

Name: Lisa Hyre

Delegate

Candidate

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: _____
Candidate for: _____
Date you filed for candidacy: _____
District or circuit, if applicable: _____

Received
FEB 09 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 Hyre First name Lisa
 Spouse's last name _____ First name _____
 County of residence Preston
 Business (employment) address Hyre Law
125 E. High Street, P.O. Box 626
 City/state/zip Kingwood, WV 26537

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? N/A _____ Yes No _____

If yes, for what office: House of Delegates 84th District Date you filed for candidacy: 2-9-22

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

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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 Hyre Law

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. Hyre Law 125 E. High St., Kingwood, WV 26537	lawyer/owner
self <input type="checkbox"/> spouse <input type="checkbox"/>	2. Public Defender Corporation for the 18th Judicial Circuit 202 Tunnelton St., Ste. 303, Kingwood, WV 26537	Assistant Public Defender
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.

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

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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.

