State of West Virginia Campaign Financial Statement (Long Form) in Relation to the 2012 Election Year

Candidate or Committee Name WV HEATH Care PAC							
Political Party (for candidates)	<u> </u>			Treasurer's Mailing Address (Street, Route or P.O. Box)			
Office Sought (for candidates) Dist	rict/Division	City, State, Zip Code Daytime Phone # Charleston WV 25311 (304) 340-4575					
Primary - First Report Due March 31-April 6, 2012 Place Report Due April 2	Period (chec ary Report 23-27, 2012	Post	-primary Report Nay 21-Jun 19, 2012	☐ Ai	t if Applicable: mended Report ou must also check ox of appropriate		
	ral Report 2-26, 2012	Post-general Report reporting period Due Nov 19-Dec 19, 2012 Final Report					
Non-Election Cycle Reporting Period:		rt Due In Calendar Year urday in March or within 6 ter			AC must also file Form 6 Dissolution		
	REPOF Fill in totals at the Totals for this P	•	Michigan	NCE S	UMMARY		
Contributions (Page 3) Monetary Contributions from all Fund-Raising Events (Page 4)	3,310.3	3a	Beginning Balance (ending balance from previous report)		15, 275.01		
Receipt of a Transfer of Excess Funds (Page 8)			Total Monetary Contributions		+ 3,310.32		
Total Monetary Contributions: = In-Kind Contributions (Page 5) +	2210.30		Total Other Income		+ 1.92		
Total Contributions:	3,310.36		Subtotal:	a.	= 18,587.25		
Other Income(Page 5)	1.96		Total Expenditures		Accommodition and the second s		
	+ <u> </u>	_	Excess Funds (Pag	e 8)			
OUTSTANDING LOANS & D			Repayment of Loans Subtotal:		+ — — — — — — — — — — — — — — — — — — —		
Unpaid Bills (Page 9)				and all the same			
	+		Ending Balance (Subtotal a Suk *Cannot be negative bala	ototal	= 18,587.25		
TOTAL CONTRIBUTE ELECTION YEAR-TO (Add total contributions from	-DATE		TOTAL EXPLEDENT (Add total expenditu	EAR-TO	O-DATE		
<u>a0, 159. a8</u>			17,250.5) =			

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

2012 Post-Primary Report

Date		Contributor Name	Amount
	5/4, 5/18/12	Michael Hicks	100.00
	5/4/2012	Joseph Triana	40.00
	5/4, 5/18/12	Bill Mason	40.00
	5/4, 5/18/12	Shawn Eddy	40.00
	5/4, 5/18/12	Judd Worth	42.00
	5/4, 5/18/12	Michael Gore	20.00
	5/4, 5/18/12	Cynthia Wagoner	20.00
	5/4, 5/18/12	Lisa White	20.00
	5/4, 5/18/12	Monica Lockett	20.00
	5/4, 5/18/12	Judith Mohr	20.00
	5/4, 5/18/12	Steven Welhorsky	20.00
	5/4, 5/18/12	Shannon Schultheis	20.00
	5/4, 5/18/12	Beth Harris	16.66
	5/4, 5/18/12	Ron LaNeve	100.00
	5/4, 5/18/12	Barbara Sisarcick	84.00
	5/4, 5/18/12	Crystal Weaver	16.66
	5/4, 5/18/12	Chris Lockard	20.00
	5/4, 5/18/12	Mary Ferrell	100.00
	5/4, 5/18/12	Kathy Gessler	50.00
	5/4, 5/18/12	Roger Topping	160.00
	5/15/2012	John Mullins	50.00
	5/18/2012	Deatra Adkins	21.00

Subtotal of Contributors of less than \$250

1,020.32

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

Date	Contributor Name	Amount
5/4/2012	Scott Fox	750.00
	215 Pine Road	
	Sewickley, PA 15143	
	Administrator, Fox Nursing & Rehabilitation	
5/4/2012	Phillip Donnelly	540.00
	342 Wilson Avenue	
	Morgantown, WV 26501	
	Administrator, Clarksburg Nursing & Rehabilitation	
5/15/2012	2 Jessica Hudson	1,000.00
	714 Lower Donnally Road	
	Charleston, WV 25304	
	Chief Financial Officer, Stonerise Healthcare	

Subtotal of all contributors of more than \$250

\$2,290.00

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

1,020.32

Total Contributions:

\$3,310.32

Page 4.

FUND-RAISING EVENTS

- S	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. (W V Code §3-8-5a)

EVENT SUMMARY

Date of Event N/A	Total Monetary Contributions:	
Type of Event		
Name of Place Held	Total Expenditures: (Itemized on page	eur
Address of Place Held	NET RECEIPTS:	****
//44/000 017 .400 /10/4	Total In-Kind Contributions	
4	Related to the Fund-raiser (Itemized on page 5.)	
	(itellized on page o.)	

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 commmittee only)	The state of the s	
				Full Name: Address: (residential and mailing if they are different)		
		TO THE PARTY OF TH		Contributor's job: (Individual only)		
				Where contributor works: (Individual only)		
				Affiliation: (Political commmittee only)		
econociona de la constanta				Full Name: Address: (residential and mailing if they are different)		
				Contributor's job: (Individual only)	***************************************	
				Where contributor works: (Individual only)	ламина при	
				Affiliation: (Political commmittee only)	THE STATE OF THE S	
				Full Name: Address: (residential and mailing if they are different)	-	
				Contributor's job: (Individual only)	\$ 100 mm m m m m m m m m m m m m m m m m	
				Where contributor works: (Individual only)	September 1	
				Affiliation: (Political commmittee only)		
				Subtotal of contributors of more than \$250:		
s	ubtotal of contributors of			Subtotal of contributors of \$250 or less :	+	
	\$250 or less:			Total Contributions:		
MAKE CO	OPIES OF THIS PAGE TO LIST AD	DDITIONAL		1		

Page 5.
OTHER INCOME: INTEREST, REFUNDS, MISCELLANEOUS RECEIPTS

Date	Source of Income	Type of Receipt	Amount
4-23-12 to 5-20-12	United National Bank	Interest	1.92
Check if been atta	additional pages have ched.	Total Other Income:	1.92

IN-KIND CONTRIBUTIONS

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

Total In-Kind Contributions:

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OF THIS PAGE AS YOU NEED.

Page 6.		O	A	A	
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٦	Check	if additional	pages	have
	been a	ttached.		

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	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	
person(s) making or cosigning loan	Amount	Date	Amount	Date	Amount	Amount	
1. N/A							
2.							
3.							
4.							
5.							
<u>. </u>		Loans	Received	Repaymer	nt of Loans	Outstanding Loans	
	Totals:						

Page 7.

ITEMIZED EXPENDITURES
(Itemize 3rd party expenditures/ reimbursements)

Check if additional pages
have been attached.

Date	Name of Person or Vendor and Address	Purpose	Amount
	N/A		
		ı.	
			was na
- Andrewson and Antonio and An	·		
MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED. Total Expenditures:			

D	2	C S	۵	Ω
	a	u	C.	o.

7	Check if additional pages
	have been atached.

Page 8.	Receipt of a Transfer of Excess Funds	have been atached.		
	Candidate Committee Name and Year		Am	ount
	NA			
	Total Receipts of Tr of Excess Funds:	ansfers		
	Disbursements of Excess Funds			
	Name of candidate committee and election year disbursing excess funds	Purpose of Disbursement		Amount
	N/A		e E	

	Name of candidate committee and election year disbursing excess funds Purpose of Disbursement		Amount
	N/A		
- The state of the			
MODEL TO THE OWNER OF THE OWNER OWNER			
	I Total Disbu	rsements of	

MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED. Excess Funds:

Page 9	
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UNPAID BILLS

		if additional	pages	have
ı	been a	ttached.		

Date	Owed to Whom	Affiliated with what Company or Group	Purpose	е	Amount
		N/A			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
			Addition		
	·				
			4		
		Total Un	paid Bills:		
			1		
		OATH OR AFFIRMATION			
	Amy Sowards		66		
/ ment is tru	e and correct, to the be	, s st of my knowledge, for all financial transactio			attached state- period covered
by this stat	ement, as required by \	Vest Virginia Code §3-8-5a.			
	amy g. Sl	warch	Signature of C	andidate, or Treasur	
		Date 0-14 20 12			

Received By:

06/15/2012

3 3



West Virginia
EALTH
CARE
Association

110 Association Drive Charleston, WV 25311



25211 01101101018997

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