

Name: Caleb Hanna

Delegate

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 : Nicholas
Candidate for: House of Delegates
Date you filed for candidacy: 1/14/22
District or circuit, if applicable 48

Candidate

Received
FEB 01 2022
WV Ethics Commission

West Virginia Ethics Commission Financial Disclosure Statement

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, except where otherwise indicated.
- You may attach additional pages to this form if necessary.

1. Name of Filer and Spouse

Filer’s last name Hanna First name Caleb
 Spouse’s last name N/A First name N/A
 County of residence Nicholas
 Business (employment) address 1900 Kanawha Blvd. E.
Bldg. 1.
 City/state/zip Charleston, WV 25305

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: House of Delegates- 44th

Are you presently a candidate for public office? N/A Yes No
If yes, for what office: House of Delegates- 44th Date you filed for candidacy: 1/14/2022

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. Mark here if N/A

Name: Caleb Hanna

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.

Mark here if no business names to report.

self spouse

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 past 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.

	Employer Name and Address	Job title and duties of your position
self <input checked="" type="checkbox"/> spouse <input type="checkbox"/>	1. WV Legislature	Delegate
self <input type="checkbox"/> spouse <input type="checkbox"/>	2.	
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.

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

Name: Caleb Hanna

11. DEBTS

A. Owed to others on the date you sign this form: 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 on the date you sign this form: 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. 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:

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: Caleb Hanna

This page applies to questions 13 and 14 on the next page.

**** If you are an elected official, candidate or state employee, you do not need to complete Worksheet A. You must, however, answer questions 13 and 14 about you and your spouse.**

**** All other filers:** If you have been appointed to serve on a State Board, Commission or Agency by the Governor and receive no compensation for your service, you may not be required to report certain financial information about your spouse. Complete Worksheet A to determine if this spousal exemption applies. You still must report your own income and business information in questions 13 and 14.

Worksheet A (for questions 13 and 14)

Part 1. Are you a State Board, Commission or Agency member appointed by the Governor?

YES Continue to Part 2.

NO **DO NOT** complete parts 2 or 3 on this page. Continue to questions 13 and 14 on the next page and answer the questions for both you and your spouse.

Part 2. Do you hold another office or employment position that requires you to file this Financial Disclosure Statement?

YES **DO NOT** complete part 3 on this page. Continue to questions 13 and 14 on the next page and answer the questions for both you and your spouse.

NO Continue to Part 3.

Part 3. Complete this section to determine if you are exempt from disclosing certain financial information about your spouse in questions 13 and 14 on the next page.

List the name of the State Board, Commission or Agency of which you are an appointed member:
Board name: _____

Check each box that applies:

1. There is no compensation, per diem, salary or other payment authorized by state law for serving on this Board or Commission. (Excluding travel or expense reimbursement) Note: The test is not whether you decline compensation but whether it is authorized by code, statute or law.
2. Neither my spouse nor a business with which he or she is associated is regulated by the State Board, Commission or Agency on which I serve by appointment. ("Associated" is defined as a business in which your spouse, or his or her immediate family member, is a director, officer, owner, employee, compensated agent or holder of stock which constitutes five percent or more of the total outstanding stocks of any class. "Immediate family member" means dependent children, grandchildren or parents.)
3. Neither my spouse nor a business with which he or she is associated has a contract with, or receives any grants or appropriations from, the State Board, Commission or Agency on which I (the filer) serve.

➔ If you have checked all three boxes in Part 3 above, then answer questions 13 and 14 on the next page as they pertain only to you.

➔ If you did not check all three boxes in Part 3, you must answer questions 13 and 14 in their entirety as they pertain to both you and your spouse.

