

Delegate

Name: Amy Summers

Return completed form to:
ellen.m.briggs@wv.gov
WV Ethics Commission
210 Brooks Street, Suite 300
Charleston, WV 25301



Candidate information, if applicable
County: Taylor
Candidate for: HD 49
Date you filed for candidacy: 1/13/2020
District or circuit, if applicable: 49

Received
JAN 08 2021
WV Ethics Commission

West Virginia Ethics Commission Financial Disclosure Statement

Revised: 12-9-16

Directions

- 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.
- You may attach additional pages to this form if necessary.

1. Name of Filer and Spouse

Filer's last name Summers First name Amy
 Spouse's last name Summers First name Rod
 County of residence Taylor
 Business (employment) address WVU Medicine/United Hospital Center
327 Medical Park Dr.
 City/state/zip Bridgeport, WV 26330

2. Elective Office

Do you currently hold a county, circuit or state elected office? Yes No
 If yes, title of office: Delegate WV LEgislature
 Are you a candidate, or do you plan to become a candidate for public office in the next election? N/A 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 in the past 12 months through appointment by the Governor. Mark here if N/A

Name: _____

4. Business Names

List all names under which you and/or your spouse conduct or do business. If you or your spouse are self-employed, list the name or names under which you or your spouse conducts the business, trade, sole proprietorship or profession.

Mark here if no business names to report

self spouse Morrow Hill Farm

self spouse

self spouse

5. Employment

For you and your spouse, list the name and address of each full-time or part-time employer(s) during the preceding calendar year. Include all employment with city, county or state government as well as employment in the private sector. Provide your job title and a general description of your job duties. For purposes of this question, an employer is one who provides you with a W-2 form. This does not include self-employment if listed elsewhere on the Financial Disclosure Statement.

Mark here if neither you nor your spouse were employed during the past year.

Employer Name and Address		Job title and duties of your position
self <input checked="" type="checkbox"/> spouse <input type="checkbox"/>	1.WVU Medicine/UHC Medical Park Dr., Bridgeport, WV 2633	Registered Nurse/Staff
self <input type="checkbox"/> spouse <input checked="" type="checkbox"/>	2. Dept. of Justice 1000 Custer Hollow Rd., Clarksburg, W	Assistant Section Chief/management
self <input type="checkbox"/> spouse <input type="checkbox"/>	3.	
self <input type="checkbox"/> spouse <input type="checkbox"/>	4.	

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, mark with an 'X' all categories that apply to you and/or your spouse.

<p><i>self</i> <i>spouse</i></p> <p><u>COMPANIES</u></p> <p><input type="checkbox"/> <input type="checkbox"/> Advertising</p> <p><input type="checkbox"/> <input type="checkbox"/> Beer, wine or liquor (or distributor)</p> <p><input type="checkbox"/> <input type="checkbox"/> Brokerage/Financial Advisor</p> <p><input type="checkbox"/> <input type="checkbox"/> Cable television</p> <p><input type="checkbox"/> <input type="checkbox"/> Chemical</p> <p><input type="checkbox"/> <input type="checkbox"/> Construction</p> <p><input type="checkbox"/> <input type="checkbox"/> Insurance</p> <p><input type="checkbox"/> <input type="checkbox"/> Interstate transportation</p> <p><input type="checkbox"/> <input type="checkbox"/> Intrastate transportation</p> <p><input type="checkbox"/> <input type="checkbox"/> Manufacturing</p> <p><input type="checkbox"/> <input type="checkbox"/> Media</p> <p><input type="checkbox"/> <input type="checkbox"/> Promotional</p> <p><input type="checkbox"/> <input type="checkbox"/> Race tracks</p> <p><input type="checkbox"/> <input type="checkbox"/> Recreation</p> <p><input type="checkbox"/> <input type="checkbox"/> Retail</p> <p><input type="checkbox"/> <input type="checkbox"/> Timber</p> <p><input type="checkbox"/> <input type="checkbox"/> Wholesale</p> <p><input type="checkbox"/> <input type="checkbox"/> Waste disposal</p>	<p><i>self</i> <i>spouse</i></p> <p><u>MINING</u></p> <p><input type="checkbox"/> <input type="checkbox"/> Surface mining</p> <p><input type="checkbox"/> <input type="checkbox"/> Mining equipment</p> <p><input type="checkbox"/> <input type="checkbox"/> Deep mining</p> <p><u>OIL OR GAS</u></p> <p><input type="checkbox"/> <input type="checkbox"/> Retail</p> <p><input type="checkbox"/> <input type="checkbox"/> Wholesale</p> <p><input type="checkbox"/> <input type="checkbox"/> Exploration</p> <p><input type="checkbox"/> <input type="checkbox"/> Production & Drilling</p> <p><u>UTILITIES</u></p> <p><input type="checkbox"/> <input type="checkbox"/> Electric</p> <p><input type="checkbox"/> <input type="checkbox"/> Gas</p> <p><input type="checkbox"/> <input type="checkbox"/> Telephone</p> <p><input type="checkbox"/> <input type="checkbox"/> Water</p> <p><u>FINANCIAL</u></p> <p><input type="checkbox"/> <input type="checkbox"/> Banks, Savings & Loan Assoc.</p> <p><input type="checkbox"/> <input type="checkbox"/> Loan or Finance Companies</p>	<p><i>self</i> <i>spouse</i></p> <p><u>GOVERNMENT</u></p> <p><input type="checkbox"/> <input type="checkbox"/> City or town</p> <p><input type="checkbox"/> <input type="checkbox"/> County</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> State</p> <p><u>ASSOCIATIONS OR ORGANIZATIONS</u></p> <p><input type="checkbox"/> <input type="checkbox"/> Labor Association/Organization</p> <p><input type="checkbox"/> <input type="checkbox"/> Professional Association</p> <p><input type="checkbox"/> <input type="checkbox"/> Association that promotes gaming or lottery</p> <p><input type="checkbox"/> <input type="checkbox"/> Association of public employees or public officials</p> <p><input type="checkbox"/> <input type="checkbox"/> Trade Association or Organization</p> <p><u>OTHER</u></p> <p><input type="checkbox"/> <input type="checkbox"/> Economic Development</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Hospitals or other health care providers</p> <p><input type="checkbox"/> <input type="checkbox"/> Information Technology</p> <p><input type="checkbox"/> <input type="checkbox"/> Legal service providers</p> <p><input type="checkbox"/> <input type="checkbox"/> Lobbying</p>
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Name: Amy Summers

7. For-Profit Business

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

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

Name and address of the business	Description of the business
self <input type="checkbox"/> spouse <input type="checkbox"/>	
self <input type="checkbox"/> spouse <input type="checkbox"/>	
self <input type="checkbox"/> spouse <input type="checkbox"/>	

8. Non-Profit Organization

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

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

Name and address of the organization	Description of the non-profit
self <input checked="" type="checkbox"/> spouse <input checked="" type="checkbox"/> Grafton Lions Club 98 Meadland Rd., Flemington, WV 26347	Charitable organization to provide sight related benefits to <input checked="" type="checkbox"/>
self <input type="checkbox"/> spouse <input checked="" type="checkbox"/> WV Beef Expo 98 Meadland Rd., Felmington, WV 26347	Fair/exposition to provide livestock and products to market
self <input type="checkbox"/> spouse <input type="checkbox"/>	

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 **X** (Sales or contracts for goods or services may be either direct or through a partnership, corporation or association in which either you or your spouse owned or controlled more than 10 percent.)

If yes, identify the government agency that purchased the goods or services, and describe the nature of the goods or services. (See the instruction sheet for more information about the Ethics Act's prohibition against having an interest in a public contract under W. Va. Code § 6B-2-5(d).)

Name of Government organization	Description of goods or services provided
self spouse X Example: State of WV DHHR	Foster home placement studies
self X spouse Example: Clay County Sheriff's Department	Rental of garage space for patrol cars
self <input type="checkbox"/> spouse <input type="checkbox"/>	
self <input type="checkbox"/> spouse <input type="checkbox"/>	
self <input type="checkbox"/> spouse <input type="checkbox"/>	

10. Adult Children – Public Employment

List the name and business address of any adult child or step-child employed by any unit of state, county or local government.

Mark here if this question does not apply to you.

Name of child or step-child	Business address
Sarah Gallagher	200 Elizabeth St., Charleston, WV 25311

Name: Amy Summers

11. DEBTS

A. Owed to others: List the names of all persons residing or transacting business in the state who you owe more than \$5,000 (in the aggregate) on the date of this Statement. Include debts you owe in the name of any other person and debts on which you are a cosigner.

You **DO NOT** have to report:

1. Debts to immediate family members, parents or grandparents
2. Home mortgages for your primary and secondary residences
3. Loans for autos maintained for the use of your immediate family
4. Student loans
5. Debts resulting from the ordinary conduct of your business, profession or occupation
6. 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.

Mark here if you owe no debts as described above.

B. Owed to you: List the names of all persons 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:

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

Mark here if you had no debts owed to you as described above.

12. GIFTS

A **gift** is anything with monetary value, including meals and beverages. 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 previous calendar year.

Gifts from the following sources need **NOT** be reported:

1. your spouse, child, grandchild, parents or grandparents
2. a trust established by your spouse, child, grandchild or ancestor
3. a will or lawful inheritance in the absence of a will
4. a registered lobbyist (*registered lobbyists report these expenditures on the Lobbyist Schedule A form with their Lobbyist Activity Reporting forms*)

Mark here if you received no gifts as described above.

Name: Amy Summers

13. ALL sources of income over \$1,000 including employment - (To determine if you must disclose income information about your spouse, refer to Worksheet A)

- a. List every source or category of income or employment over \$1,000 received by you and/or your spouse during the preceding calendar year in your name, or by any other person for your use or benefit. Include employment even if listed elsewhere on this Statement.
- b. Include distributions received from retirement and pension accounts.
- c. 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.
- d. 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.

Categories of income over \$1,000		Description (or job title)
self <input checked="" type="checkbox"/> spouse	Example: Social Security	U.S. Government
self <input checked="" type="checkbox"/> spouse <input checked="" type="checkbox"/>	Example: Sold real estate	Sold residence in Beckley
self <input checked="" type="checkbox"/> spouse	Example: Farming/timber	Sold timber from my farm
self <input type="checkbox"/> spouse <input checked="" type="checkbox"/>	Example: Employment	Teacher, Mingo County schools
self <input type="checkbox"/> spouse <input type="checkbox"/>	Employment	Staff RN
self <input type="checkbox"/> spouse <input checked="" type="checkbox"/>	Farming	Owner/operator
self <input type="checkbox"/> spouse <input type="checkbox"/>	Salary/wages	State government
self <input type="checkbox"/> spouse <input checked="" type="checkbox"/>	Employment	Federal government
self <input type="checkbox"/> spouse <input type="checkbox"/>		
self <input type="checkbox"/> spouse <input type="checkbox"/>		

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, 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 over \$1,000 annually.) Attach additional sheets if necessary.

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

self	spouse <input checked="" type="checkbox"/>	Example: Jones Coal Hauling, 123 Main Street, Placeville WV
self <input checked="" type="checkbox"/>	spouse	Example: Stonefront Apartment Building, 123 Main Street, Charleston WV 25312
self <input checked="" type="checkbox"/>	spouse <input checked="" type="checkbox"/>	Example: Acme Bank Stock, 788 Water Street, Cincinnati OH 34343
self <input type="checkbox"/>	spouse <input type="checkbox"/>	
self <input type="checkbox"/>	spouse <input type="checkbox"/>	
self <input type="checkbox"/>	spouse <input type="checkbox"/>	