

Name: _____

Return completed form to:
WV Ethics Commission
210 Brooks Street, Suite 300
Charleston, WV 25301
(304)558-0664 or 1(866)558-0664

Received
OCT 21 2015



WV Ethics Commission

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

West Virginia Ethics Commission Financial Disclosure Statement

Revised: 12-9-14

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 Candidacy*.
- 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 Atkinson III First name Martin
 Spouse's last name Atkinson First name Gloria J.
 County of residence Roane
 Business (employment) address 4250 Ripley Road
Reedy, WV 25270
 City/state/zip _____

2. Elective Office

Do you currently hold a county, circuit or state elected office? Yes No _____

If yes, title of office: Delegate - 11th District

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: Delegate - 11th Dist. Date you filed for candidacy: 10/15/2015

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

Name: Martin Atkinson III

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
Sand J Controls, Inc. dba A+W Contracting

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>Mountain St. Log Homes</u> <u>208 Display Dr. Jane Lew W 26378</u>	<u>Director of Sales</u>
self <input type="checkbox"/> spouse <input checked="" type="checkbox"/>	2. <u>First Neighborhood Bank</u> <u>PO Box 1049 Spencer W 25276</u>	<u>Exec. Vice Pres / CFO</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.

self	spouse	self	spouse	self	spouse	
COMPANIES		MINING		GOVERNMENT		
<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 type="checkbox"/> County	
<input type="checkbox"/>	<input type="checkbox"/> Brokerage/Financial Advisor	<input type="checkbox"/>	<input type="checkbox"/> Deep mining	<input type="checkbox"/>	<input type="checkbox"/> State	
<input type="checkbox"/>	<input type="checkbox"/> Cable television	OIL OR GAS		ASSOCIATIONS OR ORGANIZATIONS		
<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	UTILITIES		<input type="checkbox"/>	<input type="checkbox"/> Trade Association or Organization	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Manufacturing	<input type="checkbox"/>	<input type="checkbox"/> Electric	OTHER		
<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	<input type="checkbox"/>	FINANCIAL		<input type="checkbox"/>	<input type="checkbox"/> Legal service providers
<input type="checkbox"/>	<input type="checkbox"/> Retail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Lobbying	
<input type="checkbox"/>	<input type="checkbox"/> Timber	<input type="checkbox"/>	<input type="checkbox"/> Banks, Savings & Loan Assoc.			
<input type="checkbox"/>	<input type="checkbox"/> Wholesale	<input type="checkbox"/>	<input type="checkbox"/> Loan or Finance Companies			
<input type="checkbox"/>	<input type="checkbox"/> Waste disposal					

Name: Martin Atkinson, III

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 checked="" type="checkbox"/> <u>S&J Controls, Inc</u> <u>4250 Ripley Rd. Reedy, WV 25270</u>	<u>RE Dev/ Constr.</u> <u>Both directors; MA - Pres, GJA - Sec</u>
self <input checked="" type="checkbox"/> spouse <input checked="" type="checkbox"/> <u>Martin Atkinson, Inc</u> <u>4250 Ripley Rd Reedy WV 25270</u>	<u>Contractor - not active</u> <u>Both directors; MA - Pres GJA - Sec.</u>
self <input type="checkbox"/> spouse <input checked="" type="checkbox"/> <u>First Neighborhood Bank/West. Central Bancorp</u> <u>PO Box 1049, 216 Market St, Spencer WV</u>	<u>Commercial Bank/ Bank Holding Co.</u> <u>Exec. Vice Pres & CFO/ Treasurer</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 type="checkbox"/> spouse <input checked="" type="checkbox"/> <u>Hospital Development Corp dba Roane General Hospital</u> <u>200 Hospital Dr, Spencer, WV 25276</u>	<u>Hospital</u>
self <input type="checkbox"/> spouse <input checked="" type="checkbox"/> <u>Roane County College Scholarship Foundation, Inc.</u> <u>Spencer WV</u>	<u>Scholarship Found.</u> <u>Director / Treasurer</u>
self <input type="checkbox"/> spouse <input checked="" type="checkbox"/> <u>Roane Co. 4-H Foundation Inc</u>	<u>Director / Chairman</u>
<input checked="" type="checkbox"/> <u>Rotary Club of Spencer</u>	<u>Treasurer</u>
<input checked="" type="checkbox"/> <u>Fifth Judicial Circuit PDC</u>	<u>Chair / Director</u>
<input checked="" type="checkbox"/> <u>First Baptist Church</u>	<u>Trustee</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 spouse <input checked="" type="checkbox"/> Example: <u>State of WV DHHR</u>	<u>Foster home placement studies</u>
self <input checked="" type="checkbox"/> spouse Example: <u>Clay County Sheriff's Department</u>	<u>Rental of garage space for patrol cars</u>
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

Name: Martin Atkinson III

11. DEBTS

A. Owed to others: 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:

- 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

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.

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 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 previous calendar year.

Gifts from the following sources need **NOT** be 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 the Lobbyist Schedule A form with their Lobbyist Activity Reporting forms*)

Mark here if you received no gifts as described above.

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: Martin Atkinson III

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 type="checkbox"/> spouse <input checked="" type="checkbox"/>	Example: Employment	Teacher, Mingo County schools
self <input checked="" type="checkbox"/> spouse <input type="checkbox"/>	Social Security	U.S. Government
self <input checked="" type="checkbox"/> spouse <input type="checkbox"/>	Salary - Mt. State Log Homes	Employment - Sales
self <input type="checkbox"/> spouse <input checked="" type="checkbox"/>	Salary - Employment First Neighborhood Bank	Banker
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 <input type="checkbox"/> 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 checked="" type="checkbox"/>	S & J controls, Inc, 4250 Repley Rd
self <input checked="" type="checkbox"/> spouse <input checked="" type="checkbox"/>	West-Central Bancorp, Inc, Stock Ownership 216 Market St
self <input checked="" type="checkbox"/> spouse <input type="checkbox"/>	Premier Financial, Stock Ownership

Financial Disclosure Statement Filing

Filing Confirmation # 3275

Step 1: Statement Information

Report Year: **2014**
Date Filed: **10/16/2015**
Filing Type: **Original**
Report Type: **Financial Disclosure**

Name of Filer and Spouse

Filer First Name: **Martin**
Filer Last Name: **Atkinson III**
Spouse First Name: **Gloria Jeanette**
Spouse Last Name: **Atkinson**
County of Residence: **Roane**

Step 1: Business Address

Name: **Mountain State Log Homes**
Address 1: **208 Display Drive**
Address 2:
City: **Jane Lew**
State: **WV**
Zip Code: **26378**

Step 2: Candidate / Officeholder Information

Do you currently hold a county circuit or state elected office?: **Yes**
Title Of Office: **• WV House of Delegates**

Have you filed
 candidacy papers for
 public office in the next
 election?: **Yes**

For what office?: **WV House of Delegates**

Date you filed for
 candidacy?: **10/15/2015**

Step 3: Appointed Positions

No Positions to Report

Step 4: Business Names

Type	Business Name
Self	S and J Controls, Inc. dba A & W Contracting
Spouse	S and J Controls, Inc. dba A & W Contracting

Step 5: Employment

Type	Employer Name	Address	Description
Self	Mountain State Log Homes	208 Display Drive Jane Lew, WV 26378	Director of Sal...

Step 6: 20% Gross Income Categories

	Self	Spouse
Companies		
Manufacturing		
Financial		
Banks		

Step 7: All Sources of Income over \$1,000, including Employment

Type	Category / Source	Description
Self	Social Security	US Govt Retirement Benefits
Self	Salary/Wages/Commissions	Employment, Log Home Sales

Step 8: Business Interests and Commercial Real Estate

Type	Business Name	Address
Self	S & J Controls, Inc.	4250 Ripley Road Reedy, WV 25270
Spouse	S & J Controls, Inc.	4250 Ripley Road Reedy, WV 25270
Self	West-Central Bancorp, Inc.	P O Box 1049 216 Market Street Spencer, WV 25276
Spouse	West-Central Bancorp, Inc.	P O Box 1049 216 Market Street Spencer, WV 25276

Step 9: For-Profit Business or Organization

Type	Business Name	Address	Description
Self	S and J Controls Inc.	4250 Ripley Road Reedy, WV 25276	RE Construction...
Spouse	S and J Controls, Inc.	4250 Ripley Road Reedy, WV 25276	RE Construction...
Self	Martin Atkinson, Inc.		Contrator - Not...

		4250 Ripley Road Reedy, WV 25276	
Spouse	First Neighborhood Bank/West Central Bancorp	P O Box 1049 Spencer, WV 25276	Commercial Bank...
Spouse	Martin Atkinson, Inc.	4250 Ripley Road Reedy, WV 25270	Director- Treas...

Step 10: Non-Profit Organizations

Type	Organization Name	Address	Description
Self	First Baptist Church	Parking Plaza Spencer, WV 25276	Church
Spouse	Hospital Development Corp. dba Roane General Hospital	200 Hospital Drive Spencer, WV 25276	Acute Care Hospital
Spouse	Roane County College Scholarship Foundation, Inc.	P O Box 1049 Spencer, WV 25276	Scholarship Foundation
Spouse	Roane County 4-H Foundation, Inc.	Parking Plaza Spencer, WV 25276	Foundation
Spouse	Rotary Club of Spencer	P O Box 1049 Spencer, WV 25276	International Service Organization
Spouse	Fifth Judicial Circuit Public Defender Corp	214 Main Street	Public Defender

Ripley, WV
25271

Step 11: Sales or Contracts with Governmental Entities

Neither my spouse nor I had contract for the sale of any goods or services to a state, county, municipal or other local governmental agency, either directly or through a partnership, corporation or association in which either you or your spouse owned or controlled more than (10%) ten percent during the past calendar year

Step 12: Adult Children - Public Employment

I have no adult children or step children employed by state, county, or municipal government

Step 13: Debts Owed to Others

I have no reportable debts

Step 14: Debts Owed to You

I have no reportable debts

Step 15: Gifts

I have no received reportable gifts