

State of West Virginia Campaign Financial Statement (Long Form) in Relation to the 2016 Election Year

Candidate or Committee Name WV Healthcare PAC		Candidate or Committee's Treasurer Arny Sowards	
Political Party (for candidates)		Treasurer's Mailing Address (Street, Route or P.O. Box) 110 ASSOCIATION Drive	
Office Sought (for candidates)	District/Division	City, State, Zip Code Charleston WV 25311	Daytime Phone # (304) 340-4575

Election Cycle Reporting Period (check one):

- | | | |
|--|---|--|
| <input type="checkbox"/> Primary - First Report
Due March 26 - April 1, 2016 | <input type="checkbox"/> Pre-primary Report
Due April 25 - 29, 2016 | <input type="checkbox"/> Post-primary Report
Due May 23 - June 21, 2016 |
| <input type="checkbox"/> General - First Report
Due September 26 - 30, 2016 | <input type="checkbox"/> Pre-general Report
Due October 24 - 28, 2016 | <input type="checkbox"/> Post-general Report
Due Nov. 21 - Dec. 19, 2016 |

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)	11,510.50
Monetary Contributions from all Fund-Raising Events (Page 4)	+
Receipt of a Transfer of Excess Funds (Page 8)	+
Total Monetary Contributions:	= 11,510.50
In-Kind Contributions (Page 5)	+
Total Contributions:	= 11,510.50

Other Income (Page 5)	8.29
Loans Received (Page 6)	+
Total Other Income:	= 8.29

OUTSTANDING LOANS & DEBTS:

Unpaid Bills (Page 9)	
Outstanding Loans (Page 6)	+
Total Debts:	= 0

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

\$11,510.50

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	15,147.79
Total Monetary Contributions	+ 11,510.50
Total Other Income	+ 8.29
Subtotal:	a. = 26,666.58

Total Expenditures (Page 7)	6,203.14
Total Disbursements of Excess Funds (Page 8)	+
Repayment of Loans (Page 6)	+
Subtotal:	b. = 6,203.14

Ending Balance:
(Subtotal a. - Subtotal b.) = **\$ 20,463.44**
*Cannot be negative balance

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

\$ 6,203.14

WV Health Care Political Action Committee
Page 2 Contributions \$250 or less

2016 Annual Report

Date	Contributor Name	Amount
12/3/15	Candy Sanchez	250.00
3/28/15-3/25/16	Bill Mason	240.00
3/28/15-3/25/16	Shawn Eddy	240.00
3/28/15-3/25/16	Phillip Donnelly	240.00
3/28/15-3/25/16	Drema Thompson	240.00
5/12/15	Denise Campbell	150.00
8/28/15, 1/26/2016	Diane Miller	120.00
3/28/15-3/25/16	Chris Lockard	120.00
3/28/15-3/25/16	Monica Lockett	120.00
3/28/15-3/25/16	Michele Cornwell	120.00
3/28/15-3/25/16	Shannon Schultheis	110.00
3/28/15-3/25/16	Michael Gore	100.00
9/25/15	Angel Williams	100.00
3/28/15-3/25/16	Patricia Stover	50.00
1/26/16	Amy Sowards	10.00

Subtotal of Contributors of less than \$250

2,210.00

WV Health Care Political Action Committee
Page 3 Contributions More than \$250

2016 Annual Report

Date	Contributor Name	Amount
12/18/2015	Patrick D. Kelly 1614 Teter Road Charleston, WV 25314 CEO, WV Health Care Association, Inc.	500.00
5/12/2015	Keisha Tolliver 505 Central Avenue Dunbar, WV 25064 Director of Nursing , Arthur B. Hodges Center	942.50
3/28/15-3/25/16	Roger Topping PO Box 5311 Princeton, WV 24740 Administrator, Princeton Health Care Center	1,000.00
5/29/2015	Jeff Smith 1495 Ravinia Road Charleston, WV 25314 Administrator, Marmet Center	300.00
6/5/2015	Kathy Haddon 908 Virginia Avenue Follansbee, WV 26037 Regional VP of Operations, Genesis HealthCare	250.00
8/4/15, 1/20/2015	George Barker 119 Angel Terrace Charleston, WV 25314 Administrator, Edgewood Summit	500.00
12/10/2015	Traci Henderson PO Box 1026 Bridgeport, WV 26330-1026 Administrator, Meadowview Manor	1,000.00
1/8/2016	Larry Pack 2146 Presidential Drive Charleston, WV 25314 Managing Member, Stonerise Healthcare	1,000.00

1/8/2016 Lisa Pack 2146 Presidential Drive Charleston, WV 25314 Stonerise Healthcare	1,000.00
3/28/15-3/25/16 Scott Fox 215 Pine Road Sewickley, PA 15143 Administrator, Fox Nursing & Rehabilitation Center	600.00
3/28/15-3/25/16 Deatra Adkins 6216 Brenda Court Huntington, WV 25705 Director of Strategy, Stonerise Healthcare	600.00
3/28/15-3/25/16 Mary Ferrell 19 Kitchen Lane Fayetteville, WV 25840 Senior Manager of Operations-South, Stonerise Healthcare	600.00
3/28/15-3/25/16 Barbara Sisarcick 4641 Stone Church Road Wheeling, WV 26036 Senior VP of Business Development & Legislative Affairs Peterson Rehabilitation Hospital & Geriatric Center	462.00
3/28/15-3/25/16 Michael Hicks 27 Bates Road Morgantown, WV 26505-3605 CEO, Sundale Nursing Home	300.00
3/28/15-3/25/16 Judd Worth PO Box 208 Marlinton, WV 25245 Administrator, Pocahontas Center	252.00
Subtotal of all contributors of more than \$250	\$9,306.50
Subtotal of all contributors of \$250 or less (From page 2)	2,210.00
Total Contributions:	\$11,516.50

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>N/A</u>	Total Monetary Contributions: Total Expenditures: (Itemized on page 7) - NET RECEIPTS: = 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		Amount
				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)	
				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 or less: <input type="text"/>			Subtotal of contributors of more than \$250: <input type="text"/>		
			Subtotal of contributors of \$250 or less: + <input type="text"/>		
			Total Contributions: <input type="text"/>		

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
3/28/15 to 3/25/16	United National Bank	Interest Income	8.29

Total Other Income:

8.29

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

Date	Name and Contributor Information	Description of Contribution	Value
	N/A		

**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:

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

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

LOANS

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

Bank Loans: List name & address of financial institution 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. N/A						
2.						
3.						
4.						
5.						
Totals:		Loans Received		Repayment of Loans		Outstanding Loans

Date	Payee	Purpose	Amount
4/20/2015	Committee to Elect Daniel Hall	Contribution	500.00
5/18/2015	Committee to Elect Rupie Phillips	Contribution	250.00
6/8/2015	Rohrbach for House	Contribution	250.00
6/8/2015	Mitch Carmichael for Senate	Contribution	1,000.00
8/13/2015	Armstead for House	Contribution	1,000.00
9/14/2015	Committee to Elect John D. O'Neal, IV	Contribution	250.00
9/14/2015	Cowles for Delegate 2016	Contribution	250.00
10/1/2015	Kurcaba for House	Contribution	200.00
10/9/2015	Committee to Elect Eric Nelson	Contribution	500.00
10/9/2015	Friends of John Shott	Contribution	500.00
10/21/2015	Committee to Elect Paul Espino	Contribution	500.00
1/28/2016	Intuit Payments	Bank Fees	3.14
3/7/2016	Beth Walker for Supreme Court Committee	Contribution	920.00
3/7/2016	Food for Beth Walker Reception	Contribution	<u>80.00</u>
Total Expenditures			<u><u>6,203.14</u></u>

Receipt of a Transfer of Excess Funds

☐ Check if additional pages have been attached.

Date	Candidate Committee Name and Year	Amount
	N/A	
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
	N/A		
Total Disbursements of Excess Funds:			

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OF THIS PAGE AS YOU NEED.

UNPAID BILLS

☐ Check if additional pages
have been attached.

Date	Owed to Whom	Affiliated with what Company or Group	Purpose	Amount
		N/A		

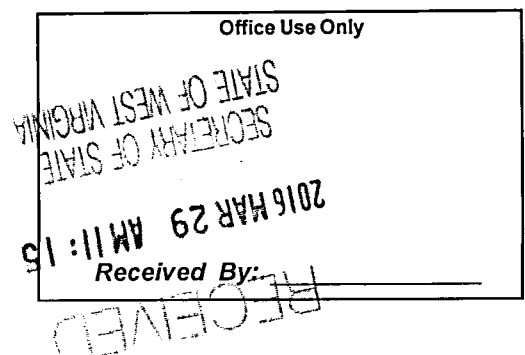
Total Unpaid Bills:

OATH OR AFFIRMATION

I, Amy J. Sowards, 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.

Amy J. Sowards

 Signature of Candidate, Financial
Agent or Treasurer

 Date 3-28, 20 110


West Virginia
EALTH
CARE
Association
0 Association Drive
rleston, WV 25311

Hastler
03/28/2016
USPS
EAST

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