

State of West Virginia Campaign Financial Statement (Long Form) in Relation to the 2010 Election Year

Candidate or Committee Name WV Health Care PAC		Candidate or Committee's Treasurer Amy 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 St. Albans, WV 25177	Daytime Phone #

Election Cycle Reporting Period (check one):

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

Check if Applicable:

- Amended Report**
You must also check box of appropriate reporting period
- Final Report**
Zero balance required. PAC must also file Form F-6 Dissolution

Non-Election Cycle Reporting Period:

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

REPORT TOTALS

Fill in totals at the completion of the report.

RECEIPTS OF FUNDS:

Totals for this Period

Contributions (Page 3)	943.33
Monetary Contributions from all Fund-Raising Events (Page 4)	+
Receipt of a Transfer of Excess Funds (Page 8)	+
Total Monetary Contributions:	=
In-Kind Contributions (Page 5)	+
Total Contributions:	= 943.33

Other Income (Page 5)	.29
Loans Received (Page 6)	+
Total Other Income:	= .29

OUTSTANDING LOANS & DEBTS:

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

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	4,752.03
Total Monetary Contributions	+ 943.33
Total Other Income	+ .29
Subtotal:	a. = 5,695.25

Total Expenditures (Page 7)	2,000.00
Total Disbursements of Excess Funds (Page 8)	+
Repayment of Loans (Page 6)	+
Subtotal:	b. = 2,000.00

Ending Balance: (Subtotal a. - Subtotal b.)	= 3,695.25
<i>*Cannot be negative balance</i>	

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

25,545.24

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

31,250.00

WV Health Care Political Action Committee**Page 2 Contributions \$250 or less****2010 Pre-General Report**

Date	Contributor Name	Amount
9/27/10	Jesse Samples	100.00
9/28/10	Todd Jones	100.00
9/27/10	Jane Wade	84.00
9/27/10	Roger Topping	80.00
9/27/10	Mary Ferrell	50.00
9/27/10	Scott Fox	50.00
9/27/10	Mike Hicks	50.00
9/27/10	Ron LaNeve	50.00
9/27/10	Sheila Jones	50.00
9/27/10	Nancy Mason	50.00
9/27/10	James Triana	40.00
9/27/10	Kathy Gessler	25.00
9/27/10	Judd Worth	21.00
9/27/10	Shawn Eddy	20.00
9/27/10	Bill Mason	20.00
9/27/10	Phillip Donnelly	20.00
9/27/10	Patricia Stover	20.00
9/27/10	Michelle Verduci	15.00
9/27/10	Deatra Adkins	10.00
9/27/10	Michael Gore	10.00
9/27/10	John Lockard	10.00
9/27/10	Cynthia Wagoner	10.00
9/27/10	Lisa White	10.00
9/27/10	Judith Mohr	10.00
9/27/10	Misty Weber	10.00
9/27/10	Steven Welhorsky	10.00
9/27/10	Monica Lockett	10.00
9/27/10	Crystal Weaver	8.33

Subtotal of Contributors of less than \$250

943.33

**Contributors of
More than \$250**

Check if additional pages
have been attached.

DATE	INDIVIDUAL CONTRIBUTOR OR COMMITTEE'S NAME <i>N/A</i>	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)	
	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:

+	
=	

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> Type of Event _____ Name of Place Held _____ Address of Place Held _____ _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Total Monetary Contributions:</td> <td style="width: 30%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td>Total Expenditures: (Itemized on page 7)</td> <td style="border: 1px solid black; text-align: center;">-</td> </tr> <tr> <td>NET RECEIPTS:</td> <td style="border: 1px solid black; text-align: center;">=</td> </tr> <tr> <td>Total In-Kind Contributions Related to the Fund-raiser (Itemized on page 5.)</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>	Total Monetary Contributions:		Total Expenditures: (Itemized on page 7)	-	NET RECEIPTS:	=	Total In-Kind Contributions Related to the Fund-raiser (Itemized on page 5.)	
Total Monetary Contributions:									
Total Expenditures: (Itemized on page 7)	-								
NET RECEIPTS:	=								
Total In-Kind Contributions Related to the Fund-raiser (Itemized on page 5.)									

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 or less:			Subtotal of contributors of more than \$250:		
Subtotal of contributors of \$250 or less:			Subtotal of contributors of \$250 or less :		+
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
	United National Bank	Interest	.29

Total Other Income:

.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:
 - 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
1. N/A						
2.						
3.						
4.						
5.						
		Loans Received		Repayment of Loans		Outstanding Loans
Totals:						

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:			

MAKE AS MANY COPIES 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

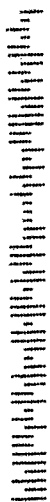
Date 10-21, 2010

Office Use Only

NOV 2 2010

20100002

Received By: _____



West V
HEALTH
CARE
Association
110 Association Drive
Charleston, WV 25311

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