

Name: _____

Delegate

Return completed form to:
ethics@wv.gov
WV Ethics Commission
310 Brooks Street, Suite 300
Charleston, WV 25301



Candidate

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

Received
FEB 18 2020
West Virginia 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 Skuff SR First name Doug
 Spouse's last name Skuff First name Marisa
 County of residence Kanawha
 Business (employment) address 2 Brownfield Way / 301 First Ave S.
 City/state/zip South Charleston WV 25303 / North WV 25143

2. Elective Office

Do you currently hold a county, circuit or state elected office? Yes No
 If yes, title of office: House of Delegates
 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: _____

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

Name: W. J. Skiff

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 <input checked="" type="checkbox"/> spouse <input type="checkbox"/> | 1. <u>Building & Remodeling Warehouse</u> | <u>Managing Member</u> |
| self <input type="checkbox"/> spouse <input type="checkbox"/> | 2. <u>Huntington Bank</u> | <u>CRA - Community Relationship Manager</u> |
| 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.

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

Name: John Strickland

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"/> <u>Buildings of Remodeling</u> <u>300 West Ave S, Newark 25113</u> | <u>- Building Material - Distributing Remodeling</u> |
| self <input checked="" type="checkbox"/> spouse <input type="checkbox"/> <u>Skiff Family Limited</u> <u>2030 Westwood Dr</u> | <u>- Real Estate Management</u> |
| self <input type="checkbox"/> spouse <input type="checkbox"/> <u>Seaboard</u> <u>Seaboard Blvd S 203</u> | |

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 checked="" type="checkbox"/> spouse <input type="checkbox"/> <u>WV Kids Cancer Crusades</u> | <u>- Vice President</u> |
| self <input type="checkbox"/> spouse <input checked="" type="checkbox"/> <u>WV Kids Cancer Crusades</u> | <u>Childhood Cancer - Support Member</u> |
| self <input type="checkbox"/> spouse <input type="checkbox"/> | <u>Childhood Cancer Awareness Member</u> |

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 | <u>Foster home placement studies</u> |
| self <input checked="" type="checkbox"/> spouse <input type="checkbox"/> Example: Clay County Sheriff's Department | <u>Rental of garage space for patrol cars</u> |
| self <input checked="" type="checkbox"/> spouse <input type="checkbox"/> <u>State of WV Auditors office</u> | <u>Rental of office space</u> |
| self <input type="checkbox"/> spouse <input type="checkbox"/> | |
| 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 |
|-----------------------------|------------------|
| | <u>NA</u> |
| | |
| | |

Name: _____

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 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.**

Name: _____

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"/> | Employment | Manager Building Material Distribution |
| self <input type="checkbox"/> spouse <input checked="" type="checkbox"/> | Employment | Huntington Bank Community Relationship Manager |
| self <input checked="" type="checkbox"/> spouse <input type="checkbox"/> | Rental Income | Town Home Manager. |
| self <input type="checkbox"/> spouse <input type="checkbox"/> | | |
| self <input type="checkbox"/> spouse <input type="checkbox"/> | | |
| self <input type="checkbox"/> spouse <input type="checkbox"/> | | |

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 45203 |
| self <input checked="" type="checkbox"/> | spouse <input type="checkbox"/> | SKAFF Family Limited 2620 W. Bowerwood Dr, S. Ches. WV 25313 |
| self <input checked="" type="checkbox"/> | spouse <input type="checkbox"/> | Front Row Properties 3 Jephth Place, South Charleston WV 25313 |
| self <input type="checkbox"/> | spouse <input type="checkbox"/> | |