

## Financial Disclosure Statement Filing

Filing Confirmation # 36329

### Step 1: Statement Information

Report Year: **2025**  
Date Filed: **2/16/2026**  
Filing Type: **Original**  
Report Type: **Financial Disclosure**

### Name of Filer and Spouse

Filer First Name: **Tamejiro**  
Filer Last Name: **Takubo**  
Spouse First Name: **Victoria**  
Spouse Last Name: **Takubo**  
County of Residence: **Kanawha**

**SENATOR  
AND CANDIDATE**

### Step 1: Business Address

Name: **WVU Medicine**  
Address 1: **1 medical center drive**  
Address 2:  
City: **Morgantown**  
State: **WV**  
Zip Code: **26506**

### Step 2: Candidate / Officeholder Information

Do you currently hold a county, circuit or state elected office?: **Yes**  
Title Of Office: **• WV Senator**  
Are you presently a candidate for public office?: **Yes**  
For what office?: **WV Senator**

Date you filed for candidacy?: **1/14/2026**

**Step 3: Appointed Positions**

No Positions to Report

**Step 4: Business Names**

Type	Business Name
Self	WVU Medicine
Self	Logan County Emergency Ambulance Authority
Self	WVU Thomas Hospital
Self	WV State Senate

**Step 5: Employment**

Type	Employer Name	Address	Description
Self	WVU Medicine	1 Medical Center Drive Morgantown, WV 26506	Executive Vice ...
Self	LEASA	511 Dingess Street Logan, WV 25601	Medical Director
Self	WV State Senate	1900 Kanawah Blvd, East Room W-203 Charleston, WV 25305	State Senator
Self	WVU THomas Hospital	4605 MacCorkle AVe, SW South Charleston, WV 25309	Pulmonary and C...
Spouse	WVU Thomas Hospital	4605 MacCorkle Ave, SW South Charleston, WV 25309	Physician Assis...

**Step 6: 20% Gross Income Categories**

	Self	Spouse
<b>Other</b>		<b>X</b>
Hospitals or Other Health Care Providers		

Self Spouse

**Other**

X

Hospitals or Other Health Care Providers

**Step 7: All Sources of Income over \$1,000, including Employment**

Type	Category / Source	Description
Self	Business /Professional Income	EVP, WVU Medicine for Provider Relations
Self	Business /Professional Income	LEASA Medical Director
Self	Business /Professional Income	Pulmonary Associates, Physician/Owner
Spouse	Business /Professional Income	Physician Assistant

**Step 8: Business and/or Property Interests**

Type	Business Name	Address
Self	TRAKE	4619 Kanawha Avenue South Charleston, WV 25309

**Step 9: For-Profit Business or Organization**

Type	Business Name	Address	Description
Self	Pulmonary Associates of Charleston	4619 Kanawha Avenue South Charleston, WV 25309	Owner of a priv...

**Step 10: Non-Profit Organizations**

Type	Organization Name	Address	Description
Spouse	WV Board of Medicine	101 Dee Dr Unit 103 Charleston, WV 25311	Member of the board

**Step 11: Sales or Contracts with Governmental Entities**

Neither my spouse nor I had any sales or contracts for goods or services to any unit of a state, county or other local governmental agency, either directly or through a partnership, corporation or association in which either you or your spouse owned or controlled more than (10%) ten percent during the past calendar year

**Step 12: Adult Children - Public Employment**

I have no adult children or step children employed by any unit of state, county, or local government

**Step 13: Debts Owed to Others**

I have no reportable debts

**Step 14: Debts Owed to You**

I have no reportable debts

**Step 15: Gifts**

I have no reportable gifts