

# Financial Disclosure Statement Filing

Filing Confirmation # 4128

## Step 1: Statement Information

Report Year: **2015**  
 Date Filed: **2/22/2016**  
 Filing Type: **Original**  
 Report Type: **Financial Disclosure**

**Candidate  
Delegate**

## Name of Filer and Spouse

Filer First Name: **Brock**  
 Filer Last Name: **Malcolm**  
 Spouse First Name:  
 Spouse Last Name:  
 County of Residence: **Harrison**

## Step 1: Business Address

Name: **Community Care of West Virginia, Inc.**  
 Address 1: **P.O. Box 217**  
 Address 2:  
 City: **Rock Cave**  
 State: **WV**  
 Zip Code: **26234**

## Step 2: Candidate / Officeholder Information

Do you currently hold a county circuit or state elected office?: **No**  
 Have you filed candidacy papers for: **Yes**

public office in the next election?:

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

Date you filed for candidacy?: **1/29/2016**

**Step 3: Appointed Positions**

No Positions to Report

**Step 4: Business Names**

No Business Names to Report

**Step 5: Employment**

Type	Employer Name	Address	Description
Self	Community Care of West Virginia, Inc.	P.O. Box 217 Rock Cave, WV 26234	Chief Operation...

**Step 6: 20% Gross Income Categories**

	Self	Spouse
<b>Other</b> Hospitals or Other Health Care Providers		

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

Type	Category / Source	Description
Self	Employment	Chief Operations Officer and In-House Legal Counsel for...

**Step 8: Business Interests and Commercial Real Estate**

Neither my spouse nor I had any business interests meeting these criteria

**Step 9: For-Profit Business or Organization**

Neither my spouse nor I serve on a Board of Directors or is an Officer

**Step 10: Non-Profit Organizations**

Type	Organization Name	Address	Description
Self	Community Care of West Virginia, Inc.	P.O. Box 217 Rock Cave, WV 26234	CCWV is a Federally Qualified Health Center, serving th...

**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

