

# State of West Virginia Campaign Financial Statement (Long Form) in Relation to 2004 Election Year

For political committees, list the current election year. For candidates, list the current campaign or the year of an open past campaign.  
Supply all information requested. It is required by WV Code §3-8-5a.

	<b>PAMELA HAWLEY GRADY</b>		
Candidate or Committee Name	Candidate or Committee's Treasurer		
Political Party (for candidates)	110 ASSOCIATION DRIVE		
Office Sought (for candidates)	District/Division	Treasurer's Mailing Address (Street, Route or P.O. Box)	
		CHARLESTON, WV 25311	
		City, State, Zip Code	Daytime Phone #

### Reporting Period (check one)

- |  |   |  |  |
|--|---|--|--|
| <input checked="" type="checkbox"/> <b>Annual Report <u>2005</u> Calendar Year</b><br>(Due last Saturday in March or within 6 days thereafter. This report filed for old campaigns or year following most recent election) | <input type="checkbox"/> <b>First Primary</b><br>(Due last Saturday in March or within 6 days thereafter. This is the first report for current election year reporting) | <input type="checkbox"/> <b>Pre-primary Report</b><br>(Due 10 to 17 days before primary election)            | <input type="checkbox"/> <b>Post-primary Report</b><br>(Due 25 to 31 days after primary election)                |
| <input type="checkbox"/> <b>First General Report</b><br>(Due first Saturday in September or within 6 days thereafter)  | <input type="checkbox"/> <b>Pre-general Report</b><br>(Due 10 to 17 days before general or special election)  | <input type="checkbox"/> <b>Post-general Report</b><br>(Due 25 to 31 days after general or special election) | <input type="checkbox"/> <b>Final Report</b><br>(Zero balance required. PAC must also file Form F-6 Dissolution) |
- \*post general may also be final report if "0" balance
- Amended Report (check if applicable)**  
You must also check box of appropriate reporting period.

### REPORT TOTALS

Fill in totals after you complete pages for contributions, fundraisers, other income, in-kind contributions, loans, expenditures, unpaid bills.

#### CONTRIBUTIONS OF MONEY

Totals for this Period

1. Contributions - Schedule 1A	1547.50
2. Fund-raising Events - Schedule 2A	
<b>3. TOTAL CONTRIBUTIONS</b> (Add lines 1 and 2)	1547.50
4. Other Income - Schedule 3A	.54
5. Loans received - Schedule 1B	
<b>6. TOTAL OTHER INCOME</b> (Add lines 4 and 5)	.54
7. In-kind (non-cash) contributions - Schedule 4A	

#### EXPENDITURES

8. Itemized Expenditures - Schedule 2B	1150.00
9. Loan Repayment - Schedule 1B	
<b>10. TOTAL EXPENDITURES</b> (Add lines 8 and 9)	1150.00

#### OUTSTANDING LOANS/DEBTS

11. Unpaid Bills - Schedule 3B	
12. Outstanding Loans - Schedule 1B	
<b>13. TOTAL DEBTS</b> (Add lines 11 and 12)	-0-

#### CASH BALANCE SUMMARY

A. Beginning Balance (ending balance from previous report)	2255.02
B. Total Receipts (Add lines 3 & 6)	1548.04
C. Subtotal (Add lines A & B)	3803.06
D. Total Expenditures (Line 10)	1150.00
E. Ending Balance (Subtract line D from line C)	2653.06

\*Cannot be negative balance

**TOTAL RECEIPTS  
ELECTION YEAR-TO-DATE**  
(Add line B from all reports)

40,828.41

**TOTAL EXPENDITURES  
ELECTION YEAR-TO-DATE**  
(Add line D from all reports)

45,181.00

**WV Health Care PAC**

Schedule 1 A Contributions \$250 or less

November 27, 2004 through March 25, 2005

3/18/05	Debbie Bess	75.00
11/23/04	Michelle Winters	40.00
3/18/05	Joseph Triana	115.00
3/18/05	Donna Gibeaut	30.00
3/18/05	Roberta Kay Cottrill	100.00
3/18/05	Scott D. Fox	80.00
3/18/05	David Mayfield	80.00
11/23/04	Patrick Nolan	80.00
3/18/05	Thomas Stalek	100.00
11/23/04	Roger Topping	100.00
3/18/05	Pat Westfall	40.00
3/18/05	Judd Worth	<u>40.00</u>
		\$ 880.00

**SCHEDULE 1A**

**CONTRIBUTIONS  
OVER \$250.00**

(For information about contributions, see General Instructions, Page 3.)

DATE	INDIVIDUAL CONTRIBUTOR OR COMMITTEE'S NAME <i>By law, you must report an individual contributor's occupation and business affiliation. For a committee, you must report the affiliation (the group, association, corporation, or union with which it is connected.)</i>	AMOUNT
3/18	Full Name: <i>JESSE W. SAMPLES</i> Address: Contributor's job: (individual contributor only) <i>CEO</i> Where contributor works: (individual contributor only) <i>WV HEALTH CARE ASSN</i> Affiliation: (political committee only)	300.00
	Full Name: <i>SHARON K JOHNSON</i> Address: <i>403 SPRUCE LANE, BECKLEY, WV 25801</i> Contributor's job: (individual contributor only) <i>ADMINISTRATOR</i> Where contributor works: (individual contributor only) <i>HEARTLAND OF BECKLEY</i> Affiliation: (political committee only)	367.50
	Full Name: Address: Contributor's job: (individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only)	
	Full Name: Address: Contributor's job: (individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only)	
	Full Name: Address: Contributor's job: (individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only)	
	Full Name: Address: Contributor's job: (individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only)	

Subtotal contributions of more than \$250.00

*667.50*

Subtotal contributions of \$250.00 or less

*880.00*

Total

*1547.50*

MAKE AS MANY COPIES  
OF THIS PAGE AS YOU NEED

(Enter Total on Page 1, line 1)



**SCHEDULE 3A**

**OTHER INCOME: INTEREST, REFUNDS, MISCELLANEOUS RECEIPTS**

(For information, see General Instructions, Page 4.)

Date	Source of Income	Type of Receipt		Amount
NOV DEC JAN FEB	UNITED NATIONAL BANK	INTEREST		.54
(Enter Total on Page 1, line 4)			<b>Total</b>	.54

**SCHEDULE 4A**

**IN-KIND CONTRIBUTIONS**

(For information, see General Instructions, Page 4.)

Date	Full name, address, occupation and place where works (if total contributions by individual or committee are more than \$250.00)	Description of contribution		Value (amount)
(Enter Total on Page 1, line 7)			<b>Total</b>	

MAKE AS MANY COPIES  
OF THIS PAGE AS YOU NEED.

**SCHEDULE 3B**

**UNPAID BILLS**

(For information, see General Instructions, Page 5.)

Date	Full name, residence address (if a person) or business address (if a firm)	Purpose	Amount
(Enter Total on Page 1, Line 11)			<b>Total</b>

**OATH OR AFFIRMATION**

I, PAMELA HAWLEY GRADY, 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.

Pamela Hawley Grady Signature of Candidate, Financial Agent or Treasurer

Date 11/8 2005

**RECEIVED**  
 05 NOV 14 AM 8:24  
 OFFICE OF THE CLERK  
 SECRETARY OF STATE  
 Office Use Only

West Virginia  
**HEALTH CARE**  
Association  
110 Association Drive  
Charleston, WV 25311

Secretary of State  
Jeffrey White Blvd, East  
Bldg 1000  
1900  
Charleston WV 25305

25311+0000-0000

