

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

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

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

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

**Check if Applicable:**

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

**Non-Election Cycle Reporting Period:**

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

## REPORT TOTALS

*Fill in totals at the completion of the report.*

**RECEIPTS OF FUNDS:**

**Totals for this Period**

Contributions (Page 3)	<b>17,250.94</b>
Monetary Contributions from all Fund-Raising Events (Page 4)	+
Receipt of a Transfer of Excess Funds (Page 8)	+
<b>Total Monetary Contributions:</b>	<b>= 17,250.94</b>
In-Kind Contributions (Page 5)	+
<b>Total Contributions:</b>	<b>= 17,250.94</b>

**CASH BALANCE SUMMARY**

Beginning Balance (ending balance from previous report)	<b>9,240.43</b>
<b>Total Monetary Contributions</b>	<b>+ 17,250.94</b>
<b>Total Other Income</b>	<b>+ 150.86</b>
<b>Subtotal: a.</b>	<b>= 26,648.23</b>

Other Income (Page 5)	<b>150.86</b>
Loans Received (Page 6)	+
<b>Total Other Income:</b>	<b>= 150.86</b>

Total Expenditures (Page 7)	<b>2,750.00</b>
Total Disbursements of Excess Funds (Page 8)	+
Repayment of Loans (Page 6)	+
<b>Subtotal: b.</b>	<b>= 2,750.00</b>

**OUTSTANDING LOANS & DEBTS:**

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

<b>Ending Balance:</b> (Subtotal a. - Subtotal b.)	<b>= 23,898.23</b>
<i>*Cannot be negative balance</i>	

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

**17,250.94**

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

**2,750.00**

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

<b>Date</b>	<b>Contributor Name</b>	<b>Amount</b>
9/29/09	Sherry Johnson	250.00
4/4/09-3/26/10	Shawn Eddy	240.00
4/4/09-3/26/10	Bill Mason	240.00
5/29, 9/29/09	Dan Bucher	200.00
4/4/09-3/26/10	Phillip Donnelly	212.00
4/4/09-3/26/10	Michelle Verduci	180.00
4/4/09-3/26/10	Patrick Smith	150.00
5/29, 9/29/09	Denise Campbell	120.00
4/4/09-3/26/10	Cynthia Farley	120.00
4/4/09-3/26/10	Michael Gore	120.00
4/4/09-3/26/10	Beth Harris	110.00
4/4/09-3/26/10	John Lockard	120.00
4/4/09-3/26/10	Cynthia Wagoner	120.00
4/4/09-3/26/10	Judd Worth	120.00
10/22/09	Kay Cottrill	100.00
5/29/09-1/30/10	Jamie Hass	100.00
10/30/09	Shannon Schultheis	100.00
4/4/09-3/26/10	Dave Gallien	100.00
4/4/09-8/31/10	Monica Lockett	72.00
4/4/09-3/26/10	Lisa White	60.00
4/4/09-3/26/10	Crystal Weaver	50.00
4/4/09-7/31/10	Sharon Mullins	40.00
5/29/09	John Mullins	25.00

Subtotal of Contributors of less than \$250

2,949.00
----------

# WV Health Care Political Action Committee

## Page 3 Contributions \$250 or more

<b>Date</b>	<b>Contributor Name</b>	<b>Amount</b>
4/2/09, 11/25/09	Eugene J. Alfonsi 8621 Gavington Court, Dublin, OH 43017 Owner, Braxton Health Care Center	1,000.00
1/30/2010	John Elliot 1516 Royal Oaks Road, Charleston, WV 25314 Owner/Operator, AMFM, Inc.	1,000.00
9/29/2009	Larry Pack 2146 Presidential Drive, Charleston, WV 25314 Managing Member	1,000.00
10/22/2009	Robert Vadas 45125 Fairmont Blvd., Hunting Valley, OH 44022 CEO, Arbor Rehabilitation & Healthcare Services	1,000.00
10/22/2009	Steven White 378 Knollwood Drive, Charleston, WV 25302-4236 Member	1,000.00
4/4/09-3/26/10	Jesse W. Samples 4031 Farmington Drive, Hurricane, WV 25526 CEO, WV Health Care Association	1,000.00
4/4/09-3/26/10	Greg Elliot PO Box 2425, Charleston, WV 25329-2425 Director of Information Technology, AMFM, Inc.	1,000.00
4/4/09-3/26/10	Jane Wade 144 Park Blvd., Clarksburg, WV 26301 Regional Manager, Genesis HealthCare Corp.	1,000.00
4/4/09-3/26/10	Roger Topping PO Box 5311, Princeton, WV 24740 Administrator, Princeton Health Care	1,000.00
5/29/09	Sue Cogar 101 Ash Street, Summersville, WV 26651 Administrator, Webster Nursing & Rehabilitation Center, Inc.	800.00
4/4/09-3/26/10	Mary Ferrell PO Box 706, Oak Hill, WV 25901 Chief Operating Officer, Stonerise Healthcare	600.00

4/4/09-3/26/10 Scott Fox 1511 Homestead Drive, East Liverpool, OH 43920 Administrator, Fox Nursing & Rehabilitation	600.00
4/4/09-3/26/10 Mike Hicks 27 Bates Road, Morgantown, WV 26505-3605 Owner, Suncrest Medical	600.00
4/4/09-3/26/10 Ron LaNeve 100 Maple Street, Elkins, WV 26241 CEO, Elkins Regional Convalescent Center	600.00
4/4/09-3/26/10 Sheila Jones 2122 1/2 Pride Ave., Apt. A, Clarksburg, WV 26301 Administrator, Mapleshire Nursing & Rehabilitation Center, Inc.	500.00
4/4/09-3/26/10 James Trianna 102 Intimidator Lane, Given, WV 25245 Administrator, Cedar Ridge Center	440.00
10/30/2009 Nancy Mason 56 Holden Drive, Martinsburg, WV 25403 Administrator, Heartland of Martinsburg	300.00
10/30/2009 Barbara Sisarcick R.D. 1, Box 115, Dallas, WV 26036 Administrator, Peterson Rehabilitation Hospital	300.00
4/4/09-3/26/10 Kathy Gessler 7 Fairview Heights, Parkersburg, WV 26101 Administrator, Eagle Pointe	300.00
4/4/09-3/26/10 Deatra Adkins 6216 Brenda Court, Huntington, WV 25705 Director of Clinical Services, WV Health Care Association	262.00

Subtotal of all contributors of more than \$250

\$14,302.00
-------------

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

2,949.00
----------

Total Contributions:

\$17,251.00
-------------

**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 <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:60%;"><b>Total Monetary Contributions:</b></td> <td style="width:40%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td><b>Total Expenditures: (Itemized on page 7)</b></td> <td style="border: 1px solid black; text-align: center;">-</td> </tr> <tr> <td><b>NET RECEIPTS:</b></td> <td style="border: 1px solid black; text-align: center;">=</td> </tr> <tr> <td><b>Total In-Kind Contributions Related to the Fund-raiser (Itemized on page 5.)</b></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>	<b>Total Monetary Contributions:</b>		<b>Total Expenditures: (Itemized on page 7)</b>	-	<b>NET RECEIPTS:</b>	=	<b>Total In-Kind Contributions Related to the Fund-raiser (Itemized on page 5.)</b>	
<b>Total Monetary Contributions:</b>									
<b>Total Expenditures: (Itemized on page 7)</b>	-								
<b>NET RECEIPTS:</b>	=								
<b>Total In-Kind Contributions Related to the Fund-raiser (Itemized on page 5.)</b>									

**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: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>			Subtotal of contributors of \$250 or less: +		
			<b>Total Contributions:</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>		

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
4/4/2009- 3/26/2010	United National Bank	Interest	6.86
3/5/2010	Friends of Mike Oliverio	Refund	150.00

Total Other Income:

156.86

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 <b>previous</b> loan at end of period	Amount of <b>new</b> 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.						
		<b>Loans Received</b>		<b>Repayment of Loans</b>		<b>Outstanding Loans</b>
<b>Totals:</b>						



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.



