Candidate

Name: Joseph Garcia

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 : Marion
Candidate for: House of Delegates
Date you filed for candidacy: 1/21/2020
District or circuit, if applicable 50th

Delegate

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 Garcia First name Joseph
Spouse's last name Hoelscher First name Heather
County of residence Marion
Business (employment) address Manchin Injury Law Group PLLC
1543 Fairmont Avenue
City/state/zip Fairmont, WV 26554

2. Elective Office

Do you currently hold a county, circuit or state elected office? Yes ____ No X

If yes, title of office: ____

Are you a candidate, or do you plan to become a candidate for public office in the next election? N/A ____ Yes X No ____

If yes, for what office: House of Delegates, 50th District Date you filed for candidacy: January 21, 2020

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

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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 ☐

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 ■ spouse ☐	1Manchin Injury Law Group, PLLC	Attorney handling personal injury cases and other miscellaneous actions
self ☐ spouse ■	2.Legal Aid of West Virginia	Behavioral health advocate
self ☐ spouse ☐	3.	
self ☐ spouse ☐	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*

COMPANIES
- ☐ ☐ Advertising
- ☐ ☐ Beer, wine or liquor (or distributor)
- ☐ ☐ Brokerage/Financial Advisor
- ☐ ☐ Cable television
- ☐ ☐ Chemical
- ☐ ☐ Construction
- ☐ ☐ Insurance
- ☐ ☐ Interstate transportation
- ☐ ☐ Intrastate transportation
- ☐ ☐ Manufacturing
- ☐ ☐ Media
- ☐ ☐ Promotional
- ☐ ☐ Race tracks
- ☐ ☐ Recreation
- ☐ ☐ Retail
- ☐ ☐ Timber
- ☐ ☐ Wholesale
- ☐ ☐ Waste disposal

self *spouse*

MINING
- ☐ ☐ Surface mining
- ☐ ☐ Mining equipment
- ☐ ☐ Deep mining

OIL OR GAS
- ☐ ☐ Retail
- ☐ ☐ Wholesale
- ☐ ☐ Exploration
- ☐ ☐ Production & Drilling

UTILITIES
- ☐ ☐ Electric
- ☐ ☐ Gas
- ☐ ☐ Telephone
- ☐ ☐ Water

FINANCIAL
- ☐ ☐ Banks, Savings & Loan Assoc.
- ☐ ☐ Loan or Finance Companies

self *spouse*

GOVERNMENT
- ☐ ☐ City or town
- ☐ ☐ County
- ☐ ☐ State

ASSOCIATIONS OR ORGANIZATIONS
- ☐ ☐ Labor Association/Organization
- ☐ ☐ Professional Association
- ☐ ☐ Association that promotes gaming or lottery
- ☐ ☐ Association of public employees or public officials
- ☐ ☐ Trade Association or Organization

OTHER
- ☐ ☐ Economic Development
- ☐ ☐ Hospitals or other health care providers
- ☐ ☐ Information Technology
- ■ ■ Legal service providers
- ☐ ☐ Lobbying

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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 ☐ spouse☐	
self ☐ spouse☐	
self ☐ spouse☐	

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 ☐ spouse☐	
self ☐ spouse☐	
self ☐ spouse☐	

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 ☐ spouse☐	
self ☐ spouse☐	
self ☐ spouse☐	

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

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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.**

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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 or higher education employee, you do not need to complete Worksheet A. You must, however, answer questions 13 and 14 about you <u>and</u> 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 X *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 <u>all three boxes</u> in Part 3 above, then answer questions 13 and 14 on the next page as they pertain <u>only to you</u>.***

➔ ***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 <u>both you and your spouse</u>.***

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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 X spouse	*Example: Social Security*	*U.S. Government*
self X spouse X	*Example: Sold real estate*	*Sold residence in Beckley*
self X spouse	*Example: Farming/timber*	*Sold timber from my farm*
self spouse X	*Example: Employment*	*Teacher, Mingo County schools*
self ☒ spouse☐	Employment	Attorney, Manchin Injury Law Group
self ☐ spouse☒	Employment	Behavioral Health Advocate, Legal Aid of WV
self ☐ spouse☐		
self ☐ spouse☐		
self ☐ spouse☐		
self ☐ spouse☐		

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 X	*Example: Jones Coal Hauling, 123 Main Street, Placeville WV*
self X spouse	*Example: Stonefront Apartment Building, 123 Main Street, Charleston WV 25312*
self X spouse X	*Example: Acme Bank Stock, 788 Water Street, Cincinnati OH 34343*
self ☐ spouse☐	
self ☐ spouse☐	
self ☐ spouse☐	

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