

Name: _____

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: 11-2012

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WV ETHICS COMMISSION
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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 Azinger First name Tom
 Spouse last name same First name Janet
 County of residence Wood
 Business (employment) address same as residence
 City / state / zip _____

2. Elective Office

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

If yes, title of office: Deputy

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: same Date you filed for candidacy haven't filed

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

Name: _____

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 checked="" type="checkbox"/> spouse <input type="checkbox"/> Azinger Self Storage 1310 7 th St. Vienna | Owner |
| self <input type="checkbox"/> spouse <input checked="" type="checkbox"/> Minis by the Mall Azinger Group | Owner |
| self <input type="checkbox"/> spouse <input checked="" type="checkbox"/> 27 th of Grand Central Ave. Vienna WV | Owner |
| 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"/> Wood County Senior Citizens 914 Market St, Parkersburg | self explanatory |
| self <input type="checkbox"/> spouse <input type="checkbox"/> | |
| self <input type="checkbox"/> spouse <input type="checkbox"/> | |

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 Spouse <input checked="" type="checkbox"/> Example: State of WV DHHR | Foster home placement studies |
| Self <input checked="" type="checkbox"/> Spouse 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 |
|-----------------------------|------------------|
| | |
| | |
| | |

Name: _____

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.

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 on the line below, the name of the state Board, Commission or Agency of which you are an appointed member:

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, 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: _____

Date: _____

1/28/13

Name: _____

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 checked="" 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 | U.S. Government |
| self <input checked="" type="checkbox"/> spouse <input type="checkbox"/> Employment | W.V. Delegate |
| self <input checked="" type="checkbox"/> spouse <input type="checkbox"/> Pension | W.V. |
| self <input type="checkbox"/> spouse <input checked="" type="checkbox"/> Azinger Group | Owner |
| self <input type="checkbox"/> spouse <input type="checkbox"/> | |
| self <input type="checkbox"/> spouse <input type="checkbox"/> | |

14. Business and/or property Interest - (To determine if you must disclose business or property interests of you 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 or \$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 checked="" type="checkbox"/> Example: Acme Bank Stock, 788 Water Street, Cincinnati OH 34343 | |
| self <input checked="" type="checkbox"/> spouse <input type="checkbox"/> Azinger Self Storage | |
| self <input checked="" type="checkbox"/> spouse <input type="checkbox"/> 1310 7th St. Vienna 26105 | |
| self <input checked="" type="checkbox"/> spouse <input type="checkbox"/> Minis by The Mall | |
| self <input type="checkbox"/> spouse <input checked="" type="checkbox"/> address as above | |
| self <input type="checkbox"/> spouse <input checked="" type="checkbox"/> Azinger Group | |
| 27th & Grand Central Ave, Vienna WV 26105 | |