



West Virginia Ethics Commission  
**Financial Disclosure Statement**  
**Contact Information and Signature Sheet**

(This Sheet will not be placed on the Internet.)

By law, only certain public officials, public employees, and candidates must file a Financial Disclosure Statement. To assist us in processing your form, please mark which category applies to you.

I am:

on a board/commission/agency to which the Governor appointed me (specify in Question No. 3)

an elected state or county official or candidate (specify in Question No. 2)

an elected city official or candidate in one of the following municipalities: Charleston, Fairmont or Morgantown (specify in Question No. 2)

a state executive branch employee. For more information on which "state executive branch employees" must file, see the FDS Information Sheet or go to [ethics.wv.gov](http://ethics.wv.gov). (If employed during the past calendar year as a state executive branch employee, specify in Question No. 5 and 13)

<b>Filer's Name:</b>	
<b>Spouse's Name:</b>	
<b>County:</b>	
<b>Address:</b>	
<b>City/State/Zip</b>	
<b>Phone:</b>	
<b>Email:</b>	

**Signature and Acknowledgement**

I hereby acknowledge, under penalty of perjury, that the information contained in my attached Financial Disclosure Statement, including all attached worksheets, is to the best of my knowledge true, correct and complete.

Filer's signature:

Date:



## West Virginia Ethics Commission Financial Disclosure Statement

- Please read and answer every question—even if your answer is “N/A” (not applicable). Incomplete original Statements will be returned to you for completion or correction.
- You must file a new Financial Disclosure Statement each year you hold or run for a public position.
- If this is your annual filing, the Statement is due by February 1.
- If you are a new appointee, this Statement is due within 30 days of the date of your appointment.
- If you are a candidate for public office, this Statement is due within 10 days of filing your Certificate of Announcement.
- The information you provide on this Statement covers the prior calendar year, except where otherwise indicated.
- You may attach additional pages to this form if necessary.

### 1. Name of Filer and Spouse

<b>Filer's Name:</b>	
<b>Spouse's Name:</b>	
<b>County:</b>	
<b>Business Address:</b>	
<b>City/State/Zip</b>	
<b>Phone:</b>	
<b>Email:</b>	

### 2. Elective Office

Do you currently hold:

(1) an elected county, circuit or state office OR

(2) an elected office in one of the following cities: Charleston, Fairmont or Morgantown?

Yes    No                    If yes, title of office:

Are you presently a candidate for public office?

Yes    No                    If yes, for what office:

Date you filed for candidacy:

### 3. Positions on State Boards, Commissions or Agencies

List all State Boards, Commissions or Agencies on which you now serve or have served during the past calendar year through appointment by the Governor:  Check here if N/A

### 4. Business Names

List all names under which you and/or your spouse conducted or did business during the past calendar year. If you or your spouse were self-employed, list the name or names under which you or your spouse conducted the business, trade, sole proprietorship or profession.

Check here if no business names to report.

1. Self  Spouse

2. Self  Spouse

3. Self  Spouse

### 5. Employment

Check here if neither you nor your spouse were employed.

1. Self  Spouse  Business Name and Address:

Job Title and Duties:

2. Self  Spouse  Business Name and Address:

Job Title and Duties:

3. Self  Spouse  Business Name and Address:

Job Title and Duties:

4. Self  Spouse  Business Name and Address:

Job Title and Duties:

### 6. 20% Gross Income Categories for you and your spouse

Did you or your spouse receive more than 20% of your gross income during the past calendar year from any one or more of the categories listed below? Yes  No

If yes, check all categories that apply to you and/or your spouse.

<b>Companies</b>	<b>Self</b>	<b>Spouse</b>
Advertising		
Beer, wine or liquor (or distributor)		
Brokerage/Financial Advisor		
Cable television		
Chemical		
Construction		
Insurance		
Interstate transportation		
Intrastate transportation		
Manufacturing		
Media		
Promotional		
Racetracks		
Recreation		
Retail		
Timber		
Wholesale		
Waste disposal		

<b>Mining</b>	<b>Self</b>	<b>Spouse</b>
Surface mining		
Mining Equipment		
Deep Mining		

<b>Oil or Gas</b>	<b>Self</b>	<b>Spouse</b>
Retail		
Wholesale		
Exploration		
Product & Drilling		

<b>Utilities</b>	<b>Self</b>	<b>Spouse</b>
Electric		
Gas		
Telephone		
Water		

<b>Financial</b>	<b>Self</b>	<b>Spouse</b>
Banks, Savings & Loan Assoc.		
Loan or Finance Companies		

<b>Government</b>	<b>Self</b>	<b>Spouse</b>
City or town		
County		
State		

<b>ASSOCIATIONS OR ORGANIZATIONS</b>	<b>Self</b>	<b>Spouse</b>
Labor Association/Organization		

Professional Association		
Association that promotes gaming or lottery		
Association of public employees or public officials		
Trade Association or Organization		

Other	Self	Spouse
Economic Development		
Hospitals or other health care providers		
Information Technology		
Legal service providers		
Lobbying		

## 7. For-Profit Business

List the name and address of each for-profit business on which either you or your spouse served on the Board of Directors or as an officer during the past calendar year. Describe the type of business.

Mark here if neither you nor your spouse served on a Board of Directors or was an officer of a for-profit business.

1. Self    Spouse    Business Name and Address:

Description of Business:

2. Self    Spouse    Business Name and Address:

Description of Business

3. Self    Spouse    Business Name and Address:

Description of Business:

## 8. Non-Profit Organization

List the name and address of each non-profit organization on which either you or your spouse served on the Board of Directors or as an officer during the past calendar year. Describe the non-profit organization.

Mark here if neither you nor your spouse served on a Board of Directors or was an officer of a non-profit organization.

1. Self    Spouse    Organization Name and Address:

Description of non-profit:

2. Self    Spouse    Organization Name and Address:

Description of non-profit:

3. Self    Spouse    Organization Name and Address:

Description of non-profit:

## 9. Sales or Contracts with State, County or Local Government

During the past calendar year, did you or your spouse have any sales or contracts with any unit of state, county or local government?                      Yes                      No



- Debts resulting from the ordinary conduct of your business, profession or occupation
- Debts to a financial institution or to a credit card company

If any debt over \$5,000, which is otherwise non-reportable, required the approval of the state or any of its political subdivisions, or if a loan was obtained from the “Linked Deposit Program”(W. Va. Code § 12-1A-1 et seq.), you must list the debt.

Check here if you owe no debts as described above.

## B. Owed to you on the date you sign this form:

List the names of all people residing or transacting business in the state who owe you, in the aggregate, more than \$5,000 on the date of this Statement (either in your name or any other person’s name for your use or benefit.)

You DO NOT have to report:

- Debts from immediate family members, parents or grandparents
- Debts resulting from the ordinary conduct of your business, profession or occupation
- Demand or saving accounts in banks, savings and loan associations, or other similar depositories
- Loans by you to any business in which you have an ownership interest

Check here if you have no debts owed to you as described above.

## 12. Gifts

A gift is anything with monetary value, including meals and beverages. During the past calendar year, if you, your spouse, and/or any of your dependents received one or more gifts whose total value is more than \$100 from a person, business or organization which has a direct and immediate interest in a governmental activity over which you have control, then list the name of each giver UNLESS it falls into one of the exceptions listed below. “Total value” includes the cumulative fair market value of all gifts from the same source, directly or indirectly, during the past calendar year.

- Gifts from the following sources need NOT be reported:
- your spouse, child, grandchild, parents or grandparents
- a trust established by your spouse, child, grandchild or ancestor
- a will or lawful inheritance in the absence of a will
- a registered lobbyist (registered lobbyists report these expenditures on the Lobbyist Schedule A form with their Lobbyist Activity Reporting forms)

Check here if you received no gifts as described above.

## 13. ALL sources of income over \$1,000 including employment during the past calendar year

(To determine if you must disclose income information about your spouse, refer to Worksheet A)

- List every source or category of income or employment over \$1,000 received by you and/or your spouse during the past calendar year in your name, or by any other person for your use or benefit. Include employment even if listed elsewhere on this Statement.
- Include distributions received from retirement and pension accounts.
- Do not list specific names of clients or customers. For example, if you are a lawyer or an insurance agent, do not list the names of your clients.
- Do not disclose actual dollar amounts of income, only the source.

**Indicate if the income was received by you or your spouse by marking the appropriate box in the chart below.**

**Examples:**

- Self- Social Security- U.S. Government
- Self- Sold real estate – Sold residence in Berkely
- Spouse- Farming/Timber – Sold timber from farm
- Spouse- Employment – Teacher, Mingo County Schools

1. Self    Spouse    Source of Income:

Description / Job Title:

2. Self    Spouse    Source of Income:

Description / Job Title:

3. Self    Spouse    Source of Income:

Description / Job Title:

**14. Business and/or Property Interests**

(To determine if you must disclose business or property interests of your spouse, refer to Worksheet A)

List the name and address of each business in which, during the past calendar year or at present, you or your spouse held an interest with a fair market value of \$10,000 or more including, but not limited to: non-publicly owned businesses, publicly or privately traded stocks, bonds or securities, including those held in self-directed retirement accounts, and commercial real estate. (For purposes of this question, DO NOT include mutual funds or specific holdings in mutual funds or retirement accounts. However, distributions from retirement accounts must be reported in question 13 if they are greater than \$1,000 annually.)

Attach additional sheets if necessary.

Check here if neither you nor your spouse had any interest in a business or real estate as described above.

Example:

- Self- Jones Coal Hauling, 123 Main Street, Placeville WV
- Self- Stonefront Apartment Building, 123 Main Street, Charleston WV 25312
- Spouse- Acme Bank Stock, 788 Water Street, Cincinnati OH 34343

1. Self    Spouse

2. Self    Spouse

3. Self Spouse

4. Self Spouse