

Return completed form to:
WV Ethics Commission
210 Brooks St., Ste 300
Charleston WV 25301
304-558-0664 or 1-866-558-0664



WV Ethics Commission Financial Disclosure Statement

IMPORTANT!!! PLEASE READ!!!! The information you provide on this form should cover the past calendar year. If this is your annual filing, this form is due February 1. You must file a Financial Disclosure Statement each year you are in your public position.

If you are a new appointee, this form is due within 30 days of the date of your appointment!

Please answer all questions. This form will be returned to you for correction if questions are left unanswered! Additional pages may be attached when necessary. If you have questions, please call 304-558-0664 or (toll-free) 866-558-0664.

1. Your Name and Address

Please type or print clearly and mark which is your preferred mailing address.

Last Name _____ First Name _____ Daytime phone (____) _____
 Home address _____ Other phone (____) _____
City / state/zip _____ County of residence _____
 Business address _____
City / state/ zip _____

2. Business Names

List all names under which you do business. If you are self-employed, list the name or names under which you conduct your business, trade, sole proprietorship or profession. For example: Tom Smith Electrical Supply; Acme Video Rental; Computers, Inc.; Dr. John Smith, MD; Jack Sparrow, Attorney at Law . If no business names, mark here

3. Your Employment

A. List the name and address of each of your employer(s) during the past twelve months including city, county or state government employment. For purposes of this question, an employer is defined as one who provides you with a W-2 Form.

If no employers mark here

B. Are you self-employed? Yes No If yes, provide the complete address here. (Note: you may need to provide additional information on your self employment in questions 2, 6 and 8).

FIRST NAME _____ LAST NAME _____

4. Appointed Positions on Boards, Commissions or Agencies

List all State Boards, Commissions or Agencies on which you now serve by appointment of the Governor. Include recent appointments. If none, mark here Date appointed (if known).

5. Officeholder/Candidate Information

Do you currently hold a county, circuit or state elected office? Yes No If yes, title of office: _____
 Have you filed candidacy papers for public office in the next election? Yes No N/A
 If yes, what office: _____ Date you filed your candidacy papers: _____

6. Business Interests

Provide the name and address of each business in which, during the past year, you either: (1) held an interest, at fair market value, of \$10,000, or greater; or (2) held an ownership interest of 5 per cent (5%), or greater, provided the fair market value of that interest exceeded \$10,000. Include ownership of corporate stocks, whether publicly or privately traded. (DO NOT include interests in mutual funds, or retirement funds, such as a 401(k) or IRA. However, income from these sources may be reportable in question 8.) Attach additional sheets if necessary.
 Mark here if you had no business interests which meet these criteria.

EXAMPLES

Jones Coal Hauling, Placeville WV
Google stock, publicly traded
Main Street Bank, stock ownership, Greenville WV

7. Sales or Contracts with Governmental Entities

During the past calendar year, did you contract for the sale of goods or services to a state, county, municipal or other local governmental agency, either directly or through a partnership, corporation or association in which you owned or controlled more than (10%) ten percent ? Yes _____ No _____
 If yes, describe the nature of the goods or services and identify the governmental agency which purchased the goods or services.

EXAMPLES

Governmental Agency	Description of goods or services provided
<i>City of Pleasantville</i>	<i>sold bricks and sand for street- scape project</i>
<i>Pike County Sheriff's Office</i>	<i>rental of garage space for patrol cars</i>
<i>State of WV DHHR</i>	<i>foster home placement studies</i>

Governmental Entity	Description of goods or services provided

8. All Sources of Income over \$1,000 (including regular employment)

Identify by category **every** source of income **over \$1,000** received during the preceding calendar year in your name or by any other person for your use or benefit. List every source of income including regular and self-employment, retirement and social security. You are not required to report the source of income derived by your spouse other than from jointly owned sources.

If you derive income from a business, profession or occupation, you are not required to disclose the individual sources and items of income that constitute the gross income of that business, profession or occupation.

Describe the nature of the services for which the income was received.

I had no sources of income over \$1,000 in the past year.

EXAMPLES

Source of Income over \$1,000	Description of Income Sources
<i>State of WV Treasurer's Office</i>	<i>employed as auditor</i>
<i>Suddenlink Cable Company</i>	<i>part time sales person</i>
<i>Smith & Jones Co., PLLC</i>	<i>private law practice</i>
<i>Merrill Lynch</i>	<i>stock dividends on stock held in account</i>
<i>sold timber</i>	<i>timber was cut on my property</i>
<i>ABC Gas company</i>	<i>retirement income</i>
<i>rental income</i>	<i>apartment buildings</i>

Source of Income over \$1,000	Description of Income Sources

9. 20% Gross Income Categories

Did you receive more than 20% of your gross income during the past 12 months from any one or more of the categories listed below: Yes No If yes, mark with an 'X' all categories that apply.

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Surface Mining | <input type="checkbox"/> Electric Utilities | <input type="checkbox"/> Media |
| <input type="checkbox"/> Chemical | <input type="checkbox"/> Deep Mining | <input type="checkbox"/> Water Utilities | <input type="checkbox"/> Cable TV |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Mining Equipment | <input type="checkbox"/> Gas Utilities | <input type="checkbox"/> Advertising |
| <input type="checkbox"/> Retail sales | <input type="checkbox"/> Timbering | <input type="checkbox"/> Telephone Utilities | <input type="checkbox"/> Promotional Companies |
| <input type="checkbox"/> Wholesale sales | <input type="checkbox"/> Waste Disposal | <input type="checkbox"/> Banks | <input type="checkbox"/> Other |
| <input type="checkbox"/> Race Tracks | <input type="checkbox"/> Intrastate transportation | <input type="checkbox"/> Savings & Loan | |
| <input type="checkbox"/> Retail oil or gas | <input type="checkbox"/> Interstate transportation | <input type="checkbox"/> Loan or Finance Companies | |
| <input type="checkbox"/> Trade Associations | <input type="checkbox"/> Recreation related | | |
| <input type="checkbox"/> Labor organizations | <input type="checkbox"/> Groups or associations promoting gaming or lotteries | | |
| <input type="checkbox"/> Counties | <input type="checkbox"/> Beer, wine or liquor companies or distributors | | |
| <input type="checkbox"/> Cities or Towns | <input type="checkbox"/> Associations of public employees or public officials | | |
| <input type="checkbox"/> Professional Associations | <input type="checkbox"/> Hospital or other health care providers | | |

10. Reportable Gifts

A gift is anything with monetary value, including meals and beverages. Certain gifts are exempt from reporting. Gifts from the following sources are not reported.

- from your spouse, child, grandchild, parents or grandparents
- a trust established by your spouse, child, grandchild, or ancestor
- from a will, or lawful inheritance in the absence of a will
- from a registered lobbyist (*registered lobbyists report these expenditures on Lobbyist Reporting Form, Schedule A*)

If you, your spouse, and/or any of your dependents received one or more gifts whose total value is over **one hundred dollars (\$100)** from a person who 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 above exceptions. "Total value" includes the cumulative value of all gifts from the same source during the calendar year.

Mark here if you received no reportable gifts.

11. Debts you owe in excess of \$5,000

List the names of all persons residing or transacting business in the state, to whom you owe more, in the aggregate, than **\$5,000**, on the date this statement is executed. 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

HOWEVER, if any debt over \$5,000 exempted above 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.), the debt must be listed.

Mark here if you had no reportable debts as described above.

12. Debts owed to you in excess of \$5,000

List the names of all persons residing or transacting business in the state, who owe you more, in the aggregate, than **\$5,000**, on the date this statement is executed, 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 reportable debts as described above.

13. Signature

I hereby acknowledge that the information contained hereon and on any attached pages is to the best of my knowledge, true, correct and complete.

Your Signature: _____ Date: _____

Please print name: _____