

State of West Virginia Campaign Financial Statement (Short Form) in Relation to the 2015 Election Year

IF YOUR ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES," YOU CANNOT USE THIS FORM. YOU MUST USE THE LONG FORM (FORM F-7) TO FILE YOUR CAMPAIGN FINANCE REPORT.

1. Has your committee received any loans ?
2. Has your committee held any fundraisers?
3. Has your committee received any miscellaneous receipts, such as refunds or checking account interest?
4. Does your committee have any unpaid bills?
5. Have you or anyone else given an in-kind contribution to your campaign?
6. Has your committee given or received a transfer of excess campaign funds?

Candidate or Committee Name WV Nurses PAC		Candidate or Committee's Treasurer Angy Nixon	
Political Party (for candidates)		Treasurer's Mailing Address (Street, Route or P.O. Box) P.O. Box 213	
Office Sought (for candidates)	District/Division	City, State, Zip Code Scott Depot, WV 25560	Daytime Phone # 304-757-9006

Election Cycle Reporting Period (check one):

- | | | |
|---|---|--|
| <input type="checkbox"/> Primary - First Report
Due last Saturday in March or within 6 days thereafter. | <input type="checkbox"/> Pre-primary Report
Due 15 days preceding primary election or within 4 days thereafter. | <input type="checkbox"/> Post-primary Report
Due 13 days following primary election or within 20 business days thereafter. |
| <input type="checkbox"/> General - First Report
Due 43 days preceding general election or within 6 days thereafter. | <input type="checkbox"/> Pre-general Report
Due 15 days preceding general election or within 4 days thereafter. | <input type="checkbox"/> Post-general Report
Due 13 days following general election or within 20 business 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

Non-Election Cycle Reporting Period:

- Annual Report Due In 2015 Calendar Year**
Due last Saturday in March or within 6 days thereafter

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report) 1.		867.50
Total Contributions (from Page 2) 2.	+	1,562.64
Subtotal (lines 1+2) 3.	=	2,430.14
Total Expenditures (from Page 2) 4.	-	783.46
Ending Balance (lines 3-4)	=	1,646.68
*Cannot have a negative ending balance		

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

1,562.64

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

783.46

Angy Nixon
8/4/16

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	Amount
12/9/14	Evelyn Martin	100	12/9/14	Sandra Cotton 33 Chardonnay Dr. Morgantown, WV 26508 APRN wn	250
12/9/14	Elizabeth Baldwin	100			
12/9/14	Toni DiChiacchio	100			
12/9/14	Aila Accad	100			
12/9/14	Angelita Nixon	100			
12/9/14	Chris Zinn	50			
12/9/14	Brenda Keefer	50			
3/19/14	Dannela Alderman	23.97			

Total Contributions: (add both columns) **1,562.64**

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount
12/6/14	Sandra Cotton 33 Chardonnay Dr. Morgantown, WV 26508	Reimbursement for newspaper ad - Wheeling Intelligencer	361.36
2/10/15	WVNA P.O. Box 1946, Charleston, WV 25327	Reimbursement for newspaper ad - Martinsburg Journal	422.10

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.

Total Expenditures: **783.46**

OATH OR AFFIRMATION

I, Angy Nixon, swear or affirm that the attached statement is true and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Angy Nixon Signature of Candidate, Agent, or Treasurer

Date 8/4/16, 2016

Office Use Only

2016 AUG 11 AM 11:21

RECEIVED

Received By: _____

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
3/18/15	Jessica Sharp	25		Full Name: Address:	
3/18/15	Aila Accad	100 100		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/18/15	Susan Bennett	25		Full Name: Address:	
3/18/15	Sherry Kanosky	25		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/18/15	Deborah Casdorff	25		Full Name: Address:	
3/18/15	Loretta Wilson	25		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/18/15	Chris Zinn	50		Full Name: Address:	
3/18/15	Kevin Lewis	23.97		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	

Total Contributions:
(add both columns)

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount

MAKE AS MANY COPIES
OF THIS PAGE AS YOU NEED.

Total Expenditures:

0

OATH OR AFFIRMATION

I, Angy Nixon, swear or affirm that the attached statement is true and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Angy Nixon

Signature of Candidate, Agent, or Treasurer

Date 8/4/16, 20

Office Use Only
Received By: _____

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address: Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	Amount
3/18/15	Kathy Hill	23.97			
3/18/15	Donese Anderson	23.97			
3/18/15	Chris Zinn	23.97			
3/18/15	Joyce Wilson	23.97			
3/18/15	Heather Whittington	23.97			
3/18/15	Aisha Reikow	23.97			
3/18/15	Peggy Phillips	23.97			
3/18/15	Evelyn Martin	23.97			

Total Contributions:
(add both columns)

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.

Total Expenditures: 0

OATH OR AFFIRMATION

I, Angy Nixon, swear or affirm that the attached statement is true and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Angy Nixon Signature of Candidate, Agent, or Treasurer

Date 8/4/16, 20

Office Use Only

Received By: _____

CONTRIBUTORS OF:

\$250 or Less

More than \$250

Date	Full Name	Amount	Date	Full Name: Address:	Amount
3/10/16	Deborah Casdorff	23.97		Full Name: Address:	
3/10/16	Melissa Lambert	23.97		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
3/10/16	Cherrie Cowan	25		Full Name: Address:	
3/10/16	Deborah Casdorff	125		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)

ITEMIZED EXPENDITURES (Itemize 3rd party expenditures/reimbursements)

Date	Full name, residence address (if person); business address (if firm)	Purpose	Amount

MAKE AS MANY COPIES
OF THIS PAGE AS YOU NEED.

Total Expenditures:

0

OATH OR AFFIRMATION

I, Angy Nixon, swear or affirm that the attached statement is true and correct, to the best of my knowledge, of all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Angy Nixon

Signature of Candidate, Agent, or Treasurer

Date 8/4/16, 2016

Office Use Only

STATE OF WEST VIRGINIA
SECRETARY OF STATE

2016 AUG 11 AM 11:22

Received By: HELEN