

Name: Ric

Griffith

Candidate

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: Wayne  
Candidate for: House of Delegates  
Date you filed for candidacy: 01-14-20  
District or circuit, if applicable: 19

Received  
JAN 16 2020  
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 Griffith First name Ric  
 Spouse's last name Kiser-Griffith First name Sandra  
 County of residence Wayne  
 Business (employment) address Griffith & Feil Drug  
P.O. Box 391, 1405 Chestnut Street  
 City/state/zip Kenova, WV 25530

### 2. Elective Office

Do you currently hold a county, circuit or state elected office? Yes \_\_\_ No  \_\_\_  
 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  \_\_\_ No \_\_\_  
 If yes, for what office: House of Delegates Date you filed for candidacy: 01-14-20

### 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  
 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  Griffith & Feil Drug, retail independent pharmacy, 1405 Chestnut St., Kenova, WV 25530

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self  spouse  Sturgill-Douglas Rentals, 748 Beech Street, Kenova, WV 25530

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self  spouse  Diversified Assessment and Therapy Services, 1401 Chestnut Street, Kenova, WV 25530

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#### 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.Griffith & Feil Drug 1405 Chestnut St., Kenova, WV 25530	Pharmacist/owner
self <input type="checkbox"/> spouse <input checked="" type="checkbox"/>	2.Sturgill-Douglas Rentals 748 Beech Street Kenova WV 25530	Owner
self <input type="checkbox"/> spouse <input checked="" type="checkbox"/>	3. Diversified Assessment & Therapy Services 1401 Chestnut Street Kenova WV 25530	Owner/Chief Executive Officer
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 checked="" type="checkbox"/> County
<input type="checkbox"/>	<input type="checkbox"/> Brokerage/Financial Advisor	<input type="checkbox"/>	<input type="checkbox"/> Deep mining	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/> Economic Development
<input type="checkbox"/>	<input 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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### 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 checked="" type="checkbox"/> spouse <input type="checkbox"/> Griffith & Feil Drug 1405 Chestnut Street Kenova W	Independent Retail Pharmacy
self <input type="checkbox"/> spouse <input checked="" type="checkbox"/> Diversified Assessment & Therapy Services 1401 C	Licensed Behavioral Health Center
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 type="checkbox"/> spouse <input type="checkbox"/>	
self <input type="checkbox"/> spouse <input type="checkbox"/>	
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  (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 <input type="checkbox"/> spouse <input checked="" type="checkbox"/> Example: State of WV DHHR	Foster home placement studies
self <input checked="" type="checkbox"/> spouse <input type="checkbox"/> Example: Clay County Sheriff's Department	Rental of garage space for patrol cars
self <input type="checkbox"/> spouse <input checked="" type="checkbox"/> State of WV DHHR	Birth to Three and Waiver Title XIX services
self <input type="checkbox"/> spouse <input checked="" type="checkbox"/> Various county schools including Wayne, Cabell	Therapy services for various public schools.
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





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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 <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 checked="" type="checkbox"/> spouse <input checked="" type="checkbox"/>	Example: Employment	Teacher, Mingo County schools
self <input checked="" type="checkbox"/> spouse <input type="checkbox"/>	Social Security	US Government
self <input checked="" type="checkbox"/> spouse <input type="checkbox"/>	Rental Income	For building/Griffith & Feil
self <input checked="" type="checkbox"/> spouse <input type="checkbox"/>	Salary as Pharmacist	From pharmacy I own
self <input checked="" type="checkbox"/> spouse <input type="checkbox"/>	Rental Income	On commercial building owned by myself and spouse
self <input type="checkbox"/> spouse <input checked="" type="checkbox"/>	Salary	Business Owner/Chief Executive Officer
self <input type="checkbox"/> spouse <input checked="" type="checkbox"/>	Rental Income	From Commercial property in Wayne County

**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 checked="" type="checkbox"/>	spouse <input type="checkbox"/>	Griffith & Feil Pharmacy 1405 Chestnut Street Kenova WV 25530
self <input type="checkbox"/>	spouse <input checked="" type="checkbox"/>	Diversified Assessment & Therapy Services 1405 Chestnut Street Kenova WV 25530
self <input type="checkbox"/>	spouse <input checked="" type="checkbox"/>	Sturgill Douglas Rentals 748 Beech Street Kenova WV 25530

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