted] He threatened his life if he told anyone. He was psychiatrically hospitalized one time due to suicidal gestures and attempts. He was diagnosed with depression and anxiety at [redacted] He said that he does not currently have any suicidal or homicidal ideation. He has been experiencing depression symptoms since his [redacted] He cries frequently for no apparent reason. He sleeps poorly at night and fatigues



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easily during the day. His appetite fluctuates. He has a loss of interest in activities that were once pleasurable for him. He said that he feels worthless and hopeless. He does not like being around people. He is easily offended by references to [REDACTED] He has nightmares and recurrent thoughts [REDACTED] He is hyper vigilant to [REDACTED] He has dread when [REDACTED]

On the WAIS-III, he obtained a Full Scale IQ score of 68, (2nd percentile), which places him in the Extremely Low range of intellectual functioning overall, however his true IQ score could range from as low as 65 to 73. He obtained a Verbal IQ score of 70, (2nd percentile), which places him in the Borderline range of verbal intellectual functioning, however his true IQ score could range from as low as 66 to 76. He obtained a Performance IQ score of 72, (3rd percentile), which places him in the Borderline range of non-verbal intellectual functioning, however his true IQ score could range from as low as 67 to 80.

**DIAGNOSTIC IMPRESSIONS FROM DSM-IV:**

AXIS I: Major Depressive Disorder, Single Episode, Severe without Psychotic Features

Post-Traumatic Stress Disorder

AXIS II: Borderline Intellectual Functioning

Borderline Personality Disorder

AXIS III: General Medical Condition: N/A

AXIS IV: Psychosocial and Environmental Problems: lack of financial income

AXIS V: Current GAF: 48



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**PROGNOSIS:**

██████████ prognosis for the next year is fair. With treatment that should include psychotherapy and psychiatric intervention, it would not be unreasonable to expect to see a fair amount of remediation of his depression symptoms. However, without treatment, this evaluator would not expect to see any significant amount of improvement.

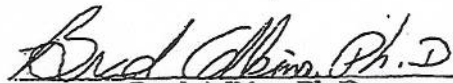
**SUMMARY AND CONCLUSIONS:**

This evaluator believes that ██████████ could manage funds without assistance or restriction, if they were awarded to him.

**MEDICAL SOURCE STATEMENT:**

Based upon the observations and findings of this evaluation, the evaluator has the following opinions regarding ██████████ mental abilities.

- a. ██████████ appears to have at least an average ability to understand, retain, and follow instructions.
- b. ██████████ appears to have at least an average ability to perform simple, repetitive tasks.
- c. ██████████ appears to have at least an average ability to relate to others, including fellow workers and supervisors.
- d. ██████████ appears to have an impaired ability to adapt to the workplace, regarding his ability to tolerate the stress and pressures associated with day to day work activity.

  
Brad Adkins, Ph.D.  
Licensed Clinical Psychologist

CLF027765

**MEDICAL ASSESSMENT OF ABILITY TO DO WORK-RELATED ACTIVITIES (MENTAL)**

<b>Name</b>		<b>Social Security Number:</b>	
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To determine this individual's ability to do work-related activities on a day-to-day basis in a regular work setting, please give us an assessment – **BASED ON YOUR EXAMINATION** – of how the individual's mental/emotional capabilities are affected by the impairment(s). Consider the medical history, the chronicity of findings (or lack thereof), and the expected duration of any work-related limitations, but not the individual's age, sex or work experience.

**NOTE: THE FOLLOWING DEFINITIONS ARE DIFFERENT THAN THOSE USED PREVIOUSLY**

1 Describe the individual's ability to perform the activity according to the following terms.

- Unlimited** - Ability to function in this area is not limited by a mental impairment.
- Good** - Ability to function in this area is more than satisfactory.
- Fair** - Ability to function in this area is limited but satisfactory.
- Poor** - Ability to function in this area is seriously limited but not precluded.
- None** - No useful ability to function in this area.

2 Identify the particular medical or clinical findings (i.e., mental status examination, behavior intelligence test results, and symptoms) which support your assessment of any limitations.

**IT IS IMPORTANT THAT YOUR ASSESSMENT BE BASED UPON THE OBJECTIVE MEDICAL EVIDENCE.**

**I. MAKING OCCUPATIONAL ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust to a job and complete item #9.

	Unlimited	Good	Fair	Poor	None
1. Follow Work Rules		X			
2. Relate to Co-Workers		X			
3. Deal with the Public				X	
4. Use Judgment			X		
5. Interact With Supervisor(s)		X			
6. Deal With Work Stresses				X	
7. Function Independently				X	
8. Maintain Attention/Concentration				X	

9. Describe any limitations and include the medical/clinical findings that support this assessment.

**II. MAKING PERFORMANCE ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust to a job, and complete item #4.

	Unlimited	Good	Fair	Poor	None
1. Understand, remember and carry out complex job instructions.				X	
2. Understand, remember and carry out detailed, but not complex job instructions.				X	
3. Understand, remember and carry out simple job instructions.			X		

4. Describe any limitations and include the medical/clinical findings that support this assessment; e.g., intellectual ability, thought or organization, memory, comprehension, etc.

**III. MAKING PERSONAL/SOCIAL ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust personally and socially and complete item #5.

	Unlimited	Good	Fair	Poor	None
1. Maintain personal appearance.			X		
2. Behave in an emotionally stable manner.			X		
3. Related predictably in social situations.			X		
4. Demonstrate Reliability.				X	

5. Describe any limitations and include the medical/clinical findings that support this assessment.

IV. OTHER WORK-RELATED ACTIVITIES

V. CAPABILITY TO MANAGE BENEFITS

Can the individual manage benefits in his or her own best interest?

YES (X) NO ( )

*B. A. Ph.D.*  
SIGNATURE/TITLE/MEDICAL SPECIALITY

12-6-07  
DATE

# PSYCHOLOGICAL EVALUATION

For Professional Use Only

NAME: [REDACTED]

DATE OF EVALUATION: 12-06-07

ADDRESS: [REDACTED]

DATE OF BIRTH: [REDACTED]

CHRONOLOGICAL AGE: [REDACTED] years

SSN: [REDACTED]

EXAMINER: Brad Adkins, Ph.D.

### TESTS ADMINISTERED:

Wechsler Adult Intelligence Scale -- 3<sup>rd</sup> Edition (WAIS-III)

### REASON FOR REFERRAL:

The patient was referred for this evaluation by the law offices of Eric C. Conn in order to determine the presence and nature of psychopathology and to make recommendations regarding his treatment. The patient was informed that the standard rules of confidentiality apply to his evaluation, with the exception that this evaluation will be made available to the aforementioned law office. The amount of time consumed by this evaluation was 3.5 hours.

### BACKGROUND INFORMATION:

The patient [REDACTED] a [REDACTED]-year-old married [REDACTED] white male. He reported that he has no known physical problems. He currently takes Effexor, Ambien, Neurontin, and Remeron as prescribed by [REDACTED] psychiatrist in [REDACTED] West Virginia.



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He is currently seeing [REDACTED] psychologist in Huntington, West Virginia, for therapy, and [REDACTED] for medication. He has been seeing them for over five years. He has been diagnosed with depression and social problems.

He does not have a history of suicide attempts. However, he has considered it to the point that he had himself admitted to [REDACTED] in [REDACTED] West Virginia. In his family or origin, there are no known substance abuse problems or mental health problems. He said that he does not currently have any suicidal or homicidal ideation.

He reports that his problems with depression began about five years ago. He thinks that the depression symptoms may be related to his two divorces. [REDACTED] first wife [REDACTED] and moved to [REDACTED]. He cries frequently for no apparent reason. He sleeps poorly at night and tires easily during the day. His appetite fluctuates. He has a loss of interest in activities that were once pleasurable for him. He said that he feels worthless and hopeless.

He reports that he prefers not to socialize. He does not like to leave home. He buys essentials at hours when others are not about. He worries what others will think/say about him. His family and friends have told him that he is more irritable than he used to be. He is having problems with attention and concentration. He has attempted to stop worrying but has not been successful.

In regard to activities of daily living:

- 1) He has no problems performing outside chores.
- 2) He has no problems with performing inside chores.
- 3) He has no problems when performing toileting, hygiene maintenance, and grooming.
- 4) He has no problems when dressing.
- 5) He does have a driver's license.

[REDACTED]  
Page 3

He was raised by his maternal grandparents. His mother died [REDACTED]

[REDACTED] Corporal punishment was used as disciplinary measures in the home when he was growing up. He had no known problems with reaching developmental milestones.

He graduated from high school [REDACTED]. He reports that his grades were quite good. He obtained an Associate's Degree in [REDACTED]. He had no significant behavioral problems while in school.

He worked for [REDACTED] for twenty-six years. He reports that his final position was as a [REDACTED]. He was never terminated from any of his jobs.

He has been married [REDACTED]. He is currently divorced and has been for about fifteen years. He has no current romantic interests. He has four children.

He does not have a history of substance abuse.

He does not have a history of arrests.

He does not have a history of abuse either as a victim or as a perpetrator.

#### **BEHAVIORAL OBSERVATIONS:**

The patient presented for the evaluation on time. His appearance and dress were appropriate for the testing situation. He appeared to be of average height and average weight. He was tearful during the interview. He was alert and oriented to person, place, and time. His affect was congruent with his stated level of anxiety. His immediate, recent, and remote memories were intact. Rapport was established easily. He was friendly and polite. He gave information freely. Eye contact was good. He was cooperative with testing and followed directions well.

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### ESTIMATION OF TEST VALIDITY:

The following test results were obtained from the patient during the administration of the WAIS-III. They appear to be a valid representation of his current level of intellectual functioning.

### TEST RESULTS:

#### WECHSLER ADULT INTELLIGENCE SCALE - THIRD EDITION

	VERBAL MEASURES	SCALED SCORE
Vocabulary:	Language usage and accumulated verbal learning ability; related to educational experiences, range of ideas and acquired interests.	11 - Average
Similarities:	Verbal concept formation; requires logical abstract reasoning skills.	9 - Average
Arithmetic:	Numerical reasoning; speed of mental computation; requires attention and concentration.	9 - Average
Digit Span:	Immediate auditory memory requires concentration and attention.	10 - Average



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**Information:** General fund of cultural knowledge related to habitual, over-learned material; requires long-term memory and alertness to the environment. 12 - Average

**Comprehension:** Practical knowledge and judgment in social situation; requires common sense. 9 - Average

**PERFORMANCE MEASURES:**

**Picture Completion:** Visual conceptual ability; perception of the whole in relation to its parts; requires visual acuity, concentration, and attention to detail. 9 - Average

**Digit Symbol-Coding:** Visual-motor speed and coordination when learning an unfamiliar task; requires attention, concentration, dexterity, speed, and short-term memory. 7 - Below Average

**Block Design:** Nonverbal concept formation; requires perceptual organization, abstract conceptualization, and spatial analysis. 11 - Average



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Matrix Reasoning: Nonverbal abstract reasoning skills, requires visual information processing. 8 - Average

Picture Arrangement: Ability to plan, interpret, and anticipate social events; related to cultural backgrounds; requires visual organization and perception. 10 - Average

	Score	Percentile	Confidence Interval
Verbal IQ Score:	99	47	94 - 104
Performance IQ Score:	92	30	86 - 99
Full Scale IQ Score:	97	42	93 - 101

**INTERPRETATIONS:**

On the WAIS-III, he obtained a Full Scale IQ score of 97, (42nd percentile), which places him in the Average range of intellectual functioning overall, however his true IQ score could range from as low as 93 to 101. He obtained a Verbal IQ score of 99, (47th percentile), which places him in the Average range of verbal intellectual functioning, however his true IQ score could range from as low as 94 to 104. He obtained a Performance IQ score of 92, (30th percentile), which places him in the Average range of non-verbal intellectual functioning, however his true IQ score could range from as low as 86 to 99. There is not a significant difference between the his Verbal and Performance IQ scores, which indicates that he performs as well on tasks that emphasize verbal abilities as on tasks that emphasize visual-spatial abilities.

[REDACTED]

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### SUMMARY AND CONCLUSIONS:

The patient, [REDACTED], is a [REDACTED]-year-old married times two, white male. He reported that he has no known physical problems. He currently takes Effexor, Ambien, Neurontin, and Remeron as prescribed by [REDACTED] a psychiatrist in Huntington, West Virginia. He is currently seeing [REDACTED] a psychologist in Huntington, West Virginia, for therapy, and [REDACTED] for medication. He has been seeing them for over five years. He has been diagnosed with depression and social problems. He does not have a history of suicide attempts. However, he has considered it to the point that he had himself admitted to [REDACTED] in Huntington, West Virginia. In his family or origin, there are no known substance abuse problems or mental health problems. He said that he does not currently have any suicidal or homicidal ideation. He reports that his problems with depression began about five years ago. He thinks that the depression symptoms may be related to his two divorces. [REDACTED]

[REDACTED] He cries frequently for no apparent reason. He sleeps poorly at night and tires easily during the day. His appetite fluctuates. He has a loss of interest in activities that were once pleasurable for him. He said that he feels worthless and hopeless. He reports that he prefers not to socialize. He does not like to leave home. He buys essentials at hours when others are not about. He worries what others will think/say about him. His family and friends have told him that he is more irritable than he used to be. He is having problems with attention and concentration. He has attempted to stop worrying but has not been successful.

On the WAIS-III, he obtained a Full Scale IQ score of 97, (42nd percentile), which places him in the Average range of intellectual functioning overall, however his true IQ score could range from as low as 93 to 101. He obtained a Verbal IQ score of 99, (47th percentile), which places him in the Average range of verbal intellectual functioning, however his true IQ score could range from as low as 94 to 104. He obtained a Performance IQ score of 92, (30th percentile), which places him in the Average range of non-verbal intellectual functioning, however his true IQ score could range from as low as 86 to 99.

CLF028610



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**DIAGNOSTIC IMPRESSIONS FROM DSM-IV:**

AXIS I: Major Depressive Disorder, Single Episode, Moderate  
Social Phobia

AXIS II: No Diagnosis

AXIS III: General Medical Condition: N/A

AXIS IV: Psychosocial and Environmental Problems: lack of financial  
income

AXIS V: Current GAF: 53

**PROGNOSIS:**

prognosis for the next year is fair. With treatment that should include psychotherapy and psychiatric intervention, it would not be unreasonable to expect to see a fair amount of remediation of his depression symptoms. However, without treatment, this evaluator would not expect to see any significant amount of improvement.

**SUMMARY AND CONCLUSIONS:**

This evaluator believes that [redacted] could manage funds without assistance or restriction, if they were awarded to him.

**MEDICAL SOURCE STATEMENT:**

Based upon the observations and findings of this evaluation, the evaluator has the following opinions regarding [redacted] mental abilities.



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- a. [redacted] appears to have at least an average ability to understand, retain, and follow instructions.
- b. [redacted] appears to have at least an average ability to perform simple, repetitive tasks.
- c. [redacted] appears to have at least an average ability to relate to others, including fellow workers and supervisors.
- d. [redacted] appears to have an impaired ability to adapt to the workplace, regarding his ability to tolerate the stress and pressures associated with day to day work activity.

Brad Adkins, Ph.D.  
Licensed Clinical Psychologist



**MEDICAL ASSESSMENT OF ABILITY TO DO WORK-RELATED ACTIVITIES (MENTAL)**

<b>Name</b>		<b>Social Security Number:</b>	
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To determine this individual's ability to do work-related activities on a day-to-day basis in a regular work setting, please give us an assessment – **BASED ON YOUR EXAMINATION** – of how the individual's mental/emotional capabilities are affected by the impairment(s). Consider the medical history, the chronicity of findings (or lack thereof), and the expected duration of any work-related limitations, but not the individual's age, sex or work experience.

**NOTE: THE FOLLOWING DEFINITIONS ARE DIFFERENT THAN THOSE USED PREVIOUSLY**

1 Describe the individual's ability to perform the activity according to the following terms.

- Unlimited** - Ability to function in this area is not limited by a mental impairment.
- Good** - Ability to function in this area is more than satisfactory.
- Fair** - Ability to function in this area is limited but satisfactory.
- Poor** - Ability to function in this area is seriously limited but not precluded.
- None** - No useful ability to function in this area.

2 Identify the particular medical or clinical findings (i.e., mental status examination, behavior intelligence test results, and symptoms) which support your assessment of any limitations.

**IT IS IMPORTANT THAT YOUR ASSESSMENT BE BASED UPON THE OBJECTIVE MEDICAL EVIDENCE.**

**I. MAKING OCCUPATIONAL ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust to a job and complete item #9.

	Unlimited	Good	Fair	Poor	None
1. Follow Work Rules			X		
2. Relate to Co-Workers			X		
3. Deal with the Public			X		
4. Use Judgment				X	
5. Interact With Supervisor(s)			X		
6. Deal With Work Stresses					X
7. Function Independently				X	
8. Maintain Attention/Concentration				X	

9. Describe any limitations and include the medical/clinical findings that support this assessment.

**II. MAKING PERFORMANCE ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust to a job, and complete item #4.

	Unlimited	Good	Fair	Poor	None
1. Understand, remember and carry out complex job instructions.					X
2. Understand, remember and carry out detailed, but not complex job instructions.				X	
3. Understand, remember and carry out simple job instructions.				X	

4. Describe any limitations and include the medical/clinical findings that support this assessment; e.g., intellectual ability, thought or organization, memory, comprehension, etc.

**III. MAKING PERSONAL/SOCIAL ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust personally and socially and complete item #5.

	Unlimited	Good	Fair	Poor	None
1. Maintain personal appearance.			X		
2. Behave in an emotionally stable manner.			X		
3. Related predictably in social situations.			X		
4. Demonstrate Reliability.				X	

i. Describe any limitations and include the medical/clinical findings that support this assessment.



**MEDICAL ASSESSMENT OF ABILITY TO DO WORK-RELATED ACTIVITIES (MENTAL)**

<b>Name</b>		<b>Social Security Number:</b>	
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To determine this individual's ability to do work-related activities on a day-to-day basis in a regular work setting, please give us an assessment – **BASED ON YOUR EXAMINATION** – of how the individual's mental/emotional capabilities are affected by the impairment(s). Consider the medical history, the chronicity of findings (or lack thereof), and the expected duration of any work-related limitations, but not the individual's age, sex or work experience.

**NOTE: THE FOLLOWING DEFINITIONS ARE DIFFERENT THAN THOSE USED PREVIOUSLY**

1 Describe the individual's ability to perform the activity according to the following terms.

- Unlimited** - Ability to function in this area is not limited by a mental impairment.
- Good** - Ability to function in this area is more than satisfactory.
- Fair** - Ability to function in this area is limited but satisfactory.
- Poor** - Ability to function in this area is seriously limited but not precluded.
- None** - No useful ability to function in this area.

2. Identify the particular medical or clinical findings (i.e., mental status examination, behavior intelligence test results, and symptoms) which support your assessment of any limitations.

**IT IS IMPORTANT THAT YOUR ASSESSMENT BE BASED UPON THE OBJECTIVE MEDICAL EVIDENCE.**

**I. MAKING OCCUPATIONAL ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust to a job and complete item #9.

	Unlimited	Good	Fair	Poor	None
1. Follow Work Rules			X		
2. Relate to Co-Workers			X		
3. Deal with the Public				X	
4. Use Judgment				X	
5. Interact With Supervisor(s)			X		
6. Deal With Work Stresses		X			
7. Function Independently			X		
8. Maintain Attention/Concentration				X	

9. Describe any limitations and include the medical/clinical findings that support this assessment.

**II. MAKING PERFORMANCE ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust to a job, and complete item #4.

	Unlimited	Good	Fair	Poor	None
1. Understand, remember and carry out complex job instructions.				X	
2. Understand, remember and carry out detailed, but not complex job instructions.			X		
3. Understand, remember and carry out simple job instructions.			X		

4. Describe any limitations and include the medical/clinical findings that support this assessment; e.g., intellectual ability, thought or organization, memory, comprehension, etc.

**III. MAKING PERSONAL/SOCIAL ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust personally and socially and complete item #5.

	Unlimited	Good	Fair	Poor	None
1. Maintain personal appearance.		X			
2. Behave in an emotionally stable manner.			X		
3. Related predictably in social situations.			X		
4. Demonstrate Reliability.				X	

5. Describe any limitations and include the medical/clinical findings that support this assessment.

IV. OTHER WORK-RELATED ACTIVITIES

V. CAPABILITY TO MANAGE BENEFITS

Can the individual manage benefits in his or her own best interest?

YES (X) NO ( )

  
\_\_\_\_\_  
SIGNATURE/TITLE/MEDICAL SPECIALITY

6/26/08  
\_\_\_\_\_  
DATE

**MEDICAL ASSESSMENT OF ABILITY TO DO WORK-RELATED ACTIVITIES (MENTAL)**

<b>Name</b>		<b>Social Security Number:</b>	
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To determine this individual's ability to do work-related activities on a day-to-day basis in a regular work setting, please give us an assessment – **BASED ON YOUR EXAMINATION** – of how the individual's mental/emotional capabilities are affected by the impairment(s). Consider the medical history, the chronicity of findings (or lack thereof), and the expected duration of any work-related limitations, but not the individual's age, sex or work experience.

**NOTE: THE FOLLOWING DEFINITIONS ARE DIFFERENT THAN THOSE USED PREVIOUSLY**

1 Describe the individual's ability to perform the activity according to the following terms:

- Unlimited**     -     **Ability to function in this area is not limited by a mental impairment.**
- Good**         -     **Ability to function in this area is more than satisfactory.**
- Fair**           -     **Ability to function in this area is limited but satisfactory.**
- Poor**          -     **Ability to function in this area is seriously limited but not precluded.**
- None**         -     **No useful ability to function in this area.**

2 Identify the particular medical or clinical findings (i.e., mental status examination, behavior intelligence test results, and symptoms) which support your assessment of any limitations.

**IT IS IMPORTANT THAT YOUR ASSESSMENT BE BASED UPON THE OBJECTIVE MEDICAL EVIDENCE.**

**I. MAKING OCCUPATIONAL ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust to a job and complete item #9.

	Unlimited	Good	Fair	Poor	None
1. Follow Work Rules				X	
2. Relate to Co-Workers			X		
3. Deal with the Public			X		
4. Use Judgment			X		
5. Interact With Supervisor(s)			X		
6. Deal With Work Stresses				X	
7. Function Independently			X		
8. Maintain Attention/Concentration					X

9. Describe any limitations and include the medical/clinical findings that support this assessment.

**II. MAKING PERFORMANCE ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust to a job, and complete item #4.

	Unlimited	Good	Fair	Poor	None
1. Understand, remember and carry out complex job instructions.				X	
2. Understand, remember and carry out detailed, but not complex job instructions.			X		
3. Understand, remember and carry out simple job instructions.			X		

4. Describe any limitations and include the medical/clinical findings that support this assessment; e.g., intellectual ability, thought or organization, memory, comprehension, etc.

**III. MAKING PERSONAL/SOCIAL ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust personally and socially and complete item #5.

	Unlimited	Good	Fair	Poor	None
1. Maintain personal appearance.		X			
2. Behave in an emotionally stable manner.				X	
3. Related predictably in social situations.			X		
4. Demonstrate Reliability.				X	

5. Describe any limitations and include the medical/clinical findings that support this assessment.



IV. OTHER WORK-RELATED ACTIVITIES

V. CAPABILITY TO MANAGE BENEFITS

Can the individual manage benefits in his or her own best interest?

YES (X) NO ( )

  
SIGNATURE/TITLE/MEDICAL SPECIALITY

9/28/07  
DATE

**MEDICAL ASSESSMENT OF ABILITY TO DO WORK-RELATED ACTIVITIES (MENTAL)**

<b>Name</b>		<b>Social Security Number:</b>	
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To determine this individual's ability to do work-related activities on a day-to-day basis in a regular work setting, please give us an assessment – **BASED ON YOUR EXAMINATION** – of how the individual's mental/emotional capabilities are affected by the impairment(s). Consider the medical history, the chronicity of findings (or lack thereof), and the expected duration of any work-related limitations, but not the individual's age, sex or work experience.

**NOTE: THE FOLLOWING DEFINITIONS ARE DIFFERENT THAN THOSE USED PREVIOUSLY**

1 Describe the individual's ability to perform the activity according to the following terms.

- Unlimited** - Ability to function in this area is not limited by a mental impairment.
- Good** - Ability to function in this area is more than satisfactory.
- Fair** - Ability to function in this area is limited but satisfactory.
- Poor** - Ability to function in this area is seriously limited but not precluded.
- None** - No useful ability to function in this area.

2 Identify the particular medical or clinical findings (i.e., mental status examination, behavior intelligence test results, and symptoms) which support your assessment of any limitations.

**IT IS IMPORTANT THAT YOUR ASSESSMENT BE BASED UPON THE OBJECTIVE MEDICAL EVIDENCE.**

**I. MAKING OCCUPATIONAL ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust to a job and complete item #9.

	Unlimited	Good	Fair	Poor	None
1. Follow Work Rules				X	
2. Relate to Co-Workers			X		
3. Deal with the Public			X		
4. Use Judgment			X		
5. Interact With Supervisor(s)			X		
6. Deal With Work Stresses				X	
7. Function Independently			X		
8. Maintain Attention/Concentration					X

9. Describe any limitations and include the medical/clinical findings that support this assessment.

**II. MAKING PERFORMANCE ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust to a job, and complete item #4.

	Unlimited	Good	Fair	Poor	None
1. Understand, remember and carry out complex job instructions.				X	
2. Understand, remember and carry out detailed, but not complex job instructions.			X		
3. Understand, remember and carry out simple job instructions.			X		

4. Describe any limitations and include the medical/clinical findings that support this assessment; e.g., intellectual ability, thought or organization, memory, comprehension, etc.

**III. MAKING PERSONAL/SOCIAL ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust personally and socially and complete item #5.

	Unlimited	Good	Fair	Poor	None
1. Maintain personal appearance.		X			
2. Behave in an emotionally stable manner.				X	
3. Related predictably in social situations.			X		
4. Demonstrate Reliability.				X	

5. Describe any limitations and include the medical/clinical findings that support this assessment.

IV. OTHER WORK-RELATED ACTIVITIES

V. CAPABILITY TO MANAGE BENEFITS

Can the individual manage benefits in his or her own best interest?

YES (X) NO ( )

Bred Albino, Ph.D.  
SIGNATURE/TITLE/MEDICAL SPECIALITY

9-28-07  
DATE

# **RFC Version #1**

**MEDICAL ASSESSMENT OF ABILITY TO DO WORK-RELATED ACTIVITIES (MENTAL)**

Name		Social Security Number:	
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To determine this individual's ability to do work-related activities on a day-to-day basis in a regular work setting, please give us an assessment – **BASED ON YOUR EXAMINATION** – of how the individual's mental/emotional capabilities are affected by the impairment(s). Consider the medical history, the chronicity of findings (or lack thereof), and the expected duration of any work-related limitations, but not the individual's age, sex or work experience.

**NOTE: THE FOLLOWING DEFINITIONS ARE DIFFERENT THAN THOSE USED PREVIOUSLY**

1. Describe the individual's ability to perform the activity according to the following terms.

- Unlimited** - Ability to function in this area is not limited by a mental impairment.
- Good** - Ability to function in this area is more than satisfactory.
- Fair** - Ability to function in this area is limited but satisfactory.
- Poor** - Ability to function in this area is seriously limited but not precluded.
- None** - No useful ability to function in this area.

2. Identify the particular medical or clinical findings (i.e., mental status examination, behavior intelligence test results, and symptoms) which support your assessment of any limitations.

**IT IS IMPORTANT THAT YOUR ASSESSMENT BE BASED UPON THE OBJECTIVE MEDICAL EVIDENCE.**

**I. MAKING OCCUPATIONAL ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust to a job and complete item #9.

	Unlimited	Good	Fair	Poor	None
1. Follow Work Rules		X			
2. Relate to Co-Workers		X			
3. Deal with the Public				X	
4. Use Judgment			X		
5. Interact With Supervisor(s)		X			
6. Deal With Work Stresses				X	
7. Function Independently			X		
8. Maintain Attention/Concentration				X	

9. Describe any limitations and include the medical/clinical findings that support this assessment.

**II. MAKING PERFORMANCE ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust to a job, and complete item #4.

	Unlimited	Good	Fair	Poor	None
1. Understand, remember and carry out complex job instructions.				X	
2. Understand, remember and carry out detailed, but not complex job instructions.				X	
3. Understand, remember and carry out simple job instructions.			X		

4. Describe any limitations and include the medical/clinical findings that support this assessment; e.g., intellectual ability, thought or organization, memory, comprehension, etc.

**III. MAKING PERSONAL/SOCIAL ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust personally and socially and complete item #5.

	Unlimited	Good	Fair	Poor	None
1. Maintain personal appearance.		X			
2. Behave in an emotionally stable manner.			X		
3. Related predictably in social situations.			X		
4. Demonstrate Reliability.				X	

5. Describe any limitations and include the medical/clinical findings that support this assessment.

IV. OTHER WORK-RELATED ACTIVITIES

V. CAPABILITY TO MANAGE BENEFITS

Can the individual manage benefits in his or her own best interest?

YES (X) NO ( )

B. J. D.  
SIGNATURE/TITLE/MEDICAL SPECIALITY

7/15/08  
DATE



## **RFC Version #2**

**MEDICAL ASSESSMENT OF ABILITY TO DO WORK-RELATED ACTIVITIES (MENTAL)**

<b>Name</b> [REDACTED]	<b>Social Security Number:</b> [REDACTED]
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To determine this individual's ability to do work-related activities on a day-to-day basis in a regular work setting, please give us an assessment – **BASED ON YOUR EXAMINATION** – of how the individual's mental/emotional capabilities are affected by the impairment(s). Consider the medical history, the chronicity of findings (or lack thereof), and the expected duration of any work-related limitations, but not the individual's age, sex or work experience.

**NOTE: THE FOLLOWING DEFINITIONS ARE DIFFERENT THAN THOSE USED PREVIOUSLY**

1 Describe the individual's ability to perform the activity according to the following terms.

- Unlimited** - Ability to function in this area is not limited by a mental impairment.
- Good** - Ability to function in this area is more than satisfactory.
- Fair** - Ability to function in this area is limited but satisfactory.
- Poor** - Ability to function in this area is seriously limited but not precluded.
- None** - No useful ability to function in this area.

2 Identify the particular medical or clinical findings (i.e., mental status examination, behavior intelligence test results, and symptoms) which support your assessment of any limitations.

**IT IS IMPORTANT THAT YOUR ASSESSMENT BE BASED UPON THE OBJECTIVE MEDICAL EVIDENCE.**

**I. MAKING OCCUPATIONAL ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust to a job and complete item #9.

	Unlimited	Good	Fair	Poor	None
1. Follow Work Rules		X			
2. Relate to Co-Workers		X			
3. Deal with the Public				X	
4. Use Judgment			X		
5. Interact With Supervisor(s)		X			
6. Deal With Work Stresses				X	
7. Function Independently				X	
8. Maintain Attention/Concentration				X	

9. Describe any limitations and include the medical/clinical findings that support this assessment.

**II. MAKING PERFORMANCE ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust to a job, and complete item #4.

	Unlimited	Good	Fair	Poor	None
1. Understand, remember and carry out complex job instructions.				X	
2. Understand, remember and carry out detailed, but not complex job instructions.				X	
3. Understand, remember and carry out simple job instructions.			X		

4. Describe any limitations and include the medical/clinical findings that support this assessment; e.g., intellectual ability, thought or organization, memory, comprehension, etc.

**III. MAKING PERSONAL/SOCIAL ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust personally and socially and complete item #5.

	Unlimited	Good	Fair	Poor	None
1. Maintain personal appearance.			X		
2. Behave in an emotionally stable manner.			X		
3. Related predictably in social situations.			X		
4. Demonstrate Reliability.				X	

5. Describe any limitations and include the medical/clinical findings that support this assessment.

**IV. OTHER WORK-RELATED ACTIVITIES**

State any other work-related activities, which are affected by the impairment, and indicate how the activities are affected. What are the medical/clinical findings that support this assessment.

**V. CAPABILITY TO MANAGE BENEFITS**

Can the individual manage benefits in his or her own best interest?

YES () NO ()

SIGNATURE/TITLE  
And DATE *Brend A., Ph.D.* 7/13/07

MEDICAL SPECIALITY Psychology

## **RFC Version #3**

**MEDICAL ASSESSMENT OF ABILITY TO DO WORK-RELATED ACTIVITIES (MENTAL)**

<b>Name</b>		<b>Social Security Number:</b>	
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To determine this individual's ability to do work-related activities on a day-to-day basis in a regular work setting, please give us an assessment – **BASED ON YOUR EXAMINATION** – of how the individual's mental/emotional capabilities are affected by the impairment(s). Consider the medical history, the chronicity of findings (or lack thereof), and the expected duration of any work-related limitations, but not the individual's age, sex or work experience.

**NOTE: THE FOLLOWING DEFINITIONS ARE DIFFERENT THAN THOSE USED PREVIOUSLY**

1 Describe the individual's ability to perform the activity according to the following terms.

- Unlimited** - Ability to function in this area is not limited by a mental impairment.
- Good** - Ability to function in this area is more than satisfactory.
- Fair** - Ability to function in this area is limited but satisfactory.
- Poor** - Ability to function in this area is seriously limited but not precluded.
- None** - No useful ability to function in this area.

2 Identify the particular medical or clinical findings (i.e., mental status examination, behavior intelligence test results, and symptoms) which support your assessment of any limitations.

**IT IS IMPORTANT THAT YOUR ASSESSMENT BE BASED UPON THE OBJECTIVE MEDICAL EVIDENCE.**

**I. MAKING OCCUPATIONAL ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust to a job and complete item #9.

	Unlimited	Good	Fair	Poor	None
1. Follow Work Rules				X	
2. Relate to Co-Workers			X		
3. Deal with the Public			X		
4. Use Judgment			X		
5. Interact With Supervisor(s)			X		
6. Deal With Work Stresses				X	
7. Function Independently			X		
8. Maintain Attention/Concentration					X

9. Describe any limitations and include the medical/clinical findings that support this assessment.

**II. MAKING PERFORMANCE ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust to a job, and complete item #4.

	Unlimited	Good	Fair	Poor	None
1. Understand, remember and carry out complex job instructions.				X	
2. Understand, remember and carry out detailed, but not complex job instructions.			X		
3. Understand, remember and carry out simple job instructions.			X		

4. Describe any limitations and include the medical/clinical findings that support this assessment; e.g., intellectual ability, thought or organization, memory, comprehension, etc.

**III. MAKING PERSONAL/SOCIAL ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust personally and socially and complete item #5.

	Unlimited	Good	Fair	Poor	None
1. Maintain personal appearance.		X			
2. Behave in an emotionally stable manner.				X	
3. Related predictably in social situations.			X		
4. Demonstrate Reliability.				X	

5. Describe any limitations and include the medical/clinical findings that support this assessment.

IV. OTHER WORK-RELATED ACTIVITIES

V. CAPABILITY TO MANAGE BENEFITS

Can the individual manage benefits in his or her own best interest?

YES (X) NO ( )

*Bob A. Ph.D.*

\_\_\_\_\_  
SIGNATURE/TITLE/MEDICAL SPECIALITY

11-29-07

\_\_\_\_\_  
DATE



## **RFC Version #4**

**MEDICAL ASSESSMENT OF ABILITY TO DO WORK-RELATED ACTIVITIES (MENTAL)**

<b>Name</b>		<b>Social Security Number:</b>	
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To determine this individual's ability to do work-related activities on a day-to-day basis in a regular work setting, please give us an assessment – **BASED ON YOUR EXAMINATION** – of how the individual's mental/emotional capabilities are affected by the impairment(s). Consider the medical history, the chronicity of findings (or lack thereof), and the expected duration of any work-related limitations, but not the individual's age, sex or work experience.

**NOTE: THE FOLLOWING DEFINITIONS ARE DIFFERENT THAN THOSE USED PREVIOUSLY**

- 1 Describe the individual's ability to perform the activity according to the following terms.
  - Unlimited** - Ability to function in this area is not limited by a mental impairment.
  - Good** - Ability to function in this area is more than satisfactory.
  - Fair** - Ability to function in this area is limited but satisfactory.
  - Poor** - Ability to function in this area is seriously limited but not precluded.
  - None** - No useful ability to function in this area.
  
- 2 Identify the particular medical or clinical findings (i.e., mental status examination, behavior intelligence test results, and symptoms) which support your assessment of any limitations.

**IT IS IMPORTANT THAT YOUR ASSESSMENT BE BASED UPON THE OBJECTIVE MEDICAL EVIDENCE.**

**I. MAKING OCCUPATIONAL ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust to a job and complete item #9.

	Unlimited	Good	Fair	Poor	None
1. Follow Work Rules			X		
2. Relate to Co-Workers			X		
3. Deal with the Public			X		
4. Use Judgment				X	
5. Interact With Supervisor(s)			X		
6. Deal With Work Stresses					X
7. Function Independently				X	
8. Maintain Attention/Concentration				X	

9. Describe any limitations and include the medical/clinical findings that support this assessment.

**II. MAKING PERFORMANCE ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust to a job, and complete item #4.

	Unlimited	Good	Fair	Poor	None
1. Understand, remember and carry out complex job instructions.					X
2. Understand, remember and carry out detailed, but not complex job instructions.				X	
3. Understand, remember and carry out simple job instructions.				X	

4. Describe any limitations and include the medical/clinical findings that support this assessment; e.g., intellectual ability, thought or organization, memory, comprehension, etc.

**III. MAKING PERSONAL/SOCIAL ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust personally and socially and complete item #5.

	Unlimited	Good	Fair	Poor	None
1. Maintain personal appearance.			X		
2. Behave in an emotionally stable manner.			X		
3. Related predictably in social situations.			X		
4. Demonstrate Reliability.				X	

5. Describe any limitations and include the medical/clinical findings that support this assessment.

IV. OTHER WORK-RELATED ACTIVITIES

V. CAPABILITY TO MANAGE BENEFITS

Can the individual manage benefits in his or her own best interest?

YES (X) NO ( )



\_\_\_\_\_  
SIGNATURE/TITLE/MEDICAL SPECIALITY

10/10/2010

\_\_\_\_\_  
DATE

**RFC Version #5**

**MEDICAL ASSESSMENT OF ABILITY TO DO WORK-RELATED ACTIVITIES (MENTAL)**

<b>Name</b>		<b>Social Security Number:</b>	
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To determine this individual's ability to do work-related activities on a day-to-day basis in a regular work setting, please give us an assessment – **BASED ON YOUR EXAMINATION** – of how the individual's mental/emotional capabilities are affected by the impairment(s). Consider the medical history, the chronicity of findings (or lack thereof), and the expected duration of any work-related limitations, but not the individual's age, sex or work experience.

**NOTE: THE FOLLOWING DEFINITIONS ARE DIFFERENT THAN THOSE USED PREVIOUSLY**

- 1 Describe the individual's ability to perform the activity according to the following terms.
  - Unlimited** - Ability to function in this area is not limited by a mental impairment.
  - Good** - Ability to function in this area is more than satisfactory.
  - Fair** - Ability to function in this area is limited but satisfactory.
  - Poor** - Ability to function in this area is seriously limited but not precluded.
  - None** - No useful ability to function in this area.
  
- 2 Identify the particular medical or clinical findings (i.e., mental status examination, behavior intelligence test results, and symptoms) which support your assessment of any limitations.

**IT IS IMPORTANT THAT YOUR ASSESSMENT BE BASED UPON THE OBJECTIVE MEDICAL EVIDENCE.**

**I. MAKING OCCUPATIONAL ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust to a job and complete item #9.

	Unlimited	Good	Fair	Poor	None
1. Follow Work Rules			X		
2. Relate to Co-Workers			X		
3. Deal with the Public				X	
4. Use Judgment				X	
5. Interact With Supervisor(s)			X		
6. Deal With Work Stresses		X			
7. Function Independently			X		
8. Maintain Attention/Concentration				X	

9. Describe any limitations and include the medical/clinical findings that support this assessment.

**II. MAKING PERFORMANCE ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust to a job, and complete item #4.

	Unlimited	Good	Fair	Poor	None
1. Understand, remember and carry out complex job instructions.				X	
2. Understand, remember and carry out detailed, but not complex job instructions.			X		
3. Understand, remember and carry out simple job instructions.			X		

4. Describe any limitations and include the medical/clinical findings that support this assessment; e.g., intellectual ability, thought or organization, memory, comprehension, etc.

**III. MAKING PERSONAL/SOCIAL ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust personally and socially and complete item #5.

	Unlimited	Good	Fair	Poor	None
1. Maintain personal appearance.		X			
2. Behave in an emotionally stable manner.			X		
3. Related predictably in social situations.			X		
4. Demonstrate Reliability.				X	

5. Describe any limitations and include the medical/clinical findings that support this assessment.





## PSYCHOLOGICAL EVALUATION

### For Professional Use Only

NAME: [REDACTED] DATE OF EVALUATION: 09-01-10

ADDRESS: [REDACTED] DATE OF BIRTH: [REDACTED]

CHRONOLOGICAL AGE: [REDACTED] years SSN: [REDACTED]

EXAMINER: Brad Adkins, Ph.D.

#### TESTS ADMINISTERED:

Wechsler Adult Intelligence Scale – 4th Edition (WAIS-IV)

#### REASON FOR REFERRAL:

The patient was referred for this evaluation by the law offices of Eric C. Conn in order to determine the presence and nature of psychopathology and to make recommendations regarding his treatment. The patient was informed that the standard rules of confidentiality apply to his evaluation, with the exception that this evaluation will be made available to the aforementioned law office. The amount of time consumed by this evaluation was 3.5 hours.

#### BACKGROUND INFORMATION:

The patient, [REDACTED] [REDACTED], a [REDACTED]-year-old married, white male. He has disk deterioration in his back and neck. He has numbness in his right leg. He has had knee surgery. He has pain and weakness in his shoulder. He has carpal tunnel in his wrist. He has high blood pressure. He has high cholesterol. He has headaches from muscle cramps in his neck. He has tendonitis in his

██████████  
Page 2

elbow. He currently takes Plomax, Nexium, Niaspan, Zolof, Kadian, Effexor and Aspirin as prescribed by his physician(s).

He experiences a level and frequency of pain that interferes with his ability to function. He experiences this level of significant pain on a daily basis. His level on pain, on average, is a 6 or 7 on a scale of 0 to 10. He is not able to work due to the pain, by his report. He is not able to play sports with his kids, work in the garden, etc. due to the pain. Both his sexual ability and level of sexual desire have decreased due to the pain.

He has been in mental health treatment since 2007 at ██████████  
██████████. He has been diagnosed with anxiety and depression. He went to a pain management counselor for an evaluation. He has been treated for pain management for three years.

He does not have a history of suicidal or homicidal ideation. In his family of origin, there are no known substance abuse problems or mental health problems. He said that he does not currently have any suicidal or homicidal ideation.

His mood is generally nervous, sad, and anxious. He has had symptoms of depression for three years. He feels that they were brought on by his being out of work due to injuries he experienced on the job. He cries frequently for no apparent reason. He sleeps poorly at night and tires easily during the day. His appetite fluctuates. He has a loss of interest in activities that were once pleasurable for him. He said that he feels worthless.

He has problems with anxiety. His family and friends have told him that he is more irritable than he used to be. He worries about his health, finances, etc. He is having problems with attention and concentration. He has attempted to stop worrying but has been unsuccessful in those attempts.

[REDACTED]  
[REDACTED]

In regard to activities of daily living:

- 1) He is not able to perform outside chores.
- 2) He is not able to perform inside chores.
- 3) He experiences pain and difficulty most of the time when performing toileting, hygiene maintenance, and grooming; and needs help on occasion.
- 4) He experiences pain and difficulty when dressing.
- 5) He does have a driver's license.

He was raised by his biological parents. He has a good relationship with both his mother and father. He has [REDACTED] siblings with whom he has a good but distant relationship. Corporal punishment was used as the disciplinary measure in the home when he was growing up. He had no known problems with reaching developmental milestones.

He graduated from high school. He was in [REDACTED] and was a "D" student. He was in some trouble in school for fighting and skipping classes.

He has worked [REDACTED]. He has worked about sixteen years altogether. He has never been terminated from any of his jobs. He has never been reprimanded on any of his jobs.

He has been married one time. He is currently married. He has two children ages [REDACTED] and [REDACTED].

He does not have a history of substance abuse.

He does not have a history of arrests.

He does not have a history of abuse either as a victim or as a perpetrator.



**BEHAVIORAL OBSERVATIONS:**

The patient presented for the evaluation on time. His appearance and dress were appropriate for the testing situation. He appeared to be of average height and average weight. He was alert and oriented to person, place, and time. His affect was congruent with his stated level of anxiety. His immediate, recent, and remote memories were intact. Rapport was established easily. He was friendly and polite. He gave information freely. Eye contact was good. He was cooperative with testing and followed directions well.

**ESTIMATION OF TEST VALIDITY:**

The following test results were obtained from the patient during the administration of the WAIS-IV. They appear to be a valid representation of her current level of intellectual functioning.

**TEST RESULTS:**

**WECHSLER ADULT INTELLIGENCE SCALE – FOURTH EDITION**

<b>VERBAL COMPREHENSION INDEX MEASURES</b>		<b>SCALED SCORE</b>
Similarities:	Verbal concept formation; requires logical abstract reasoning skills.	4 – Extremely Low
Vocabulary:	Language usage and accumulated verbal learning ability; related to educational experiences, range of ideas and acquired interests.	3 – Extremely Low

Information:	General fund of cultural knowledge related to habitual, over-learned material; requires long term memory and alertness to the environment.	4 – Extremely Low
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**PERCEPTUAL REASONING INDEX MEASURES:**

**SCALED SCORE**

Block Design:	Nonverbal concept formation; requires perceptual organization, abstract conceptualization, and spatial analysis.	5 – Borderline
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Matrix Reasoning:	Nonverbal abstract reasoning skills, requires visual information processing.	6 – Borderline
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Visual Puzzles	Attention and concentration skills, Executive functioning, Ability to understand how parts of a whole interrelate.	4 – Extremely Low
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**WORKING MEMORY INDEX MEASURES:**

**SCALED SCORE**

Digit Span:	Immediate auditory memory requires concentration and attention.	5 – Borderline
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Arithmetic:	Numerical reasoning; speed of mental computation; requires attention and concentration.	3 – Extremely Low
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<b>PROCESSING SPEED INDEX MEASURES:</b>	<b>SCALED SCORE</b>
Symbol Search: .Attention and concentration skills, speed of identifying similar objects, immediate working memory.	3 - Extremely Low
Coding: Visual-motor speed and coordination when learning an unfamiliar task; requires attention, concentration, dexterity, speed, and short-term memory.	4 - Extremely Low

	Score	Percentile	Confidence Interval
Verbal Comprehension Index Score:	63	1	59 - 70
Perceptual Reasoning Index Score:	71	3	66 - 79
Working Memory Index Score:	66	1	61 - 75
Processing Speed Index Score:	65	1	60 - 77
Full Scale IQ Score:	61	0.5	56 - 66

[REDACTED] obtained a Verbal Comprehension Index Scale score of 63, (1st percentile), indicating that his ability to perform and comprehend verbally is in the Extremely Low range compared to the normative population. He obtained a Perceptual Reasoning Index Scale score of 71, (3rd percentile), indicating that his ability perceive and manipulate non-verbally within his environment is in the Borderline range compared to the normative population. He obtained a Working Memory Index Scale score of 66, (1st

██████████  
Page 7

percentile), indicating that his ability to retain and manipulate information is in the Extremely Low range compared to the normative population. He obtained a Processing Speed Index Scale score of 65, (1st percentile), indicating that his ability to quickly and accurately process information and perform tasks is in the Extremely Low range compared to the normative population. He obtained a Full Scale IQ Scale score of 61, (0.5 percentile), indicating that his overall intellectual abilities are in the Extremely Low range compared to the normative population.

### SUMMARY AND CONCLUSIONS:

The patient, ██████████ is a ██████ year-old married, white male. He has disk deterioration in his back and neck. He has numbness in his right leg. He has had knee surgery. He has pain and weakness in his shoulder. He has carpal tunnel in his wrist. He has high blood pressure. He has high cholesterol. He has headaches from muscle cramps in his neck. He has tendonitis in his elbow. He currently takes Flomax, Nexium, Niaspan, Zoloft, Kadian, Effexor and Aspirin as prescribed by his physician(s). He experiences a level and frequency of pain that interferes with his ability to function. He experiences this level of significant pain on a daily basis. His level on pain, on average, is a 6 or 7 on a scale of 0 to 10. He is not able to work due to the pain, by his report. He is not able to play sports with his kids, work in the garden, etc. due to the pain. Both his sexual ability and level of sexual desire have decreased due to the pain. He has been in mental health treatment since 2007 at

██████████ He has been diagnosed with anxiety and depression. He went to a pain management counselor for an evaluation. He has been treated for pain management for three years. He does not have a history of suicidal or homicidal ideation. In his family of origin, there are no known substance abuse problems or mental health problems. He said that he does not currently have any suicidal or homicidal ideation. His mood is generally nervous, sad, and anxious. He has had symptoms of depression for three years. He feels that they were brought on by his being out of work due to injuries he experienced on the job. He cries frequently for no apparent reason. He sleeps poorly at night and tires easily during the day. His appetite fluctuates. He has a loss of interest in activities that were once pleasurable for him. He said that he feels worthless. He has problems with anxiety. His family and friends have told him that he is more irritable than he used to be.

██████████  
Page 8

He worries about his health, finances, etc. He is having problems with attention and concentration. He has attempted to stop worrying but has been unsuccessful in those attempts.

██████████ obtained a Verbal Comprehension Index Scale score of 63, (1st percentile), indicating that his ability to perform and comprehend verbally is in the Extremely Low range compared to the normative population. He obtained a Perceptual Reasoning Index Scale score of 71, (3rd percentile), indicating that his ability perceive and manipulate non-verbally within his environment is in the Borderline range compared to the normative population. He obtained a Working Memory Index Scale score of 66, (1st percentile), indicating that his ability to retain and manipulate information is in the Extremely Low range compared to the normative population. He obtained a Processing Speed Index Scale score of 65, (1st percentile), indicating that his ability to quickly and accurately process information and perform tasks is in the Extremely Low range compared to the normative population. He obtained a Full Scale IQ Scale score of 61, (0.5 percentile), indicating that his overall intellectual abilities are in the Extremely Low range compared to the normative population.



██████████  
Page 9

**DIAGNOSTIC IMPRESSIONS FROM DSM-IV:**

- AXIS I: Major Depressive Disorder, Single Episode, Moderate  
Generalized Anxiety Disorder  
Pain Disorder Associated with Both Psychological Factors and a  
General Medical Condition
- AXIS II: Borderline Intellectual Functioning  
Learning Disorder, Not Otherwise Specified
- AXIS III: General Medical Condition: deteriorating disk in back and neck;  
weakness in shoulder, carpal  
tunnel; tendonitis in elbow;  
numbness in right leg
- AXIS IV: Psychosocial and Environmental Problems: lack of financial  
income
- AXIS V: Current GAF: 45

**PROGNOSIS:**

██████████ prognosis for the next year is fair.

**SUMMARY AND CONCLUSIONS:**

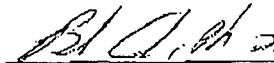
This evaluator believes that ██████████ could manage funds without assistance or restriction, if they were awarded to him.

██████████  
Page 10

**MEDICAL SOURCE STATEMENT:**

Based upon the observations and findings of this evaluation, the evaluator has the following opinions regarding Kelvin's mental abilities.

- a. ██████ appears to have an impaired ability to understand, retain, and follow instructions.
- b. ██████ appears to have an impaired ability to perform simple, repetitive tasks.
- c. ██████ appears to have an impaired ability to relate to others, including fellow workers and supervisors.
- d. ██████ appears to have an impaired ability to adapt to the workplace, regarding his ability to tolerate the stress and pressures associated with day to day work activity.



---

Brad Adkins, Ph.D.  
Licensed Clinical Psychologist

***BRAD ADKINS, Ph.D.***  
***Licensed Clinical Psychologist***

SEPTEMBER 1, 2010

Re: [REDACTED]

To Whom It May Concern:

It is my medical opinion that [REDACTED] medical conditions and limitations would not be significantly different as of February 15, 2005.

Sincerely,



Brad Adkins, Ph.D.  
Licensed Clinical Psychologist

**MEDICAL ASSESSMENT OF ABILITY TO DO WORK-RELATED ACTIVITIES (MENTAL)**

<b>Name</b>		<b>Social Security Number:</b>	
-------------	--	--------------------------------	--

To determine this individual's ability to do work-related activities on a day-to-day basis in a regular work setting, please give us an assessment – **BASED ON YOUR EXAMINATION** – of how the individual's mental/emotional capabilities are affected by the impairment(s). Consider the medical history, the chronicity of findings (or lack thereof), and the expected duration of any work-related limitations, but not the individual's age, sex or work experience.

**NOTE: THE FOLLOWING DEFINITIONS ARE DIFFERENT THAN THOSE USED PREVIOUSLY**

1 Describe the individual's ability to perform the activity according to the following terms.

- Unlimited** - Ability to function in this area is not limited by a mental impairment.
- Good** - Ability to function in this area is more than satisfactory.
- Fair** - Ability to function in this area is limited but satisfactory.
- Poor** - Ability to function in this area is seriously limited but not precluded.
- None** - No useful ability to function in this area.

2 Identify the particular medical or clinical findings (i.e., mental status examination, behavior intelligence test results, and symptoms) which support your assessment of any limitations.

**IT IS IMPORTANT THAT YOUR ASSESSMENT BE BASED UPON THE OBJECTIVE MEDICAL EVIDENCE.**

**I. MAKING OCCUPATIONAL ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust to a job and complete item #9.

	Unlimited	Good	Fair	Poor	None
1. Follow Work Rules			X		
2. Relate to Co-Workers			X		
3. Deal with the Public				X	
4. Use Judgment				X	
5. Interact With Supervisor(s)			X		
6. Deal With Work Stresses		X			
7. Function Independently			X		
8. Maintain Attention/Concentration				X	

9. Describe any limitations and include the medical/clinical findings that support this assessment.

**II. MAKING PERFORMANCE ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust to a job, and complete item #4.

	Unlimited	Good	Fair	Poor	None
1. Understand, remember and carry out complex job instructions.				X	
2. Understand, remember and carry out detailed, but not complex job instructions.			X		
3. Understand, remember and carry out simple job instructions.			X		

4. Describe any limitations and include the medical/clinical findings that support this assessment; e.g., intellectual ability, thought or organization, memory, comprehension, etc.

**III. MAKING PERSONAL/SOCIAL ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust personally and socially and complete item #5.

	Unlimited	Good	Fair	Poor	None
1. Maintain personal appearance.		X			
2. Behave in an emotionally stable manner.			X		
3. Related predictably in social situations.			X		
4. Demonstrate Reliability.				X	

5. Describe any limitations and include the medical/clinical findings that support this assessment.

IV. OTHER WORK-RELATED ACTIVITIES

V. CAPABILITY TO MANAGE BENEFITS

Can the individual manage benefits in his or her own best interest?

YES (X) NO ( )

*R. J. Ph.D.*

\_\_\_\_\_  
SIGNATURE/TITLE/MEDICAL SPECIALITY

9/01/2010

\_\_\_\_\_  
DATE

# PSYCHOLOGICAL EVALUATION

## For Professional Use Only

NAME: [REDACTED] DATE OF EVALUATION: 09-28-07

ADDRESS: [REDACTED] DATE OF BIRTH: [REDACTED]

CHRONOLOGICAL AGE: 8 years SSN: [REDACTED]

EXAMINER: Brad Adkins, Ph.D.

### SOURCES OF INFORMATION:

Clinical Interview

Collateral Information provided by: [REDACTED] Maternal Grandmother

### REASON FOR REFERRAL:

The patient was referred for this evaluation by the law offices of Eric C. Conn in order to determine the presence and nature of psychopathology and to make recommendations regarding his treatment. The patient was informed that the standard rules of confidentiality apply to his evaluation, with the exception that this evaluation will be made available to the aforementioned law office. The amount of time consumed by this evaluation was 3.5 hours.

### BACKGROUND INFORMATION:

The patient, [REDACTED], is an 8-year-old [REDACTED] male. He currently takes Astelin, Albuterol, Zantac, Aderol XR, Allegra, Singulair, Respi-Tann; and Foradil as prescribed by physicians.

██████████  
Page 2

He has been receiving treatment at ██████████ in Prestonsburg, Kentucky for thirteen to fourteen months following an episode at school in which he fought his teachers and scratched his face following being placed in time-out.

██████████  
██████████ due to ██████████  
██████████ There is no known history of abuse.

Prior to his starting kindergarten his family noticed Attention Deficit-Hyperactivity Disorder (ADHD). He talks all the time. He could not sit still for very long. He was continually running around. He had temper tantrums when he did not get his way. He hit the walls and scratched himself when he was having a tantrum.

He is in remedial classes at school due to reading, math, and language problems. His grades are much better now than they were before entrance into this setting.

He is somewhat behind regarding walking, talking, toileting, etc.

██████████ He plays well with others until he doesn't get his way. He then throws "tantrums" in which he scratches himself and hits the wall and other children.

#### BEHAVIORAL OBSERVATIONS:

The patient presented for the evaluation on time. His appearance and dress were appropriate for the testing situation. He appeared to be of average height and average weight. He interrupted his grandmother when she was attempting to give background information. He did not sit still but was up walking around the room. He had to touch everything on the evaluator's desk.



██████████ ██████████  
Page 3

**SUMMARY AND CONCLUSIONS:**

The patient, ██████████, is an 8-year-old ██████████ male. He currently takes Astelin, Albuterol, Zantac, Aderol XR, Allegra, Singulair, Respi-Tann; and Foradil as prescribed by physicians. He has been receiving treatment at ██████████ in Prestonsburg, Kentucky for thirteen to fourteen months following an episode at school in which he fought his teachers and scratched his face following being placed in time-out. His ██████████  
██████████ ██████████ due to ██████████  
██████████. There is no known history of abuse. Prior to his starting kindergarten his family noticed Attention Deficit-Hyperactivity Disorder (ADHD). He talks all the time. He could not sit still for very long. He was continually running around. He had temper tantrums when he did not get his way. He hit the walls and scratched himself when he was having a tantrum. He is in remedial classes at school due to reading, math, and language problems. His grades are much better now than they were before entrance into this setting. He is somewhat behind regarding walking, talking, toileting, etc. He has ██████████ ██████████ He plays well with others until he doesn't get his way. He then throws "tantrums" in which he scratches himself and hits the wall and other children.



**MEDICAL ASSESSMENT OF ABILITY TO DO WORK-RELATED ACTIVITIES (MENTAL)**

<b>Name</b>		<b>Social Security Number:</b>	
-------------	--	--------------------------------	--

To determine this individual's ability to do work-related activities on a day-to-day basis in a regular work setting, please give us an assessment – **BASED ON YOUR EXAMINATION** – of how the individual's mental/emotional capabilities are affected by the impairment(s). Consider the medical history, the chronicity of findings (or lack thereof), and the expected duration of any work-related limitations, but not the individual's age, sex or work experience.

**NOTE: THE FOLLOWING DEFINITIONS ARE DIFFERENT THAN THOSE USED PREVIOUSLY**

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  - Fair** - Ability to function in this area is limited but satisfactory.
  - Poor** - Ability to function in this area is seriously limited but not precluded.
  - None** - No useful ability to function in this area.
  
- 2 Identify the particular medical or clinical findings (i.e., mental status examination, behavior intelligence test results, and symptoms) which support your assessment of any limitations.

**IT IS IMPORTANT THAT YOUR ASSESSMENT BE BASED UPON THE OBJECTIVE MEDICAL EVIDENCE.**

**I. MAKING OCCUPATIONAL ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust to a job and complete item #9.

	Unlimited	Good	Fair	Poor	None
1. Follow Work Rules				X	
2. Relate to Co-Workers			X		
3. Deal with the Public			X		
4. Use Judgment			X		
5. Interact With Supervisor(s)			X		
6. Deal With Work Stresses				X	
7. Function Independently			X		
8. Maintain Attention/Concentration					X

9. Describe any limitations and include the medical/clinical findings that support this assessment.

**II. MAKING PERFORMANCE ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust to a job, and complete item #4.

	Unlimited	Good	Fair	Poor	None
1. Understand, remember and carry out complex job instructions.				X	
2. Understand, remember and carry out detailed, but not complex job instructions.			X		
3. Understand, remember and carry out simple job instructions.			X		

4. Describe any limitations and include the medical/clinical findings that support this assessment; e.g., intellectual ability, thought or organization, memory, comprehension, etc.

**III. MAKING PERSONAL/SOCIAL ADJUSTMENTS**

Check the blocks representing the individual's ability to adjust personally and socially and complete item #5.

	Unlimited	Good	Fair	Poor	None
1. Maintain personal appearance.		X			
2. Behave in an emotionally stable manner.				X	
3. Related predictably in social situations.			X		
4. Demonstrate Reliability.				X	

5. Describe any limitations and include the medical/clinical findings that support this assessment.

IV. OTHER WORK-RELATED ACTIVITIES

V. CAPABILITY TO MANAGE BENEFITS

Can the individual manage benefits in his or her own best interest?

YES (X) NO ( )

Bred Albim, Ph.D.  
SIGNATURE/TITLE/MEDICAL SPECIALITY

9-28-07  
DATE

PHYSICAL MEDICAL ASSESSMENT

Printed Name of Individual

Social Security Number



Instructions on completion of this form: The purpose of this form is to determine the above individual's ability to do work-related activities on a day-to-day basis in a regular work setting. Therefore, please give provide using this form an assessment that is based on your examination of the above individual of how the above individual's physical capabilities are affected by the impairment(s) that he or she may have. In rendering your assessment you should consider the above individual's medical history, the chronicity or lack of chronicity of findings, and the expected duration of any work-related limitations, but do not consider in rendering this assessment the above individual's age, sex, or work experience.

For each activity shown below:

- (1) Please check the appropriate block;
- (2) Respond to the questions concerning the individual's ability to perform the activities; and
- (3) Identify the particular medical findings (i.e., physical exam findings, laboratory test results, history, symptoms including pain) which support your assessment of any limitations that the above individual may have. If the above individual does not have any limitations in a category or categories please indicate this as well.

Note: It is important that you relate any particular findings to any assessed limitation(s) in the above individual's capacity. In fact, the usefulness of your assessment depends in large part on the extent to which you do this.

I. Are LIFTING/CARRYING affected by impairment(s)? NO ( ) YES (X)

If the answer is "Yes" please provide the number of pounds the individual can lift and/or carry:

Maximum occasionally is defined as from very little up to 1/3 of an 8-hour work day. 10 pounds

Maximum frequently is defined as from 1/3 to 2/3 of an 8-hour work day. 5 pounds

II. Are STANDING/WALKING affected by impairment(s)? NO ( ) YES (X)

If the answer is "Yes" please provide how many hours in an 8-hour work day can the individual stand and/or walk:

Total in an 8-hour work day: 1 hours

Without interruption: 20 minutes

---

III. Is SITTING affected by impairment(s)? NO ( ) YES ( X )

If the answer is "Yes" how many hours in an 8-hour work day can the individual sit:

Total in an 8-hour work day: 5 hours

Without interruption: 30 minutes

---

IV. How often can the above individual perform the following POSTURAL ACTIVITIES?

Please indicate your responses with a checkmark in the appropriate spaces below:

ACTIVITY	NEVER	OCCASIONALLY	FREQUENTLY	CONSTANTLY
Climbing	X			
Balancing		X		
Stooping			X	
Crouching		X		
Kneeling		X		
Crawling	X			

"Never" is defined as not ever.

"Occasionally" is defined as an activity which exists up to 1/3 of the time.

"Frequently" is defined as an activity which exists from 1/3 to 2/3 of the time.

"Constantly" is defined as an activity condition which exists 2/3 or more of the time.

---

V. How often can the above individual perform the following  
PHYSICAL/COMMUNICATIVE FUNCTIONS?

Please indicate your responses with a checkmark in the appropriate spaces below:

PHYSICAL FUNCTIONS

ACTIVITY	NEVER	OCCASIONALLY	FREQUENTLY	CONSTANTLY
Reaching			X	
Handling		X		
Feeling			X	
Pushing/Pulling		X		

"Never" is defined as not ever.

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COMMUNICATIVE FUNCTIONS

ACTIVITY	NEVER	OCCASIONALLY	FREQUENTLY	CONSTANTLY
Seeing				X
Hearing				X
Speaking				X

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VI. Indicate how often the above individual can be exposed to the following ENVIRONMENTAL ACTIVITIES/CONDITIONS

Please indicate your responses with a checkmark in the appropriate spaces below:

**ACTIVITY NEVER OCCASIONALLY FREQUENTLY CONSTANTLY**

ACTIVITY	NEVER	OCCASIONALLY	FREQUENTLY	CONSTANTLY
Heights		X		
Moving Machinery		X		
Temperature Extremes				X
Chemicals				X
Dust				X
Noise			X	
Fumes				X
Humidity			X	
Vibration		X		

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VII. Please discuss any other work-related activities which are affected by the individual's impairment(s), and indicate how the activities are affected. Please provide any additional medical findings that support this assessment. Please provide any additional comment(s) here.

Please see my attached orthopedic evaluation report for supporting explanation.

Date

  
Srinu M. Ammisetty, MD., FCCP., ABSM.

**SRINI M. AMMISSETTY, MD., FCCP., ABSM.**

Diplomate of American Board of Sleep Medicine  
Diplomate of American Board of Pulmonary Medicine  
Diplomate of American Board of Addiction Medicine  
Fellow American College of Chest Physician

**NAME:** [REDACTED]  
**DOB:** [REDACTED]  
**DOS:** 01/03/2011  
**SS#:** [REDACTED]

**CC:** Medical disability evaluation.

**History of Present Illness:**

1 Back pain. [REDACTED] report that he was hit coal truck and thrown against the side of the road. There was immediate onset of pain, but after evaluation in the ER he was treated and released. Although back pain improved somewhat, it never resolved. Pain is exacerbated by all activities, particularly bending, lifting, and standing. He was seen by [REDACTED] and told of arthritis and also questionable nerve compression.

**PMH:**

1 PT was seen by psychologist mental retardation.

**Meds:** Lortab by [REDACTED]

**Allergies:** NKDA.

**SH:** PT was born in [REDACTED]. He was raised by both his parents. He has [REDACTED]. He reported no hx of abuse. He completed [REDACTED] grade and enrolled in [REDACTED]. Never been married. No children. Occupation, he worked for [REDACTED]. PT was laid off two months. He worked as a [REDACTED] in the [REDACTED]. No cigarette. No alcohol abuse. No I.V. drugs. Last drink was one year ago. No substance abuse. PT enjoying watching TV. He lives in [REDACTED] and education was limited.

PT is c/o back pain. He is seeing with physician and is on the Lorcet and ibuprofen.

PT had a mental health problems. He was in the [REDACTED] as a child. Never been in the hospital.

**FH:** Glaucoma.

**SRINI M. AMMISSETTY, MD., FCCP., ABSM.**

Diplomate of American Board of Sleep Medicine  
Diplomate of American Board of Pulmonary Medicine  
Diplomate of American Board of Addiction Medicine  
Fellow American College of Chest Physician

NAME: [REDACTED]

DOB: [REDACTED]

Page 2

**PE:**

General Examination: PT is simple appearing gentleman. He does require extra explanation to perform activities of the physical exam.

Vital signs: BP 123/90, heart rate 87, saturation 98%, weight 226 and height 68".  
Uncorrected visual activity 20/20.

HEENT: WNL.

Neck: Supple.

Chest: Decreased breath sounds. No wheezing. No rhonchi.

Abdomen: Benign. Bowel sounds positive. No hepatosplenomegaly.

Extremities: No cyanosis. No clubbing. No edema.

**A:**

1. Back pain, DJD.
2. Inadequate/intellectual education.
3. Mental health problems

**D:**

1. This PT has limited mental status ability. He has limitations of hip flexion 70 degrees, lumbar flexion 70 degrees, right and left ~~20~~ 30. Straight leg raise test positive with 50 degrees. So he has some limitations in my examination and he does not walk normal gait. Repetitive bending, squatting, kneeling and lifting overhead would likely increase the pain of DJD. Any weightbearing activity could be expected to increase the symptoms of back pain these would include standing, walking, lifting, carrying, pushing and pulling.
2. His work activity is limited. His range of motion is limited as documented in the four pages of physical assessment.



Srinu M. Ammisetty, MD., FCCP., ABSM.

File: [REDACTED]

**PHYSICAL MEDICAL ASSESSMENT**

Printed Name of Individual

Social Security Number

██████████

██████████

Instructions on completion of this form: The purpose of this form is to determine the above individual's ability to do work-related activities on a day-to-day basis in a regular work setting. Therefore, please give provide using this form an assessment that is based on your examination of the above individual of how the above individual's physical capabilities are affected by the impairment(s) that he or she may have. In rendering your assessment you should consider the above individual's medical history, the chronicity or lack of chronicity of findings, and the expected duration of any work-related limitations, but do not consider in rendering this assessment the above individual's age, sex, or work experience.

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PHYSICAL/COMMUNICATIVE FUNCTIONS?

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Chemicals				X
Dust				X
Noise			X	
Fumes				X
Humidity			X	
Vibration		X		

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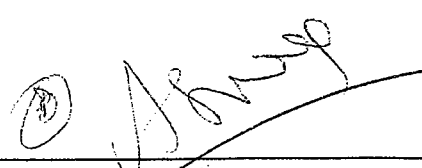
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Please see my attached orthopedic evaluation report for supporting explanation.

Date

  
 Srini M. Ammisetty, MD., FCCP., ABSM.

Pat's Copy

Dr. Frederic T. Huffnagle Date 10/24/07 1 of 2

File #	Client Name	Hearing Date	Doctor	Appt. Date	Appt. Time	Med. Rec. Sent/How	Pat's Card	Affidavit	RFC	Clt Know	Refer faxed	Transport	CE Rec'd
20823	[REDACTED]	11/01			9:00			✓		✓			
18162	[REDACTED]	11/01			9:20			✓		✓			
19001	[REDACTED]	UNDK			9:40			✓		✓			
18603	[REDACTED]	UNDK			10:00			✓		✓			
17244	[REDACTED]	11/01			10:20			✓		✓			
19647	[REDACTED]	10/31			10:40			✓		✓			
20549	[REDACTED]	UNDK			11:00			✓		✓			
19282	[REDACTED]	OTR			11:20			✓		✓			
19500	[REDACTED]	OTR			11:40			✓		✓			
20658	[REDACTED]	OTR			12:00			✓		✓			
20211	[REDACTED]	OTR			12:20			✓		✓			
20157	[REDACTED]	OTR			12:40			✓		✓			
20607	[REDACTED]	OTR			1:00			✓		✓			

1000



Dr. Frederic T. Huffnagle Date 10/24/07 2062

File #	Client Name	Hearing Date	Doctor	Appt. Date	Appt. Time	Med. Rec. Sent/How	Pat's Card	Affidavit	RFC	Cit Know	Refer faxed	Transport	CE Rec'd
191464	[REDACTED]	OTR			1:20			✓		✓			
191701	[REDACTED]	↓			1:40			✓		✓			
191662	[REDACTED]	↓			2:00			✓		✓			
19967	[REDACTED]	UNOK			2:20			✓		✓			
20504	[REDACTED]	OTR			2:40			✓		✓			
20650	[REDACTED]	↓			3:00			✓		✓			
19433	[REDACTED]	UNOK	Add. ON		12:20			✓		✓			

Addr  
re-071  
9-22

This Team Award nomination is submitted to recognize the staff of the Huntington, West Virginia Office of Disability Adjudication and Review (ODAR) for providing sustained superior performance in the delivery of quality service to the American public in numerous ways.

The Huntington Hearing Office staff truly excels in the quick processing of its cases, reducing the Agency backlog in order to comply with ODAR's vision and the Strategic Plan of the Agency. Most notably, it was the teamwork of the staff that resulted in the Huntington Hearing Office exceeding all national and regional Agency goals for fifty-three consecutive months at the end of FY 2010 and continuing this trend through month fifty-eight! The Huntington Hearing Office provides its claimants with the one-two punch of 2.93 dispositions daily per ALJ along with an extremely fast average processing time of 180 days. *We strive to provide the public we serve with the best service that the Agency can offer.*

Beginning in 2006, the Huntington Hearing Office has met or exceeded every Agency goal for fifty-eight consecutive months. This commitment to excellence in public service has resulted in the Huntington Hearing office in becoming a **FY 2010 national leader** in many categories. The Huntington Hearing Office is dedicated to processing each case with expediency, reducing the Agency's backlog, and serving our claimants efficiently and effectively.

Next, the Huntington Hearing Office was ranked 2<sup>nd</sup> Place Nationally FY 2010, with the lowest case processing time, averaging 263 days per case. At the close of the year we processed some aged cases from another office, which resulted in our office missing the number one ranking by only one day! Regardless, our staff remains dedicated to the Agency Strategic Plan, working tirelessly to furnish speedy accurate decisions to the awaiting public.

The Huntington Hearing Office was ranked 2<sup>nd</sup> Place Nationally in the processing of dispositional decisions within 180 days. The Huntington Office owes our high

dispositional decision ranking to our judges, senior attorneys, and hard-working staff. By carefully screening the docket for possible On The Record grants, they learn which cases may require the acquisition of new or additional medical information. This extra effort translates well for claimants: cases are processed more quickly, resulting in earlier decisions, since the claimant does not have to wait for a scheduled hearing. Additionally, hearing slots are created for the claimants that require a full hearing, meaning that the most difficult cases are heard promptly.

Third, the Huntington Hearing Office made top priority of the need to eliminate the backlog of aged cases. In June, only 14% of our cases pending exceeded 270 days, compared to the national average of 38%, and a regional average of 33%, which afforded our office the ranking of 3<sup>rd</sup> Place Nationally in this category. This was an outstanding accomplishment that took several years to accomplish. In an effort to handle a pressing workload, Regional Office transferred 1000 cases to Huntington in July 2010, stating that 'Huntington is the only office within the region with a chance to process these aged cases by the end of FY 2011.' Eight hundred sixty-four of the one thousand cases were destined to be over 700 days old, which resulted in an artificial inflation the age of our pending cases, translating to 34% pending cases at the end of the fiscal year. Undaunted, the Huntington Hearing Office worked to play a big part in the Philadelphia Region clearing out its old cases for the year.

In an effort to meet and support the Commissioner's goal of reducing the agency's backlog of cases, the Huntington Hearing Office worked steadily over several years to reduce and eliminate its backlog. Our determination was rewarded with an 8<sup>th</sup> Place National ranking in the lowest percentage of cases pending over 365 days—and only 7% of our cases were pending after 365 days! Once again, the receipt of another office's 1000 cases artificially inflated our cases pending over 365 days by the end of FY 2010 to 20%. Even so, our staff was not deterred from continuing to work to help reduce the Agency's backlog, always remembering the claimants that we serve.

The number one objective of the Huntington Hearing Office was the processing of our aged cases. Each member of our staff took the Commissioner's directive to reduce and eliminate aged cases to heart. Our judges and senior attorneys scrutinized each case to prevent future cases from becoming aged. The management staff monitored current aged cases daily to identify which should and could be advanced to the next status category; this led to pinpoint accuracy of movable cases, resulting in continual case movement. Developmental date expirations were identified and routed to the employee responsible for immediate processing. The many hours dedicated to this objective had a positive outcome—*all* our aged cases were disposed of and our claimants received speedier decisions!

Nationally, the Huntington Hearing Office has made contributions in many different areas. Our Chief Administrative Law Judge, Charlie Paul Andrus, was selected to serve as an instructor to the national Electronic Business Process training cadre, training in seven different offices across the country. Recognized nationally, Judge Andrus is an outstanding instructor whose knowledge and skill within the e-DIB process will greatly benefit those trained by him. Judge Andrus' many years of experience in training at the national level has had a major impact on the operations of those offices, both in the present and in the years to come. Additionally, in November 2010, Judge Andrus served as a panel member to interview and recommend new judges to be hired by the Agency. The interview and selection process is of national importance since judges are responsible for the decisions that will affect thousands of individuals. Following the selection of the newly hired judges, Judge Andrus served as instructor for a two separate classes designed to teach the new hires how to become an ALJ for the Agency. His years of experience as an ALJ provided invaluable lessons to the new ALJ hires. Judge Andrus' contribution to the process of conducting hearings and making proper decisions supports the Agency's goal of 'right decisions, timely delivered to claimants'.

The Huntington Hearing Office has also had an impact on the national training for new Hearing Office Directors. In 2007, Greg Hall, Huntington Hearing Office Director, had the opportunity to serve on the Hearing Office Director's National Training Cadre; he

helped to establish and organize the original national training packet for new Hearing Office Directors. This national training packet was used in Hearing Office Directors' Classes for all new HODs in 2007 through 2009. The Cadre met once again in 2010 to revise and update the course materials. Presently, all new Directors must complete the two-week national training course designed by the Cadre. The Directors receive the training and materials that contain complete information as to procedures, policy, and every day operational needs necessary to the success of all new Directors. The newly trained Directors return to their offices, resulting in a nation-wide dissemination of the information. Notably, since the Cadre began the new training program, the Agency's processing times have dropped and productivity has increased.

Regionally, the Huntington Hearing Office has made significant contributions as well. In July 2010, Regional Office requested our help with 1000 cases from a hearing office whose ability to service their claimants had been negatively impacted by the loss of several of their judges. The Huntington Hearing Office reviewed the cases as soon as they arrived and recognized that these claimants needed a decision as quickly as possible. The judges, senior attorneys, and decision writers worked furiously, screening the cases upon receipt. After coordinating the availability of hearing space between our office and the 'adopted' office for these additional cases, we began scheduling face-to-face hearings, arranged Rocket Dockets, and scheduled IVT hearings/Rocket Dockets to be held. We quickly realized that to meet the goal of closing all these old cases by FY 2011, hard work and perseverance in 2010 would be required. The on-going teamwork of our hard-working staff will make this goal a reality.

At the request of the Chicago Region, the Huntington Hearing Office was given another opportunity to provide regional assistance in January and February 2010. Huntington Hearing Office Senior Attorney Melinda Wells was asked to screen forty-seven cases for the Milwaukee Hearing Office. Within a matter of weeks, Ms. Wells successfully completed the reviews, and several On The Record grants were obtained, allowing the claimants to receive their decisions more quickly.

During FY 2010, the Huntington Hearing Office provided case writing assistance for three in-region offices. Our staff received the cases, wrote the cases, and then returned them back to the appropriate office for closing. Our staff's effort in writing those cases aided those offices in closing cases, but most importantly, thanks to the Huntington Hearing Office, the claimants were the beneficiaries of faster processing time.

The Huntington Hearing Office is proud of the mentoring contributions its staff has made to the professional growth and development of individuals in other offices. John Patterson, Huntington Hearing Office Group Supervisor and Greg Hall, Huntington Hearing Office Director both served as mentors to individuals in other ODAR offices. Additionally, Huntington Hearing Office ALJ Charlie Paul Andrus, who serves as an Assistant Regional Chief Judge, provided mentoring services to another judge in a regional hearing office. Effective mentoring is vital to the development of newly selected Group Supervisors and judges alike, directly impacting the office as well as the one being mentored. Mentors serve both as instructors and reference points for the mentee, helping him/her to increase job knowledge and skills based on the mentor's own insight and personal experience.

At the local level, the Huntington Hearing Office provided, as well as received, assistance and training to the Social Security Field Office in Huntington, West Virginia. An 'Office Exchange Program' was developed to allow Field Office employees to spend the day in the ODAR Office, observing the routine and functions of our employees. A return visit was arranged for ODAR employees to visit the Field Office for similar reasons. The purpose behind the Exchange was to provide our staff with a better understanding of the workings of the Field Office. A Field Office representative led follow-up training sessions for our staff; likewise, ODAR paralegal writer, Matt Day mentored a Claims Representative from the Field Office. This liaison training with the Field Office proved to be very beneficial to both offices. By establishing a better working relationship and understanding of our counterparts in the Agency, we are better able to extract and process SSA information, better meeting the needs of our claimants.

Within our own office, Huntington provides extensive training to our decision writers and senior Case Technicians. Training efforts with these employees is on going, but benefits not only the personnel and our office, but most importantly it is our claimants that are the beneficiaries of a highly and skillfully trained individual who is processing his case.

It is with great pleasure and pride that the Huntington Office of Disability Adjudication and Review is nominated for and is extremely deserving of the highest award for Team Achievement for Sustained Superior Performance in FY 2010. The office has directly contributed to the Agency mission and strategic plan by significantly reducing the disability case backlog, enhancing employee productivity and efficiency, improving the business process, and assisting ODAR offices in the providing of timely writing, hearings and decisions for the claimants in the other ODAR hearing offices, and ultimately the delivery of quality service to the American public.

State of West Virginia  
TREASURER DESIGNATION  
For Candidate's Committee

I, Amy Dougherty, a candidate in the election year 2008 for the office of Magistrate in the \_\_\_\_\_ district (if applicable), hereby designate the following person who has agreed to serve as treasurer to be responsible for the campaign financial activity in relation to my candidacy for the above office:

Campaign Committee Name: Committee to Elect Amy Dougherty

Treasurer Name: Teresa L. Burns

Mailing Address: \_\_\_\_\_  
Huntington, WV 25701

Treasurer County of Residence: Cabell

Daytime Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ @yahoo.com

Check here to enroll your committee in the Campaign Finance Reporting System which will allow you to file the committee's finances via an internet service provided by the Secretary of State. This service is only available for committees that file with the Secretary of State.

It is the responsibility of the treasurer to read and comply with all campaign finance laws, regulations, and other related materials. I understand that every financial transaction related to my precandidacy or candidacy is subject to the requirements of the WV Code and the Rules & Regulations promulgated by the Secretary of State, including all reporting requirements. This document will serve as the oath for all electronically filed reports associated with the above listed campaign, if applicable.

Amy W. Dougherty  
Candidate's signature

Teresa L. Burns  
Treasurer's Signature



Published by:  
The Office of the Secretary of State  
Bldg. 1, Suite 157-K  
1900 Kanawha Blvd. East  
Charleston, WV 25305  
1-866-SOS-VOTE  
E-mail : elections@wvsos.com  
Internet: www.WVvotes.com

File this form with Secretary of State if a candidate for statewide, legislative, or multi-county judicial office.  
File this form with County Clerk if a candidate for county office or single-county judicial office.  
File this form with Municipal Clerk/Recorder if a candidate for municipal (city or town) office.

OFFICIAL FORM F-3  
REVISED 4/07



# State of West Virginia Campaign Financial Statement (Long Form) in Relation to the 2008 Election Year

Candidate or Committee Name <b>Amy Daugherty</b>		Candidate or Committee's Treasurer <b>Tresha Buens</b>	
Political Party (for candidates) <b>Democrat</b>		Treasurer's Mailing Address (Street, Route or P.O. Box) [REDACTED]	
Office Sought (for candidates) <b>Magistrate</b>	District/Division <b>Cabell</b>	City, State, Zip Code <b>Huntington, WV 25701</b>	Daytime Phone # [REDACTED]

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

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Primary - First Report<br>Due March 29 - April 4, 2008 | <input checked="" type="checkbox"/> Pre-primary Report<br>Due April 28 - May 2, 2008 | <input type="checkbox"/> Post-primary Report<br>Due May 26 - 30, 2008  |
| <input type="checkbox"/> General - First Report<br>Due Sept. 22- 26, 2008       | <input type="checkbox"/> Pre-general Report<br>Due Oct. 20- 24, 2008                 | <input type="checkbox"/> Post-general Report<br>Due Nov. 17 - 21, 2008 |

**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 at the completion of the report.*

**RECEIPTS OF FUNDS:**

Totals for this Period

Contributions (Page 3)	\$ 500.00
Monetary Contributions from all Fund-Raising Events (Page 4)	+ 0
Receipt of a Transfer of Excess Funds (Page 8)	+ 0
<b>Total Monetary Contributions:</b>	<b>= \$ 500.00</b>
In-Kind Contributions (Page 5)	+ 0
<b>Total Contributions:</b>	<b>= \$ 500.00</b>

**CASH BALANCE SUMMARY**

Beginning Balance (ending balance from previous report)	\$ 2,050.52
Total Monetary Contributions	+ \$ 500.00
Total Other Income	+ \$ 8,000.00
<b>Subtotal: a.</b>	<b>= 10,550.52</b>

Other Income (Page 5)	0
Loans Received (Page 8)	+ \$ 8,000.00
<b>Total Other Income:</b>	<b>= \$ 8,000.00</b>

Total Expenditures (Page 7)	\$ 9,434.93
Total Disbursements of Excess Funds (Page 8)	+ 0
Repayment of Loans (Page 6)	+ 0
<b>Subtotal: b.</b>	<b>= \$ 9,434.93</b>

**OUTSTANDING LOANS & DEBTS:**

Unpaid Bills (Page 9)	0
Outstanding Loans (Page 6)	+ \$ 17,700.00
<b>Total Debts:</b>	<b>= \$ 17,700.00</b>

<b>Ending Balance:</b> (Subtotal a. - Subtotal b.)	<b>= \$ 1,115.62</b>
<small>*Cannot be negative balance</small>	

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

**\$ 10,240.00**

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

**\$ 26,824.41**



Contributors of More than \$250

Check if additional pages have been attached.

DATE	INDIVIDUAL CONTRIBUTOR OR COMMITTEE'S NAME	AMOUNT
4/14/08	Full Name: William L. Redd Address: (residential and mailing if they are different) 530 5th AVE Hgtw. WV 25701 Contributor's job: (individual contributor only) Widow Where contributor works: (individual contributor only) Affiliation: (political committee only)	\$ 400.00
	Full Name: Address: (residential and mailing if they are different) Contributor's job: (individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only)	
	Full Name: Address: (residential and mailing if they are different) Contributor's job: (individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only)	
	Full Name: Address: (residential and mailing if they are different) Contributor's job: (individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only)	
	Full Name: Address: (residential and mailing if they are different) Contributor's job: (individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only)	
	Full Name: Address: (residential and mailing if they are different) Contributor's job: (individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only)	
	Full Name: Address: (residential and mailing if they are different) Contributor's job: (individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only)	

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED

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

	400.00
	+ 100.00
Total Contributions:	= 500.00



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

Date	Source of Income	Type of Receipt	Amount

Total Other Income:

Check if additional pages have been attached.

**IN-KIND CONTRIBUTIONS**

Date	Name and Contributor Information	Description of Contribution	Market Value

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.

Total In-Kind Contributions:

# 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:
  - a 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.
  - b 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 Candidate or Candidate's Spouse Loans: List name, residence and mailing address of person(s) making or cosigning loan	Column A	Column B		Column C		Column D
	Balance of previous loan at end of period	Amount of new loan received during period		Repayments during period		Balance outstanding at end of period
	Amount	Date	Amount	Date	Amount	Amount
Amy Daugherty High WV 25701	\$ 9700.00			Ø		\$ 9700.00
Amy Daugherty High WV 25701		4/14	3000.00			\$ 3000.00
Amy Daugherty High WV 25701		4/17	3000.00			\$ 3000.00
Amy Daugherty High WV 2501		4/22	2000.00			\$ 2000.00
5						
		Totals:		Loans Received	Repayment of Loans	Outstanding Loans
				\$ 8,000.00	Ø	\$ 17,700.00

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

Date	Source of Income	Type of Receipt	Amount

Total Other Income:

Check if additional pages have been attached.

**IN-KIND CONTRIBUTIONS**

Date	Name and Contributor Information	Description of Contribution	Market Value

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.

Total In-Kind Contributions:

KAREN S. COLE  
 CABELL COUNTY  
 CLERK  
 2008 MAY -1 12:50

## PROMISSORY NOTE

\$3,000.00

Date: <sup>April</sup> March 14, 2008

For value received, the undersigned Committee to elect Amy Daugherty (the "Borrower"), at [REDACTED] Huntington, West Virginia 25701, promises to pay to the order of Amy Daugherty, (the "Lender"), at [REDACTED] Huntington, WV 25701, (or at such other place as the Lender may designate in writing) the sum of \$3,000.00 with no interest.

The unpaid principal shall be payable in full on December 31, 2008 (the "Due Date").

All payments on this Note shall be applied first in payment of accrued interest and any remainder in payment of principal.

If any payment obligation under this Note is not paid when due, the remaining unpaid principal balance and any accrued interest shall become due immediately at the option of the Lender.

The Borrower reserves the right to prepay this Note (in whole or in part) prior to the Due Date with no prepayment penalty.

If any payment obligation under this Note is not paid when due, the Borrower promises to pay all costs of collection, including reasonable attorney fees, whether or not a lawsuit is commenced as part of the collection process.

If any of the following events of default occur, this Note and any other obligations of the Borrower to the Lender, shall become due immediately, without demand or notice:

- 1) the failure of the Borrower to pay the principal and any accrued interest in full on or before the Due Date;
- 2) the death of the Borrower or Lender;
- 3) the filing of bankruptcy proceedings involving the Borrower as a debtor;
- 4) the application for the appointment of a receiver for the Borrower;
- 5) the making of a general assignment for the benefit of the Borrower's creditors;
- 6) the insolvency of the Borrower;



7) a misrepresentation by the Borrower to the Lender for the purpose of obtaining or extending credit.

If any one or more of the provisions of this Note are determined to be unenforceable, in whole or in part, for any reason, the remaining provisions shall remain fully operative.

All payments of principal and interest on this Note shall be paid in the legal currency of the United States. The Borrower waives presentment for payment, protest, and notice of protest and nonpayment of this Note.

No renewal or extension of this Note, delay in enforcing any right of the Lender under this Note, or assignment by Lender of this Note shall affect the liability or the obligations of the Borrower. All rights of the Lender under this Note are cumulative and may be exercised concurrently or consecutively at the Lender's option.

This Note shall be construed in accordance with the laws of the State of West Virginia.

Signed this 14 day of APRIL, 2008, at \_\_\_\_\_  
\_\_\_\_\_

Borrower:  
Committee to elect Amy Daugherty

By:   
Committee to elect Amy Daugherty

*PROMISSORY NOTE*

\$3,000.00

Date: ~~March~~ <sup>April</sup> 17, 2008

For value received, the undersigned Committee to elect Amy Daugherty (the "Borrower"), at [REDACTED] Huntington, West Virginia 25701, promises to pay to the order of Amy Daugherty, (the "Lender"), at [REDACTED] Huntington, WV 25701, (or at such other place as the Lender may designate in writing) the sum of \$3,000.00 with no interest.

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- 2) the death of the Borrower or Lender;
- 3) the filing of bankruptcy proceedings involving the Borrower as a debtor;
- 4) the application for the appointment of a receiver for the Borrower;
- 5) the making of a general assignment for the benefit of the Borrower's creditors;
- 6) the insolvency of the Borrower;

7) a misrepresentation by the Borrower to the Lender for the purpose of obtaining or extending credit.

If any one or more of the provisions of this Note are determined to be unenforceable, in whole or in part, for any reason, the remaining provisions shall remain fully operative.

All payments of principal and interest on this Note shall be paid in the legal currency of the United States. The Borrower waives presentment for payment, protest, and notice of protest and nonpayment of this Note.

No renewal or extension of this Note, delay in enforcing any right of the Lender under this Note, or assignment by Lender of this Note shall affect the liability or the obligations of the Borrower. All rights of the Lender under this Note are cumulative and may be exercised concurrently or consecutively at the Lender's option.

This Note shall be construed in accordance with the laws of the State of West Virginia.

Signed this 17 day of 14th April 2008, at \_\_\_\_\_  
\_\_\_\_\_

Borrower:

Committee to elect Amy Daugherty

By:

Lesha S. Burns  
Committee to elect Amy Daugherty

PROMISSORY NOTE

\$2,000.00

Date: <sup>April</sup> ~~March~~ 22, 2008

For value received, the undersigned Committee to elect Amy Daugherty (the "Borrower"), at [REDACTED], Huntington, West Virginia 25701, promises to pay to the order of Amy Daugherty, (the "Lender"), at [REDACTED], Huntington, WY 25701, (or at such other place as the Lender may designate in writing) the sum of \$2,000.00 with no interest.

The unpaid principal shall be payable in full on December 31, 2008 (the "Due Date").

All payments on this Note shall be applied first in payment of accrued interest and any remainder in payment of principal.

If any payment obligation under this Note is not paid when due, the remaining unpaid principal balance and any accrued interest shall become due immediately at the option of the Lender.

The Borrower reserves the right to prepay this Note (in whole or in part) prior to the Due Date with no prepayment penalty.

If any payment obligation under this Note is not paid when due, the Borrower promises to pay all costs of collection, including reasonable attorney fees, whether or not a lawsuit is commenced as part of the collection process.

If any of the following events of default occur, this Note and any other obligations of the Borrower to the Lender, shall become due immediately, without demand or notice:

- 1) the failure of the Borrower to pay the principal and any accrued interest in full on or before the Due Date;
- 2) the death of the Borrower or Lender;
- 3) the filing of bankruptcy proceedings involving the Borrower as a debtor;
- 4) the application for the appointment of a receiver for the Borrower;
- 5) the making of a general assignment for the benefit of the Borrower's creditors;
- 6) the insolvency of the Borrower;

7) a misrepresentation by the Borrower to the Lender for the purpose of obtaining or extending credit.

If any one or more of the provisions of this Note are determined to be unenforceable, in whole or in part, for any reason, the remaining provisions shall remain fully operative.

All payments of principal and interest on this Note shall be paid in the legal currency of the United States. The Borrower waives presentment for payment, protest, and notice of protest and nonpayment of this Note.

No renewal or extension of this Note, delay in enforcing any right of the Lender under this Note, or assignment by Lender of this Note shall affect the liability or the obligations of the Borrower. All rights of the Lender under this Note are cumulative and may be exercised concurrently or consecutively at the Lender's option.

This Note shall be construed in accordance with the laws of the State of West Virginia.

Signed this 22 day of April 2008 at \_\_\_\_\_

Borrower:  
Committee to elect Amy Daugherty

By: *Liesha S. Burns*  
Committee to elect Amy Daugherty

**ITEMIZED EXPENDITURES**  
(Itemize 3rd party expenditures/ reimbursements)

Check if additional pages  
have been attached.

Date	Name of Person or Vendor and Address	Purpose	Amount
4/8/08	Big Eagle 400 W 9th st. Huntington WV 25704	Advertising	\$ 1400.00
4/11/08	Vicky's Party shop 290 E. Main St. Milton, WV 25541	Candy making Supplies	\$ 16.91
4/14/08	Commissuer Media LLC 136 Main St. Suite 202 Westport, CT 06880	Radio	\$ 840.00
4/17/08	Big Eagle 400 W. 9th st. Huntington, WV 25704	Postcards	\$ 583.00
4/17/08	Clear channel Radio 134 4th ave Huntington, WV 25701	Radio	\$ 882.30
4/17/08	Kindred Communications P.O. Box 1150 Huntington, WV 25713	Radio	\$ 825.00
4/17/08	WENM FM Radio 703 3rd Ave. Hgtw. WV 25701	Radio	\$ 300.00
4/17/08	M and M Mailing Company P.O. Box 6605 Huntington, WV 25772	Postage	\$ 1192.95
4/17/08	M and Mailing Company P.O. Box 6605 Huntington, WV 25772	Inkjet Address- Mailings	\$ 266.25
4/17/08	Herald Dispatch P.O. Box 2017 Huntington, WV 25720	Advertising	\$ 2054.82
4/22/08	Clear channel Radio 134 4th ave Huntington WV 25701	Radio	\$ 501.50
4/22/08	Clear channel Radio 134 4th ave Huntington, WV 25701	Radio	\$ 122.40
4/22/08	Herald Dispatch P.O. Box 2017 Huntington, WV 25720	Advertising	\$ 449.82
		Total Expenditures:	\$ 9434.93

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OF THIS PAGE AS YOU NEED.

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:		

Disbursements of Excess Funds

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

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# State of West Virginia Campaign Financial Statement (Long Form) in Relation to the 2008 Election Year

Candidate or Committee Name <i>Nancy Daugherty</i>		Candidate or Committee's Treasurer <i>Teasha Buehls</i>	
Political Party (for candidates) <i>Democrat</i>		Treasurer's Mailing Address (Street, Route or P.O. Box) [REDACTED]	
Office Sought (for candidates) <i>Magistrate</i>	District/Division <i>Cabell</i>	City, State, Zip Code <i>Huntington, WV 25701</i>	Daytime Phone # [REDACTED]

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

<input checked="" type="checkbox"/> Primary - First Report Due March 29 - April 4, 2008	<input type="checkbox"/> Pre-primary Report Due April 28 - May 2, 2008	<input type="checkbox"/> Post-primary Report Due May 26 - 30, 2008
<input type="checkbox"/> General - First Report Due Sept. 22- 26, 2008	<input type="checkbox"/> Pre-general Report Due Oct. 20- 24, 2008	<input type="checkbox"/> Post-general Report Due Nov. 17 - 21, 2008

**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)	\$ 7365. <sup>00</sup>
Monetary Contributions from all Fund-Raising Events (Page 4)	+ \$ 2375. <sup>00</sup>
Receipt of a Transfer of Excess Funds (Page 8)	+
<b>Total Monetary Contributions:</b>	<b>= \$ 9,740.<sup>00</sup></b>
In-Kind Contributions (Page 5)	+ 0
<b>Total Contributions:</b>	<b>= \$ 9,740.<sup>00</sup></b>

Other Income (Page 5)	0
Loans Received (Page 6)	+ \$ 9,700. <sup>00</sup>
<b>Total Other Income:</b>	<b>= \$ 9,700.<sup>00</sup></b>

### OUTSTANDING LOANS & DEBTS:

Unpaid Bills (Page 9)	0
Outstanding Loans (Page 6)	+ \$ 9,700. <sup>00</sup>
<b>Total Debts:</b>	<b>= \$ 9,700.<sup>00</sup></b>

### CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	-
<b>Total Monetary Contributions</b>	<b>+ \$ 9,740.<sup>00</sup></b>
<b>Total Other Income</b>	<b>+ \$ 9,700.<sup>00</sup></b>
<b>Subtotal: a.</b>	<b>= \$ 19,440.<sup>00</sup></b>

<b>Total Expenditures (Page 7)</b>	<b>\$ 17,389.48</b>
<b>Total Disbursements of Excess Funds (Page 8)</b>	<b>+ 0</b>
<b>Repayment of Loans (Page 6)</b>	<b>+ 0</b>
<b>Subtotal: b.</b>	<b>= \$ 17,389.48</b>

<b>Ending Balance: (Subtotal a. - Subtotal b.)</b>	<b>= \$ 2050.52</b>
--	---------------------

*\*Cannot be negative balance*

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

\$ 9,740.<sup>00</sup>

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

\$ 17,389.48

Contributors of  
\$250 or Less Check if additional pages  
have been attached.

DATE	CONTRIBUTOR'S FULL NAME OR COMMITTEE'S NAME	AMOUNT
10/24/01	Leah Salyers	100.00
10/30/01	Occupational Disability	200.00
11/2/01	Paul Hall	50.00
11/6/01	Donald and Mary Watts	25.00
11/6/01	Dr. McKown Jr.	100.00
11/6/01	Richard and Sydney Wilding	25.00
11/6/01	Jeanette G. Basham	50.00
11/13/01	Gina Baldwin	100.00
11/13/01	Arthur and Judith Sorrett	25.00
11/13/01	Harry and Linda Hager	100.00
11/13/01	Sandra Stepp	50.00
10/15/01	J. Grant McCann	100.00
10/7/01	Phillip and Beverly Carter	50.00
12/1/01	Ronnie Farrell	40.00
12/7/01	John and Ann Speer	50.00
12/7/01	Lewis and Diane Bright	100.00
2/9/02	Tom and Sally Pottit	50.00

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Subtotal of contributors of \$250.00 or less:

\$ 1215.00



# State of West Virginia Campaign Financial Statement (Long Form) in Relation to the 2008 Election Year

Candidate or Committee Name		Candidate or Committee's Treasurer	
Political Party (for candidates)		Treasurer's Mailing Address (Street, Route or P.O. Box)	
Office Sought (for candidates)	District/Division	City, State, Zip Code	Daytime Phone #

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

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Primary - First Report<br>Due March 29 - April 4, 2008 | <input type="checkbox"/> Pre-primary Report<br>Due April 28 - May 2, 2008 | <input type="checkbox"/> Post-primary Report<br>Due May 26 - 30, 2008  |
| <input type="checkbox"/> General - First Report<br>Due Sept. 22- 26, 2008       | <input type="checkbox"/> Pre-general Report<br>Due Oct. 20- 24, 2008      | <input type="checkbox"/> Post-general Report<br>Due Nov. 17 - 21, 2008 |

**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 at the completion of the report.*

**RECEIPTS OF FUNDS:**

Totals for this Period

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

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

**OUTSTANDING LOANS & DEBTS:**

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

**CASH BALANCE SUMMARY**

Beginning Balance (ending balance from previous report)	
Total Monetary Contributions	+
Total Other Income	+
<b>Subtotal: a.</b>	=

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

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

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

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

**Contributors of  
More than \$250**

Check if additional pages  
have been attached.

DATE	INDIVIDUAL CONTRIBUTOR OR COMMITTEE'S NAME	AMOUNT
3/26/08	Full Name: <i>Berrett, Chafin, Lowry &amp; Ames</i> Address: (residential and mailing if they are different) <i>PO. Box 702 Huntington, WV 25708</i> Contributor's job: (individual contributor only) <i>Lawyer</i> Where contributor works: (individual contributor only) <i>Berrett, Chafin, Lowry &amp; Ames</i> Affiliation: (political committee only)	500.00
	Full Name: Address: (residential and mailing if they are different) Contributor's job: (individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only)	
	Full Name: Address: (residential and mailing if they are different) Contributor's job: (individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only)	
	Full Name: Address: (residential and mailing if they are different) Contributor's job: (individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only)	
	Full Name: Address: (residential and mailing if they are different) Contributor's job: (individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only)	
	Full Name: Address: (residential and mailing if they are different) Contributor's job: (individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only)	

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

Total Contributions:

+	
=	

**Contributors of More than \$250**

Check if additional pages have been attached.

DATE	INDIVIDUAL CONTRIBUTOR OR COMMITTEE'S NAME	AMOUNT
7/30/07	Full Name: William L. Roberts Address: (residential and mailing if they are different) 2317 2nd St. Suite 4 Pikeville Ky 41502 Contributor's job: (individual contributor only) Lawyer Where contributor works: (individual contributor only) Affiliation: (political committee only)	1,000
8/14/07	Full Name: William Arnett Address: (residential and mailing if they are different) P.O. Box 489 Slaytersville, KY 41465 Contributor's job: (Individual contributor only) Lawyer Where contributor works: (individual contributor only) Affiliation: (political committee only)	1,000
8/14/07	Full Name: Sabrina Arnett Address: (residential and mailing if they are different) P.O. Box 489 Slaytersville, KY 41465 Contributor's job: (Individual contributor only) Secretary Where contributor works: (individual contributor only) Affiliation: (political committee only)	1,000
10/1/07	Full Name: Ethel Charlin Address: (residential and mailing if they are different) 110 Camelot Dr. Huntington, WV 25701 Contributor's job: (Individual contributor only) None Where contributor works: (individual contributor only) Affiliation: (political committee only)	300.00
10/1/07	Full Name: Ken and Taina Hicks Address: (residential and mailing if they are different) 142 4th Ave Huntington, WV 25701 Contributor's job: (Individual contributor only) Lawyer Where contributor works: (individual contributor only) Affiliation: (political committee only)	1,000
2/19/07	Full Name: Edna and J.T. Meisel Address: (residential and mailing if they are different) 646 5th Ave Huntington, WV 25701 Contributor's job: (individual contributor only) Lawyer Where contributor works: (Individual contributor only) Affiliation: (political committee only)	500.00

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Subtotal of all contributors of more than \$250:	\$ 5,300.00
Subtotal of all contributors of \$250 or less (From page 2):	+ 2,065.00
<b>Total Contributions:</b>	<b>= 7,365.00</b>

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. (WV Code §3-8-5a)

EVENT SUMMARY

Date of Event <u>November 6 2007</u>	Total Monetary Contributions: <u>2375.00</u> Total Expenditures: (Itemized on page 7) <u>- 2022.00</u> NET RECEIPTS: <u>= 353.00</u> Total In-Kind Contributions Related to the Fund-raiser (Itemized on page 5.)
Type of Event <u>Fundraiser</u>	
Name of Place Held <u>Rainada INN</u>	
Address of Place Held <u>3094 16th St. Rd. Huntington, Wv 25701</u>	

Contributors of \$250 or less

Contributors of more than \$250

Date	Full Name	Amount	Date	Full Name	Amount
11/6/07	Carol & Patricia Justice	100.00	11/6/07	Don & Pam Skope Address: (residential and mailing if they are different) 54 Pine Hill dr. Estates Kenova, Wv 25530 Contributor's job: (Individual only) Lawyer Where contributor works: (Individual only)	300.00
11/6/07	Charles & Teresa Abraham	25.00	11/6/07	DAN EYMER Address: (residential and mailing if they are different) PO BOX 25151 Huntington, Wv 25707 Contributor's job: (Individual only) Lawyer Where contributor works: (Individual only) Affiliation: (Political committee only)	500.00
11/6/07	Sandra Calles	25.00			
11/6/07	Barbara Warton	50.00			
11/6/07	Mike George	50.00	11/6/07	JOE STEVENS Address: (residential and mailing if they are different) 8137 Court Av. Herald, Wv Contributor's job: (Individual only) Lawyer 2550-3 Where contributor works: (Individual only) Affiliation: (Political committee only)	1000.00
11/6/07	Frank & Jewel Matthews	25.00			
11/6/07	Martha Beck ISSAKS	25.00			
11/6/07	Manda Hazellett	25.00	11/6/07	Dale Stephens Contributor's job: (Individual only) Where contributor works: (Individual only) Affiliation: (Political committee only)	
11/6/07	Fernous Jackson	50.00			
11/6/07	Don Egner				
11/6/07	Ace & Melissa Plymule	25.00	11/6/07	Full Name Address: (residential and mailing if they are different) Contributor's job: (Individual only) Where contributor works: (Individual only) Affiliation: (Political committee only)	
11/6/07	Carl Eastham	25.00			
11/6/07	Rog & Barbara Everett	100.00			
Subtotal of contributors of \$250.00 or less:		575.00	Subtotal of contributors of more than \$250:		1800.00
					+ 575.00
			Total Contributions:		2375.00

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

Total Other Income:

Check if additional pages have been attached.

**IN-KIND CONTRIBUTIONS**

Date	Name and Contributor Information	Description of Contribution	Market Value

Total In-Kind Contributions:

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# 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

- 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.)
- 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 Candidate or Candidate's Spouse Loans: List name, residence and mailing address of person(s) making or cosigning loan	Column A	Column B		Column C		Column D
	Balance of previous loan at end of period	Amount of new loan received during period		Repayments during period		Balance outstanding at end of period
	Amount	Date	Amount	Date	Amount	Amount
Amy Daugherty [Redacted]		7/24/07	4,000			\$ 4,000
Amy Daugherty [Redacted]		10/15/07	1,000			\$ 1,000
Amy Daugherty [Redacted]		10/15/07	2,000			\$ 2,000
Amy Daugherty [Redacted]		3/11/08	2,700			\$ 2,700
4. [Redacted] Martinsburg WV 25801						
5.						
		Loans Received		Repayment of Loans		Outstanding Loans
		\$ 9,700.00		Ø		\$ 9,700.00
	Totals:					

## PROMISSORY NOTE

\$4,000.00

Date: July 24, 2007

For value received, the undersigned Committee to elect Amy Daugherty (the "Borrower"), at [REDACTED] Huntington, West Virginia 25701, promises to pay to the order of Amy Daugherty, (the "Lender"), at [REDACTED] Huntington, WV 25701, (or at such other place as the Lender may designate in writing) the sum of \$4,000.00 with no interest.

The unpaid principal shall be payable in full on December 31, 2008 (the "Due Date").

All payments on this Note shall be applied first in payment of accrued interest and any remainder in payment of principal.

If any payment obligation under this Note is not paid when due, the remaining unpaid principal balance and any accrued interest shall become due immediately at the option of the Lender.

The Borrower reserves the right to prepay this Note (in whole or in part) prior to the Due Date with no prepayment penalty.

If any payment obligation under this Note is not paid when due, the Borrower promises to pay all costs of collection, including reasonable attorney fees, whether or not a lawsuit is commenced as part of the collection process.

If any of the following events of default occur, this Note and any other obligations of the Borrower to the Lender, shall become due immediately, without demand or notice:

- 1) the failure of the Borrower to pay the principal and any accrued interest in full on or before the Due Date;
- 2) the death of the Borrower or Lender;
- 3) the filing of bankruptcy proceedings involving the Borrower as a debtor;
- 4) the application for the appointment of a receiver for the Borrower;
- 5) the making of a general assignment for the benefit of the Borrower's creditors;
- 6) the insolvency of the Borrower;

7) a misrepresentation by the Borrower to the Lender for the purpose of obtaining or extending credit.

If any one or more of the provisions of this Note are determined to be unenforceable, in whole or in part, for any reason, the remaining provisions shall remain fully operative.

All payments of principal and interest on this Note shall be paid in the legal currency of the United States. The Borrower waives presentment for payment, protest, and notice of protest and nonpayment of this Note.

No renewal or extension of this Note, delay in enforcing any right of the Lender under this Note, or assignment by Lender of this Note shall affect the liability or the obligations of the Borrower. All rights of the Lender under this Note are cumulative and may be exercised concurrently or consecutively at the Lender's option.

This Note shall be construed in accordance with the laws of the State of West Virginia.

Signed this 24 day of July, 2007, at \_\_\_\_\_.

Borrower:  
Committee to elect Amy Daugherty

By: Yvonne S. Bennett  
Committee to elect Amy Daugherty

## PROMISSORY NOTE

\$1,000.00

Date: October 15, 2007

For value received, the undersigned Committee to elect Amy Daugherty (the "Borrower"), at [REDACTED] huntington, West Virginia 25701, promises to pay to the order of Amy Daugherty, (the "Lender"), a [REDACTED] huntington, wv 25701, (or at such other place as the Lender may designate in writing) the sum of \$1,000.00 with no interest.

The unpaid principal shall be payable in full on December 31, 2008 (the "Due Date").

All payments on this Note shall be applied first in payment of accrued interest and any remainder in payment of principal.

If any payment obligation under this Note is not paid when due, the remaining unpaid principal balance and any accrued interest shall become due immediately at the option of the Lender.

The Borrower reserves the right to prepay this Note (in whole or in part) prior to the Due Date with no prepayment penalty.

If any payment obligation under this Note is not paid when due, the Borrower promises to pay all costs of collection, including reasonable attorney fees, whether or not a lawsuit is commenced as part of the collection process.

If any of the following events of default occur, this Note and any other obligations of the Borrower to the Lender, shall become due immediately, without demand or notice:

- 1) the failure of the Borrower to pay the principal and any accrued interest in full on or before the Due Date;
- 2) the death of the Borrower or Lender;
- 3) the filing of bankruptcy proceedings involving the Borrower as a debtor;
- 4) the application for the appointment of a receiver for the Borrower;
- 5) the making of a general assignment for the benefit of the Borrower's creditors;
- 6) the insolvency of the Borrower;

7) a misrepresentation by the Borrower to the Lender for the purpose of obtaining or extending credit.

If any one or more of the provisions of this Note are determined to be unenforceable, in whole or in part, for any reason, the remaining provisions shall remain fully operative.


All payments of principal and interest on this Note shall be paid in the legal currency of the United States. The Borrower waives presentment for payment, protest, and notice of protest and nonpayment of this Note.

No renewal or extension of this Note, delay in enforcing any right of the Lender under this Note, or assignment by Lender of this Note shall affect the liability or the obligations of the Borrower. All rights of the Lender under this Note are cumulative and may be exercised concurrently or consecutively at the Lender's option.

This Note shall be construed in accordance with the laws of the State of West Virginia.

Signed this 16 day of February, 2007 at \_\_\_\_\_  
\_\_\_\_\_

Borrower:  
Committee to elect Amy Daugherty

By:   
Committee to elect Amy Daugherty

*PROMISSORY NOTE*

\$2,000.00

Date: October 30, 2007

For value received, the undersigned Committee to elect Amy Daugherty (the "Borrower"), at [REDACTED] huntington, West Virginia 25701, promises to pay to the order of Amy Daugherty, (the "Lender"), at [REDACTED] huntington, wv 25701, (or at such other place as the Lender may designate in writing) the sum of \$2,000.00 with no interest.

The unpaid principal shall be payable in full on December 31, 2008 (the "Due Date").

All payments on this Note shall be applied first in payment of accrued interest and any remainder in payment of principal.

If any payment obligation under this Note is not paid when due, the remaining unpaid principal balance and any accrued interest shall become due immediately at the option of the Lender.

The Borrower reserves the right to prepay this Note (in whole or in part) prior to the Due Date with no prepayment penalty.

If any payment obligation under this Note is not paid when due, the Borrower promises to pay all costs of collection, including reasonable attorney fees, whether or not a lawsuit is commenced as part of the collection process.

If any of the following events of default occur, this Note and any other obligations of the Borrower to the Lender, shall become due immediately, without demand or notice:

- 1) the failure of the Borrower to pay the principal and any accrued interest in full on or before the Due Date;
- 2) the death of the Borrower or Lender;
- 3) the filing of bankruptcy proceedings involving the Borrower as a debtor;
- 4) the application for the appointment of a receiver for the Borrower;
- 5) the making of a general assignment for the benefit of the Borrower's creditors;
- 6) the insolvency of the Borrower;

7) a misrepresentation by the Borrower to the Lender for the purpose of obtaining or extending credit.

If any one or more of the provisions of this Note are determined to be unenforceable, in whole or in part, for any reason, the remaining provisions shall remain fully operative.

All payments of principal and interest on this Note shall be paid in the legal currency of the United States. The Borrower waives presentment for payment, protest, and notice of protest and nonpayment of this Note.

No renewal or extension of this Note, delay in enforcing any right of the Lender under this Note, or assignment by Lender of this Note shall affect the liability or the obligations of the Borrower. All rights of the Lender under this Note are cumulative and may be exercised concurrently or consecutively at the Lender's option.

This Note shall be construed in accordance with the laws of the State of West Virginia.

Signed this 30 day of October 2007 at \_\_\_\_\_.

Borrower:  
Committee to elect Amy Daugherty

By:   
Committee to elect Amy Daugherty

## PROMISSORY NOTE

\$2,700.00

Date: March 11, 2008

For value received, the undersigned Committee to elect Amy Daugherty (the "Borrower"), at [REDACTED] Huntington, West Virginia 25701, promises to pay to the order of Amy Daugherty, (the "Lender"), at [REDACTED] Huntington, WV 25701, (or at such other place as the Lender may designate in writing) the sum of \$2,700.00 with no interest.

The unpaid principal shall be payable in full on December 31, 2008 (the "Due Date").

All payments on this Note shall be applied first in payment of accrued interest and any remainder in payment of principal.

If any payment obligation under this Note is not paid when due, the remaining unpaid principal balance and any accrued interest shall become due immediately at the option of the Lender.

The Borrower reserves the right to prepay this Note (in whole or in part) prior to the Due Date with no prepayment penalty.

If any payment obligation under this Note is not paid when due, the Borrower promises to pay all costs of collection, including reasonable attorney fees, whether or not a lawsuit is commenced as part of the collection process.

If any of the following events of default occur, this Note and any other obligations of the Borrower to the Lender, shall become due immediately, without demand or notice:

- 1) the failure of the Borrower to pay the principal and any accrued interest in full on or before the Due Date;
- 2) the death of the Borrower or Lender;
- 3) the filing of bankruptcy proceedings involving the Borrower as a debtor;
- 4) the application for the appointment of a receiver for the Borrower;
- 5) the making of a general assignment for the benefit of the Borrower's creditors;
- 6) the insolvency of the Borrower;



7) a misrepresentation by the Borrower to the Lender for the purpose of obtaining or extending credit.

If any one or more of the provisions of this Note are determined to be unenforceable, in whole or in part, for any reason, the remaining provisions shall remain fully operative.

All payments of principal and interest on this Note shall be paid in the legal currency of the United States. The Borrower waives presentment for payment, protest, and notice of protest and nonpayment of this Note.

No renewal or extension of this Note, delay in enforcing any right of the Lender under this Note, or assignment by Lender of this Note shall affect the liability or the obligations of the Borrower. All rights of the Lender under this Note are cumulative and may be exercised concurrently or consecutively at the Lender's option.

This Note shall be construed in accordance with the laws of the State of West Virginia.

Signed this 11 day of March 2008 at \_\_\_\_\_  
\_\_\_\_\_.

Borrower:  
Committee to elect Amy Daugherty

By: Shirley S. Brown  
Committee to elect Amy Daugherty

**ITEMIZED EXPENDITURES**  
(Itemize 3rd party expenditures/ reimbursements)

Check if additional pages  
have been attached.

Date	Name of Person or Vendor and Address	Purpose	Amount
7/24/07	Goodall Printing 1124 20th St. Huntington, WV 25701	Banners and Cards	\$ 481.24
7/30/07	First Sentry 523 5th St. Huntington, WV 25701	Checks for account	\$ 94.34
8/13/07	Dans Sporting Goods 1155 4th Ave. Huntington, WV 25701	Shirts	\$ 190.60
8/16/07	Dale Stephens 227 1/2 5th Ave Hgtc. WV 25701	Signs	\$ 2000.00
8/16/07	Ronald Webb "Deceased"	Signs	\$ 636.00
10/2/07	Carter Custom Graphics Ritter Plaza Barbourville, WV 25504	Frisbees Parade	\$ 600.00
10/2/07	Lewis Promotional Marketing P.O. Box 511 Gardner, KS 66030	Pens	\$ 1,435.00
10/28/07	USPS Downtown Station Huntington, WV 25701	Stamps	\$ 164.00
12/10/07	Dale Stephens 227 1/2 5th Ave Huntington, WV 25701	Signs	\$ 2595.10
12/19/07	Camelot Photography 720 14th St W Huntington, WV 25704	Photos	\$ 159.00
1/6/08	WV Democratic Ex. Committee 717 Lee St. East Ste 214 Charleston, WV 25301	Voters Reg. List For Mailings	\$ 300.00
1/13/08	Cabell County Clerk Karen Cole - Court house Huntington, WV 25701	Filing Fee For Magistrate	\$ 500.00
2/19/08	Dale Stephens 227 1/2 5th Ave Hgtc WV 25701	Delivery of Signs	\$ 98.20
3/11/08	Lamar Advertising P.O. Box 458 Kenova, WV 25930	Billboards	\$ 5,370.00

MAKE AS MANY COPIES  
OF THIS PAGE AS YOU NEED.

Total Expenditures:

*Fundraising*

**ITEMIZED EXPENDITURES**  
 (Itemize 3rd party expenditures/ reimbursements)

Check if additional pages have been attached.

Date	Name of Person or Vendor and Address	Purpose	Amount
11/6/07	Bon Appetit Catering Huntington, WV 25703	Fundraiser Food	1,272.00
11/6/07	Ramada Inn 3044 10th St. Rd Huntington WV	Fundraiser Room Rental	250.00
11/6/07	1432 Flood Band 200 12th Ave Huntington, D.5701	Fundraiser Entertainment	500.00
<b>MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.</b>			<b>Total Expenditures:</b>

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:		

Disbursements of Excess Funds

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

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.

**ITEMIZED EXPENDITURES**  
 (Itemize 3rd party expenditures/ reimbursements)

Check if additional pages have been attached.

Date	Name of Person or Vendor and Address	Purpose	Amount
3/25/08	Lamar Advertising P.O. BOX 486 KENTON KY 40550	Reimburse	\$ 744.00
<b>Total Expenditures:</b>			17,387.48

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.





# State of West Virginia Campaign Financial Statement (Long Form) in Relation to the 2008 Election Year

Candidate or Committee Name <b>Amy Daugherty</b>		Candidate or Committee's Treasurer <b>Tresha L. Burns</b>	
Political Party (for candidates) <b>Democrat</b>		Treasurer's Mailing Address (Street, Route or P.O. Box) [REDACTED]	
Office Sought (for candidates) <b>Magistrate</b>	District/Division <b>Cabell</b>	City, State, Zip Code <b>Huntington, WV 25701</b>	Daytime Phone # <b>617-0880</b>

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

<input type="checkbox"/> Primary - First Report Due March 29 - April 4, 2008	<input type="checkbox"/> Pre-primary Report Due April 28 - May 2, 2008	<input checked="" type="checkbox"/> Post-primary Report Due May 26 - 30, 2008
<input type="checkbox"/> General - First Report Due Sept. 22- 26, 2008	<input type="checkbox"/> Pre-general Report Due Oct. 20- 24, 2008	<input type="checkbox"/> Post-general Report Due Nov. 17 - 21, 2008

**Check if Applicable:**

<input type="checkbox"/> Amended Report You must also check box of appropriate reporting period
<input type="checkbox"/> 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 at the completion of the report.*

### RECEIPTS OF FUNDS:

Totals for this Period

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

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

### OUTSTANDING LOANS & DEBTS:

Unpaid Bills (Page 9)	∅
Outstanding Loans (Page 6)	+ 17,700. <sup>00</sup>
<b>Total Debts:</b>	= 17,700. <sup>00</sup>

### CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	\$ 1,115.62
Total Monetary Contributions	+ ∅
Total Other Income	+ ∅
<b>Subtotal: a.</b>	<b>= \$ 1115.62</b>

Total Expenditures (Page 7)	616.95
Total Disbursements of Excess Funds (Page 8)	+ ∅
Repayment of Loans (Page 6)	+ ∅
<b>Subtotal: b.</b>	<b>= 616.95</b>

Ending Balance: (Subtotal a. - Subtotal b.)	\$ 498.67
<small>*Cannot be negative balance</small>	

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

**10,240.<sup>00</sup>**

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

**27,441.36**



CONTRIBUTORS OF:

\$250 or less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
				Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
				Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
				Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
				Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions:  
(add both columns)

0

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
5/14/08	MandM Mailing Co. P.O. Box 6605 Huntington, WV 25708	Postage	78.41
5/14/08	MandM Mailing Co. "	Mailing	15.42
5/14/08	Data Stephens AAA Signs P.O. Box 9006 Huntington, WV 25704	Wickets For Signs	373.12
5/14/08	Iderald Tasprech P.O. Box 2017 Huntington WV 25700	Advertising	150.00

MAKE AS MANY COPIES  
OF THIS PAGE AS YOU NEED.

Total Expenditures:

616.95

OATH OR AFFIRMATION

I, Tresha L. Burns, 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.

Tresha L. Burns

Signature of Candidate, Agent, or Treasurer

Date May 28, 2008.

Office Use Only

157 11117

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

# State of West Virginia Campaign Financial Statement (Long Form) in Relation to the 2008 Election Year

Candidate or Committee Name <b>Amy Daugherty</b>		Candidate or Committee's Treasurer <b>Tresha L. Burns</b>	
Political Party (for candidates) <b>Democrat</b>		Treasurer's Mailing Address (Street, Route or P.O. Box) [REDACTED]	
Office Sought (for candidates) <b>Magistrate</b>	District/Division <b>Cabell</b>	City, State, Zip Code <b>Huntington WV 25901</b>	Daytime Phone # <b>617-0880</b>

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

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Primary - First Report<br>Due March 29 - April 4, 2008      | <input type="checkbox"/> Pre-primary Report<br>Due April 28 - May 2, 2008 | <input type="checkbox"/> Post-primary Report<br>Due May 26 - 30, 2008  |
| <input checked="" type="checkbox"/> General - First Report<br>Due Sept. 22- 26, 2008 | <input type="checkbox"/> Pre-general Report<br>Due Oct. 20- 24, 2008      | <input type="checkbox"/> Post-general Report<br>Due Nov. 17 - 21, 2008 |

**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 at the completion of the report.*

**RECEIPTS OF FUNDS:**

Totals for this Period

Contributions (Page 3)	\$ 7,225.00
Monetary Contributions from all Fund-Raising Events (Page 4)	+ 0
Receipt of a Transfer of Excess Funds (Page 8)	+ 0
<b>Total Monetary Contributions:</b>	<b>= 7,225.00</b>
In-Kind Contributions (Page 5)	+ 0
<b>Total Contributions:</b>	<b>= 7,225.00</b>

Other Income (Page 5)	
Loans Received (Page 6)	+ \$ 1,000.00
<b>Total Other Income:</b>	<b>= \$ 1,000.00</b>

**OUTSTANDING LOANS & DEBTS:**

Unpaid Bills (Page 9)	
Outstanding Loans (Page 6)	+ 17,700.00
<b>Total Debts:</b>	<b>= 18,700.00</b>

**CASH BALANCE SUMMARY**

Beginning Balance (ending balance from previous report)	498.67
Total Monetary Contributions	+ 7,225.00
Total Other Income	+ 1,000.00
<b>Subtotal: a.</b>	<b>= 8,723.67</b>

Total Expenditures (Page 7)	3,995.30
Total Disbursements of Excess Funds (Page 8)	+ 0
Repayment of Loans (Page 6)	+ 0
<b>Subtotal: b.</b>	<b>= 3,995.30</b>

<b>Ending Balance:</b> (Subtotal a. - Subtotal b.)	<b>= 4,728.37</b>
<small>*Cannot be negative balance</small>	

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

**\$ 17,416.50**

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

**\$ 3,436.66**

Contributors of  
\$250 or Less

Check if additional pages  
have been attached.

DATE	CONTRIBUTOR'S FULL NAME OR COMMITTEE'S NAME	AMOUNT
6/13/08	Dwight & Sharon McMillion	\$ 150.00
7/2/08	Occupational Disability	\$ 200.00
7/2/08	Jeanette Basham	\$ 50.00
7/2/08	Dan Egnor	\$ 100.00
7/23/08	Arthur and Judith Sortett	\$ 25.00
7/23/08	Sandra Stepp	\$ 50.00
8/13/08	Sandra Callebs	\$ 25.00
8/13/08	Phil and Connie Pappas	\$ 25.00
8/13/08	Roy and Barbara Everett	\$ 100.00

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OF THIS PAGE AS YOU NEED

Subtotal of contributors of \$250.00 or less:

\$ 725.00

Contributors of More than \$250

Check if additional pages have been attached.

DATE	INDIVIDUAL CONTRIBUTOR OR COMMITTEE'S NAME	AMOUNT
6/13/08	Full Name: <u>Washington Ave Pre Owned</u> Address: (residential and mailing if they are different) <u>245 Washington Ave.</u> Contributor's job: (Individual contributor only) <u>Car Dealership</u> Where contributor works: (Individual contributor only) <u>same</u> Affiliation: (political committee only)	<del>\$1000.00</del> \$500.00
6/20/08	Full Name: <u>William Roberts</u> Address: (residential and mailing if they are different) <u>P.O. Box 241 Pileville Ky 41502</u> Contributor's job: (Individual contributor only) <u>Lawyer</u> Where contributor works: (Individual contributor only) <u>Lawyer</u> Affiliation: (political committee only)	\$1,000.00
7/03/08	Full Name: <u>William L. Redd</u> Address: (residential and mailing if they are different) <u>530 5th AVE 25701</u> Contributor's job: (individual contributor only) <u>Lawyer</u> Where contributor works: (individual contributor only) Affiliation: (political committee only)	\$1,000.00
7/23/08	Full Name: <u>Ken Hicks</u> Address: (residential and mailing if they are different) <u>742 4th AVE 25701</u> Contributor's job: (Individual contributor only) Where contributor works: (Individual contributor only) <u>Lawyer</u> Affiliation: (political committee only)	\$1,000.00
7/23/08	Full Name: <u>Sabrina Arnett</u> Address: (residential and mailing if they are different) <u>P.O. Box 489 Salysville Ky 41465</u> Contributor's job: (Individual contributor only) Where contributor works: (Individual contributor only) <u>Lawyer</u> Affiliation: (political committee only)	\$1,000.00
7/23/08	Full Name: <u>Grover Arnett</u> Address: (residential and mailing if they are different) <u>P.O. Box 489 Salysville Ky 41465</u> Contributor's job: (Individual contributor only) Where contributor works: (Individual contributor only) <u>Lawyer</u> Affiliation: (political committee only)	\$1,000.00

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED

Subtotal of all contributors of more than \$250:  
 Subtotal of all contributors of \$250 or less (From page 2): +  
 Total Contributions: =

**Contributors of More than \$250**

Check if additional pages have been attached.

DATE	INDIVIDUAL CONTRIBUTOR OR COMMITTEE'S NAME	AMOUNT
9/18/08	Full Name: <u>Joe Stevens</u> Address: (residential and mailing if they are different) <u>P.O. Box 635</u> Contributor's job: (individual contributor only) <u>Lawyer Hamlin,</u> Where contributor works: (individual contributor only) <u>8131 Court Ave. 25523</u> Affiliation: (political committee only)	\$1,000.00
	Full Name: Address: (residential and mailing if they are different) Contributor's job: (individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only)	
	Full Name: Address: (residential and mailing if they are different) Contributor's job: (individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only)	
	Full Name: Address: (residential and mailing if they are different) Contributor's job: (individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only)	
	Full Name: Address: (residential and mailing if they are different) Contributor's job: (individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only)	
	Full Name: Address: (residential and mailing if they are different) Contributor's job: (individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only)	
	Full Name: Address: (residential and mailing if they are different) Contributor's job: (individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only)	

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED

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

Total Contributions:

	6,500
+	725.00
=	7225.00

**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. (WV Code §3-8-5a)

**EVENT SUMMARY**

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

**Contributors of \$250 or less**

**Contributors of more than \$250**

Date	Full Name	Amount	Date	Full Name: 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: Address: (residential and mailing if they are different)	
				Contributor's job: (Individual only)	
				Where contributor works: (Individual only)	
				Affiliation: (Political committee only)	
				Full Name: Address: (residential and mailing if they are different)	
				Contributor's job: (Individual only)	
				Where contributor works: (Individual only)	
				Affiliation: (Political committee only)	
				Full Name: Address: (residential and mailing if they are different)	
				Contributor's job: (Individual only)	
				Where contributor works: (Individual only)	
				Affiliation: (Political committee only)	
Subtotal of contributors of \$250.00 or less:			Subtotal of contributors of more than \$250:		
			Subtotal of contributors of \$250 or less:		+
			Total Contributions:		

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

Total Other Income:

Check if additional pages have been attached.

**IN-KIND CONTRIBUTIONS**

Date	Name and Contributor Information	Description of Contribution	Market Value

Total In-Kind Contributions:

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.

# 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:
  - a. 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.
  - b. 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 Candidate or Candidate's Spouse Loans: List name, residence and mailing address of person(s) making or cosigning loan	Column A Balance of previous loan at end of period		Column B Amount of new loan received during period		Column C Repayments during period		Column D Balance outstanding at end of period
	Amount	Date	Amount	Date	Amount	Amount	
1. <u>Amr Dambachy</u> 	\$17,700.00	5/17	1,000.00		Ø	\$18,700.00	
2.							
3.							
4.							
5.							
<b>Totals:</b>					<b>Loans Received</b>	<b>Repayment of Loans</b>	<b>Outstanding Loans</b>
					\$ 1,000.00	Ø	18,700.00



## **PROMISSORY NOTE**

\$1,000.00

Date: May 27, 2008

For value received, the undersigned Committee to elect Amy Daugherty (the "Borrower"), at [REDACTED] Huntington, West Virginia 25701, promises to pay to the order of Amy Daugherty, (the "Lender"), at [REDACTED] Huntington, West Virginia 25701, (or at such other place as the Lender may designate in writing) the sum of \$1,000.00 with no interest.

The unpaid principal shall be payable in full on December 31, 2008 (the "Due Date").

All payments on this Note shall be applied first in payment of accrued interest and any remainder in payment of principal.

If any payment obligation under this Note is not paid when due, the remaining unpaid principal balance and any accrued interest shall become due immediately at the option of the Lender.

The Borrower reserves the right to prepay this Note (in whole or in part) prior to the Due Date with no prepayment penalty.

If any payment obligation under this Note is not paid when due, the Borrower promises to pay all costs of collection, including reasonable attorney fees, whether or not a lawsuit is commenced as part of the collection process.

If any of the following events of default occur, this Note and any other obligations of the Borrower to the Lender, shall become due immediately, without demand or notice:

- 1) the failure of the Borrower to pay the principal and any accrued interest in full on or before the Due Date;
- 2) the death of the Borrower or Lender;
- 3) the filing of bankruptcy proceedings involving the Borrower as a debtor;
- 4) the application for the appointment of a receiver for the Borrower;
- 5) the making of a general assignment for the benefit of the Borrower's creditors;
- 6) the insolvency of the Borrower;

7) a misrepresentation by the Borrower to the Lender for the purpose of obtaining or extending credit.

If any one or more of the provisions of this Note are determined to be unenforceable, in whole or in part, for any reason, the remaining provisions shall remain fully operative.


All payments of principal and interest on this Note shall be paid in the legal currency of the United States. The Borrower waives presentment for payment, protest, and notice of protest and nonpayment of this Note.

No renewal or extension of this Note, delay in enforcing any right of the Lender under this Note, or assignment by Lender of this Note shall affect the liability or the obligations of the Borrower. All rights of the Lender under this Note are cumulative and may be exercised concurrently or consecutively at the Lender's option.

This Note shall be construed in accordance with the laws of the State of West Virginia.

Signed this 27 day of May, 2008, at Hartsville, WV.

Borrower:  
Committee to elect Amy Daugherty

By:   
Committee to elect Amy Daugherty

**ITEMIZED EXPENDITURES**  
(Itemize 3rd party expenditures/ reimbursements)

Check if additional pages  
have been attached.

Date	Name of Person or Vendor and Address	Purpose	Amount
5/27/08	Lamar Advertising P.O. Box 458 Kenova, WV 25530	Deposit for Billboards	\$ 297.60
6/19/08	Democratic Womens Committee RR1 Box 438 Lesage WV 25537	lunch	\$ 22.00
6/19/08	American Red Cross 1111 Veterans Memorial Blvd. Huntington, WV 25709	Ad.	\$ 100.00
6/20/08	LP Marketing P.O. Box 54 Gardner KS 66030	PENS	\$ 1,460.00
6/20/08	LP Marketing P.O. Box 54 Gardner KS 66030	Can Coolers	\$ 235.00
8/15/08	Sams Club 432 Private Dr. 288 South Point OH 45680	Food for Picnic (DNC)	\$ 106.47
8/15/08	Saads 1049 12th St. Huntington WV 25701	Cheese tray for luncheon	\$ 40.17
8/30/08	Wal Mart 3333 US. Route 60 Huntington, WV 25705	Mums Door Prized	\$ 55.44
8/30/08	Democratic Womens Committee RR1 Box 438 Lesage WV 25537	lunch	\$ 25.00
9/8/08	Dale Stevens (AAA Signs) 227 1/2 5th ave Huntington, WV 25701	Wickets for signs	\$ 500.00
9/11/08	Sams Club 432 Private dr. 288 South Point OH 45680	candy for Parade	\$ 93.62
9/11/08	Big Eagle 400 W. 4th St. Huntington, WV 25704	Advertisement	\$ 530.00
9/15/08	Lamar Advertising P.O. Box 458 Kenova, WV 25530	Billboards Art Work	\$ 500.00

MAKE AS MANY COPIES  
OF THIS PAGE AS YOU NEED.

Total Expenditures: \$ 3995.30

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:

*[Handwritten signature]*

Disbursements of Excess Funds

Date	Name of candidate committee and election year disbursing excess funds	Purpose of Disbursement	Amount

Total Disbursements of Excess Funds:

*[Handwritten signature]*

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.



# State of West Virginia Campaign Financial Statement (Long Form) in Relation to the 2008 Election Year

Candidate or Committee Name <b>Amy Daugherty</b>		Candidate or Committee's Treasurer <b>Tresha Burns</b>	
Political Party (for candidates) <b>Democrat</b>		Treasurer's Mailing Address (Street, Route or P.O. Box) [REDACTED]	
Office Sought (for candidates) <b>Magistrate</b>	District/Division <b>Cabell</b>	City, State, Zip Code <b>Huntington, WV 25701</b>	Daytime Phone # <b>607-0880</b>

Election Cycle Reporting Period (check one):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Primary - First Report<br>Due March 29 - April 4, 2008 | <input type="checkbox"/> Pre-primary Report<br>Due April 28 - May 2, 2008       | <input type="checkbox"/> Post-primary Report<br>Due May 26 - 30, 2008  |
| <input type="checkbox"/> General - First Report<br>Due Sept. 22- 26, 2008       | <input checked="" type="checkbox"/> Pre-general Report<br>Due Oct. 20- 24, 2008 | <input type="checkbox"/> Post-general Report<br>Due Nov. 17 - 21, 2008 |

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 at the completion of the report.*

### RECEIPTS OF FUNDS:

Totals for this Period

Contributions (Page 3)	<b>\$ 325.00</b>
Monetary Contributions from all Fund-Raising Events (Page 4)	+ $\phi$
Receipt of a Transfer of Excess Funds (Page 8)	+ $\phi$
<b>Total Monetary Contributions:</b>	<b>= 325.00</b>
In-Kind Contributions (Page 5)	+ $\phi$
<b>Total Contributions:</b>	<b>= 325.00</b>

Other Income (Page 5)	$\phi$
Loans Received (Page 6)	+ <b>2000.00</b>
<b>Total Other Income:</b>	<b>= 2000.00</b>

### OUTSTANDING LOANS & DEBTS:

Unpaid Bills (Page 9)	$\phi$
Outstanding Loans (Page 6)	+ <b>19,700</b>
<b>Total Debts:</b>	<b>= 19,700</b>

### CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	<b>\$ 4728.37</b>
Total Monetary Contributions	+ <b>325.00</b>
Total Other Income	+ <b>2000.00</b>
<b>Subtotal: a.</b>	<b>= 7653.37</b>

Total Expenditures (Page 7)	<b>\$ 5658.39</b>
Total Disbursements of Excess Funds (Page 8)	+ $\phi$
Repayment of Loans (Page 6)	+ <b>1,000.00</b>
<b>Subtotal: b.</b>	<b>= 6658.39</b>

Ending Balance: (Subtotal a. - Subtotal b.)	<b>\$ 394.98</b>
<small>*Cannot be negative balance</small>	

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

\$ 17,790

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

\$ 37,095.05



**Contributors of  
More than \$250**

Check if additional pages  
have been attached.

DATE	INDIVIDUAL CONTRIBUTOR OR COMMITTEE'S NAME	AMOUNT
	Full Name: Address: (residential and mailing if they are different) Contributor's job: (individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only)	
	Full Name: Address: (residential and mailing if they are different) Contributor's job: (individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only)	
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Subtotal of all contributors of more than \$250:  
Subtotal of all contributors of \$250 or less (From page 2):

**Total Contributions:**

+	
=	