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By WV Ethics Commission at 8:58 am, Aug 24, 2026

Candidate

West Virginia Ethics Commission
Financial Disclosure Statement

- 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 Name:	ERIC E. WALTON
Spouse's Name:	HALEY F. WALTON
County:	FAYETTE
Business Address:	412 VIRGINIA ST.
City/State/Zip	OAK HILL WV 25901
Phone:	304-928-1427
Email:	ERICWALTON170@GMAIL.COM

2. Elective Office

Do you currently hold:

(1) an elected county, circuit or state office OR NO

(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?

Yes ☒ No ☐ If yes, for what office: HOUSE OF DELEGATES D:50

Date you filed for candidacy: AUGUST 19, 2026

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: [X] Check here if N/A

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.

[ ] Check here if no business names to report.

1. Self [X] Spouse [ ]
   ERIC EUGENE WALTON
2. Self [ ] Spouse [X]
   HALEY FRAN-NICOLE WALTON
3. Self [ ] Spouse [ ]

5. Employment

[ ] Check here if neither you nor your spouse were employed.

1. Self [X] Spouse [ ] Business Name and Address: AI- WALTONS BONDING INC.
   Job Title and Duties: BAIL ENFORCEMENT AGENT / SECRETARY
2. Self [ ] Spouse [X] Business Name and Address: HALEY'S SALON & Boutique
   Job Title and Duties: NAIL TECH / OWNER.
3. Self [ ] Spouse [ ] Business Name and Address:
   Job Title and Duties:
4. Self [ ] Spouse [ ] Business Name and Address:
   Job Title and Duties:

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 [X]

If yes, check all categories that apply to you and/or your spouse.

Companies	Self	Spouse
Advertising	☐	☐
Beer, wine or liquor (or distributor)	☐	☐
Brokerage/Financial Advisor	☐	☐
Cable television	☐	☐
Chemical	☐	☐
Construction	☐	☐
Insurance	☐	☐
Interstate transportation	☐	☐
Intrastate transportation	☐	☐
Manufacturing	☐	☐
Media	☐	☐
Promotional	☐	☐
Racetracks	☐	☐
Recreation	☐	☐
Retail	☐	☐
Timber	☐	☐
Wholesale	☐	☐
Waste disposal	☐	☐

Mining	Self	Spouse
Surface mining	☐	☐
Mining Equipment	☐	☐
Deep Mining	☐	☐

Oil or Gas	Self	Spouse
Retail	☐	☐
Wholesale	☐	☐
Exploration	☐	☐
Product & Drilling	☐	☐

Utilities	Self	Spouse
Electric	☐	☐
Gas	☐	☐
Telephone	☐	☐
Water	☐	☐

Financial	Self	Spouse
Banks, Savings & Loan Assoc.	☐	☐
Loan or Finance Companies	☐	☐

Government	Self	Spouse
City or town	☐	☐
County	☐	☐
State	☐	☐

ASSOCIATIONS OR ORGANIZATIONS	Self	Spouse
Labor Association/Organization	☐	☐

Professional Association	☐	☐
Association that promotes gaming or lottery	☐	☐
Association of public employees or public officials	☐	☐
Trade Association or Organization	☐	☐

Other	Self	Spouse
Economic Development	☐	☐
Hospitals or other health care providers	☐	☐
Information Technology	☐	☐
Legal service providers	☐	☐
Lobbying	☐	☐

7. For-Profit Business

List the name and address of each for-profit business on which either you or your spouse served on the Board of Directors or as an officer during the past calendar year. Describe the type of business.

Mark here if neither you nor your spouse served on a Board of Directors or was an officer of a for-profit business.

1. Self ☒ Spouse ☐ Business Name and Address:

Description of Business: BAIL BONDING

2. Self ☐ Spouse ☒ Business Name and Address:

Description of Business SALON

3. Self ☐ Spouse ☐ Business Name and Address:

Description of Business:

8. Non-Profit Organization

List the name and address of each non-profit organization on which either you or your spouse served on the Board of Directors or as an officer during the past calendar year. Describe the non-profit organization.

☒ Mark here if neither you nor your spouse served on a Board of Directors or was an officer of a non-profit organization.

1. Self ☐ Spouse ☐ Organization Name and Address:

Description of non-profit:

2. Self ☐ Spouse ☐ Organization Name and Address:

Description of non-profit:

3. Self ☐ Spouse ☐ Organization Name and Address:

Description of non-profit:

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).)

Example:

- Clay Co. Sherriff's Dept. – Rental of garage space for patrol cars
- State of WV DHHR – Foster home placement studies

1. Self ☐ Spouse ☐ Name of Gov. Organization:

Description of goods or services provided:

2. Self ☐ Spouse ☐ Name of Gov. Organization:

Description of goods or services provided:

3. Self ☐ Spouse ☐ Name of Gov. Organization:

Description of goods or services provided:

10. Adult Children – Public Employment

List the name and business address of any adult child or stepchild employed by any unit of state, county or local government during the past calendar year.

☒ Check here if this question does not apply to you.

1. Name of Child/Stepchild: Business Address:

2. Name of Child/Stepchild: Business Address:

3. Name of Child/Stepchild: Business Address:

11. Debts

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

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:

- Debts to immediate family members, parents or grandparents
- Home mortgages for your primary and secondary residences
- Loans for autos maintained for the use of your immediate family
- Student loans

- Debts resulting from the ordinary conduct of your business, profession or occupation
- 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.

☐ Check 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 people 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:

- Debts from immediate family members, parents or grandparents
- Debts resulting from the ordinary conduct of your business, profession or occupation
- Demand or saving accounts in banks, savings and loan associations, or other similar depositories
- Loans by you to any business in which you have an ownership interest

☐ Check here if you have 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:
- your spouse, child, grandchild, parents or grandparents
- a trust established by your spouse, child, grandchild or ancestor
- a will or lawful inheritance in the absence of a will
- a registered lobbyist (registered lobbyists report these expenditures on the Lobbyist Schedule A form with their Lobbyist Activity Reporting forms)

☒ Check here if you received no gifts as described above.

13. ALL sources of income over $1,000 including employment during the past calendar year

(To determine if you must disclose income information about your spouse, refer to Worksheet A)

- List every source or category of income or employment over $1,000 received by you and/or your spouse during the past calendar year in your name, or by any other person for your use or benefit. Include employment even if listed elsewhere on this Statement.
- Include distributions received from retirement and pension accounts.
- 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.
- 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.

Examples:

- Self- Social Security- U.S. Government
- Self- Sold real estate – Sold residence in Berkely
- Spouse- Farming/Timber – Sold timber from farm
- Spouse- Employment – Teacher, Mingo County Schools

1. Self [X] Spouse [ ] Source of Income: DEPT OF VETERANS AFF.

Description / Job Title: VETERAN

2. Self [X] Spouse [ ] Source of Income: A1 WALTONS BONDING

Description / Job Title: BAIL ENFORCEMENT AGENT

3. Self [ ] Spouse [ ] Source of Income: HALEY'S SALON & BOUTIQUE

Description / Job Title: NAIL TECH / OWNER

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 or at present, 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 $1,000 annually.)

Attach additional sheets if necessary.

[ ] Check here if neither you nor your spouse had any interest in a business or real estate as described above.

Example:

- Self- Jones Coal Hauling, 123 Main Street, Placeville WV
- Self- Stonefront Apartment Building, 123 Main Street, Charleston WV 25312
- Spouse- Acme Bank Stock, 788 Water Street, Cincinnati OH 34343

1. Self [ ] Spouse [X] HALEY'S SALON & BOUTIQUE
412 VIRGINIA ST. OAK HILL WV 25901

2. Self [ ] Spouse [ ]

3. Self ☐ Spouse ☐

4. Self ☐ Spouse ☐