

Name: TIMOTHY R. KINSEY

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



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

West Virginia Ethics Commission Financial Disclosure Statement

W. Va. Code §§ 6B-2-6 and 7

Rev: 11-2013

Important!

- Please read and answer *every question*. We will return incomplete forms 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 Candidacy*.
- The information you provide on this statement should cover the past calendar year.
- You may attach additional pages to this form if necessary.

1. Name of filer and spouse

Filer last name Kinsey First name Timothy R.
Spouse last name Kinsey First name Christie A.
County of residence Wayne
Business (employment) address na - retired
City / state / zip _____

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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 yes

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, by appointment of the Governor. Include recent appointments. Mark here if N/A

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7. For-Profit Business

List the name 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 type="checkbox"/> spouse <input type="checkbox"/>	
self <input type="checkbox"/> spouse <input type="checkbox"/>	
self <input type="checkbox"/> spouse <input type="checkbox"/>	

8. Non-Profit Organization

List the name of each non-profit organization on which either you or your spouse serves on the Board of Directors or as an Officer.

Mark here if neither you nor your spouse serve on a Board of Directors or is an Officer of a non-profit.

Name and address of the Organization	Description of the non-profit
self <input checked="" type="checkbox"/> spouse <input type="checkbox"/>	SOUTHWESTERN COMMUNITY ACTION COUNCIL - COMMUNITY SERVICE
self <input checked="" type="checkbox"/> spouse <input type="checkbox"/>	UNLIMITED FUTURE, INC - MINORITY BUSINESS INCUBATOR
self <input checked="" type="checkbox"/> spouse <input type="checkbox"/>	TRI STATE AREA BOY SCOUTS - SERVICE ORGANIZATION
self <input checked="" type="checkbox"/> spouse <input type="checkbox"/>	WAYNE COUNTY EDA - ECONOMIC DEVELOPMENT
self <input checked="" type="checkbox"/> spouse <input type="checkbox"/>	WESTERN GATE LAND DEVELOPMENT - ARM OF EDA
self <input checked="" type="checkbox"/> spouse <input type="checkbox"/>	WAYNE COUNTY HOUSING AUTHORITY - COMMUNITY DEVELOPMENT

— SEE BACK OF PAGE 1

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%) ten 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.) 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 type="checkbox"/>	
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

11. DEBTS

A: Owed to others: List the names of all persons residing or transacting business in the state who you owe, in the aggregate, more than \$5,000, 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

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.), 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 over one hundred dollars (\$100) from a person, business, or organization 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 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 are **NOT** 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 Lobbyist Schedule A Reporting Form*)

Mark here if you received no gifts as described above.

Name: TIMOTHY R. KINSEY

This page applies to questions 13 and 14 on the next page.

**** If you are an elected official, candidate, state or higher education employee, you do not need to complete this page. Please continue to page 7 and answer questions 13 and 14 about you and your spouse.**

**** All other filers:** If you are appointed to serve on a State Board, Agency or Commission 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 the spousal exemption applies. Regardless, 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 Board, Agency or Commission 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 of 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:

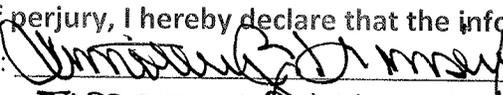
- There is no compensation, per diem, salary or other payment authorized by state law for serving on this board or commission. (Excluding travel or expense reimbursement) Note: The test is not whether you decline compensation but whether it is authorized by code, statute, or law.
- Neither my spouse 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.)
- 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, then answer questions 13 and 14 on the next page as they pertain only to you.**

➔ **If not, then answer all questions as they pertain to both you and your spouse.**

➔ **Verification & Signature:**

Under penalty of perjury, I hereby declare that the information provided herein is true.

Signature of Filer: 

Print Filer Name: TIMOTHY R. KINSEY

Date: 1/15/14

Name: TIMOTHY R. KINSEY

You must answer all questions on this page.

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. See examples below.

Indicate if the income was received by you or your spouse by marking the appropriate box in the chart below.

Category of income over \$1000		Description (or job title)
self <input checked="" type="checkbox"/> spouse <input type="checkbox"/>	Example: Social Security	US Government
self <input checked="" type="checkbox"/> spouse <input type="checkbox"/>	Example: Sold Real Estate	Sold residence in Beckley
self <input checked="" type="checkbox"/> spouse <input type="checkbox"/>	Example: Farming/Timber	Sold timber from my farm
self <input 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"/>	PENSION	UNITED BANK
self <input checked="" type="checkbox"/> spouse <input type="checkbox"/>	INTEREST INCOME	UNITED BANK
self <input checked="" type="checkbox"/> spouse <input type="checkbox"/>	DIVIDEND INCOME	UNITED BROKERAGE - RAYMOND JAMES
self <input checked="" type="checkbox"/> spouse <input type="checkbox"/>	APPOINTED OFFICIAL	HOUSE OF DELEGATES
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 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 <input type="checkbox"/> spouse <input checked="" type="checkbox"/>	Example: Jones Coal Hauling, 123 Main Street, Placeville WV	
self <input checked="" type="checkbox"/> spouse <input type="checkbox"/>	Example: Stonefront Apartment Building, 123 Main Street, Charleston WV 25312	
self <input checked="" type="checkbox"/> spouse <input type="checkbox"/>	Example: Acme Bank Stock, 788 Water Street, Cincinnati OH 34343	
self <input type="checkbox"/> spouse <input checked="" type="checkbox"/>	INS Enterprises, LLC	603 Veterans Memorial Blvd, Huntington, WV 25701
self <input type="checkbox"/> spouse <input type="checkbox"/>		
self <input type="checkbox"/> spouse <input type="checkbox"/>		
SEE ATTACHED SHEETS (STOCK VALUES OVER \$10,000)		

DECEMBER 1 - DECEMBER 31, 2013

Your Registered Representative

ROB BREWSTER
Phone: 304-781-2363

514 MARKET ST.
PARKERSBURG, WV 26101

Account profile

Full account name:
Account type:
Brokerage account number:
Tax status:
Time horizon:
Liquidity needs:
Cost Basis Election:
Sweep option:

CHRISTIE A KINSEY
Standard Brokerage
Taxable
Please Provide
Please Provide
First in, First out
WF ADVANTAGE 100% TREASURY
MONEY

Per your instructions, copies of this statement have been sent to an interested party. Please contact Your Registered Representative for details.

Document delivery status

Statements:
Trade confirmations:
Tax documents:
Shareholder communications:

Paper
Electronic

TODD DUDLEY
Raymond James Financial Services, Inc.
#3 CHATEAU LANE | BARBOURSVILLE, WV 25504
(304) 736-7490
raymondjames.com/toddudley
Todd.Dudley@RaymondJames.com



TIMOTHY R KINSEY
PO BOX 210
LAVALETTE WV 25535-0210106



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Raymond James Client Services
800-647-SERV (7378)
Monday - Friday 8 a.m. to 6 p.m. ET

Online Account Access
raymondjames.com/investoraccess

Timothy Account Summary -

		This Statement	Year to Date
Value This Statement			
[REDACTED]		[REDACTED]	[REDACTED]
Beginning Balance			
Deposits		[REDACTED]	[REDACTED]
Income		[REDACTED]	[REDACTED]
Withdrawals		[REDACTED]	[REDACTED]
Expenses		[REDACTED]	[REDACTED]
Change in Value		[REDACTED]	[REDACTED]
Ending Balance		[REDACTED]	[REDACTED]
Last Statement	Prior Year-End		
[REDACTED]	[REDACTED]		

Important Messages

- Your primary objective is Growth, with a high risk tolerance and a time horizon less than 5 years.

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Your Portfolio

For more information, visit raymondjames.com/investoraccess

	Quantity	Price	Value	Gain or (Loss)°	Estimated Annual Income
Cash & Cash Alternatives					
Raymond James Bank Deposit Program # 0.01%					
Citibank NA					
Cash & Cash Alternatives Total					

Your bank priority state: WV

Participating banks recently added: Park Sterling Bank, added on 12/18/2013

Please See the Raymond James Bank Deposit Program on the Understanding Your Statement page.

Equities

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
MICRON TECHNOLOGY INCORPORATED (MU)	600.000	\$21.750	\$13,050.00	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Equities Total					
Portfolio Total					

° Please see Cost Basis on the Understanding Your Statement page.

2014 JAN 28 11:10:52

DECEMBER 1 - DECEMBER 31, 2013

Your Registered Representative

ROB BREWSTER
Phone: 304-781-2363

514 MARKET ST.
PARKERSBURG, WV 26101

Account profile

Full account name:
Account type:
Brokerage account number:
Tax status:
Time horizon:
Liquidity needs:
Cost Basis Election:
Sweep option:

CHRISTIE A KINSEY
Standard Brokerage
Taxable
Please Provide
Please Provide
First in, First out
WF ADVANTAGE 100% TREASURY
MONEY

Per your instructions, copies of this statement have been sent to an interested party. Please contact Your Registered Representative for details.

Document delivery status

Statements:
Trade confirmations:
Tax documents:
Shareholder communications:

Paper	Electronic
X	
X	
X	
X	

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Your Portfolio

For more information, visit raymondjames.com/investoraccess

	Quantity	Price	Value	Gain or (Loss)°	Estimated Annual Income
Cash & Cash Alternatives					
Raymond James Bank Deposit Program † 0.01%					
Citibank NA					
Cash & Cash Alternatives Total					

Your bank priority state: WV

Participating banks recently added: Park Sterling Bank, added on 12/18/2013

† Please See the Raymond James Bank Deposit Program on the Understanding Your Statement page.

Equities

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
MICRON TECHNOLOGY INCORPORATED (MU)	600.000	\$21.750	\$13,050.00	\$8,029.95	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Equities Total					

Portfolio Total

° Please see Cost Basis on the Understanding Your Statement page.

2014 JAN 28 AM 10:52

TODD DUDLEY
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Change in Value			
Ending Balance			
Last Statement	Prior Year-End		

Important Messages

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NON-PROFIT
SPOUSE

HUNTINGTON MUSEUM OF ART - ART MUSEUM
EBENEZER MEDICAL OUTREACH - COMMUNITY HEALTH SERVICES
HELP FOR ANIMALS, INC. - SPAY NEUTER CLINIC

CABEL HUNTINGTON HOSPITAL FOUNDATION - FOUNDATION
* MARSHALL UNIVERSITY BOARD OF GOVERNORS - EDUCATION

* APPOINTMENTS 8/1/13 BY GOVERNOR TOMBLIN