

State of West Virginia Campaign Financial Statement (Long Form) in Relation to the 2011 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 Charleston WV 25311	Daytime Phone # (304) 346-4575

Election Cycle Reporting Period (check one):

Primary - First Report Due March 26-April 1, 2011
 Pre-primary Report Due April 29-May 3, 2011
 Post-primary Report Due May 27-Jun 28, 2011

General - First Report Due Aug. 22-26, 2011
 Pre-general Report Due Sept. 19-23, 2011
 Post-general Report Due Oct. 17- Nov. 15, 2011

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)	2,525.00
Monetary Contributions from all Fund-Raising Events (Page 4)	+
Receipt of a Transfer of Excess Funds (Page 8)	+
Total Monetary Contributions:	= 2,525.00
In-Kind Contributions (Page 5)	+
Total Contributions:	= 2,525.00

Other Income (Page 5)	.44
Loans Received (Page 6)	+
Total Other Income:	= .44

OUTSTANDING LOANS & DEBTS:

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

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

9,864.98

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	11,821.10
Total Monetary Contributions	+ 2,525.00
Total Other Income	+ .44
Subtotal:	a. = 14,346.60

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

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

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

0

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

2011 Post-Primary Report

Date	Contributor Name	Amount
	Dan Bucher	100.00

Subtotal of Contributors of less than \$250

100.00

WV Health Care Political Action Committee
Page 3 Contributions \$250 or more

Date	Contributor Name	Amount
5/10/2011	John D. Mullins PO Box 11115 Charleston, WV 25339 Member, HartmanMullins, LLC	425.00
5/13/2011	William H. Kuhn 143 Groves Street Summersville, WV 26651 Assistant Administrator	1,000.00
5/20/2011	Louis Serra 2525 Pennsylvania Avenue Weirton, WV 26062 Owner, Serra Manor	1,000.00

Subtotal of all contributors of more than \$250	\$2,425.00
Subtotal of all contributors of \$250 or less (From page 2)	100.00
Total Contributions:	\$2,525.00

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%;">Total Monetary Contributions:</td> <td style="border: 1px solid black; width:40%;"></td> </tr> <tr> <td>Total Expenditures: (Itemized on page</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;"></td> </tr> </table>	Total Monetary Contributions:		Total Expenditures: (Itemized on page	-	NET RECEIPTS:	=	Total In-Kind Contributions Related to the Fund-raiser (Itemized on page 5.)	
Total Monetary Contributions:									
Total Expenditures: (Itemized on page	-								
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	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)	
				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 :					+
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
4/30/2011	United National Bank	Interest	.44

Total Other Income:

.44

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:

[Empty box for total amount]

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 6-24, 20 11

Office Use Only

2011 JUN 28 AM 10:05

Received By: [Signature]

West Virginia
HEALTH CARE
Association

110 Association Drive
Charleston, WV 25311

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