

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: \_\_\_\_\_

*Handwritten initials in red ink*

# West Virginia Ethics Commission Financial Disclosure Statement

2012 JUN 19 PM 2:00

W. Va. Code §§ 6B-2-6 and 7

Rev: 11-2011

**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 are in your 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 or information to this form if necessary.

**1. Name of filer and spouse**

Filer last name BORCHERS, SR. First name DUANE  
Spouse last name BORCHERS First name LORETTA  
County of residence NICHOLAS  
Business (employment) address \_\_\_\_\_  
City / state / zip \_\_\_\_\_

**2. Candidate / Officeholder information**

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

If yes, title of office \_\_\_\_\_

Are you a candidate or do you plan to become a candidate for public office in the next election? Yes  No \_\_\_ N/A \_\_\_

If yes, for what office: HOUSE of DELEGATES Date you filed for candidacy 1-9-2012

**3. Appointed 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: \_\_\_\_\_

#### 4. Business Names

List all names under which you and/or your spouse conduct or do business. If you or your spouse is 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

self  spouse  THE MARYLAND SILVER CO.

self  spouse

self  spouse

#### 5. Regular Employment

For you and your spouse, list the name and address of each employer(s) during the past twelve months. Include all employment in city, county or state government positions as well as employment in the private sector, 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. Generally, this does not include self-employment if listed elsewhere on the form.

Mark here if neither you nor your spouse had regular employment during the past 12 months.

self <input checked="" type="checkbox"/> spouse <input type="checkbox"/>	Employer Name and Address	Job title and duties of your position
	1.	
	2.	
	3.	
	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 12 months 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
<p><u>COMPANIES</u></p> <input type="checkbox"/> Advertising <input type="checkbox"/> Beer, wine or liquor (or distributor) <input type="checkbox"/> Cable television <input type="checkbox"/> Chemical <input type="checkbox"/> Construction <input type="checkbox"/> Insurance <input type="checkbox"/> Intrastate transportation <input type="checkbox"/> Interstate transportation <input type="checkbox"/> Media <input type="checkbox"/> Manufacturing <input type="checkbox"/> Promotional <input type="checkbox"/> Race tracks <input type="checkbox"/> Recreation <input type="checkbox"/> Retail <input type="checkbox"/> Timber <input type="checkbox"/> Wholesale <input type="checkbox"/> Waste disposal	<p><u>MINING</u></p> <input type="checkbox"/> Surface mining <input type="checkbox"/> Mining equipment <input type="checkbox"/> Deep mining <p><u>OIL OR GAS</u></p> <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Exploration <input type="checkbox"/> Production & Drilling <p><u>UTILITIES</u></p> <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Telephone <input type="checkbox"/> Water <p><u>FINANCIAL</u></p> <input type="checkbox"/> Banks <input type="checkbox"/> Savings and Loan Associations <input type="checkbox"/> Loan or Finance Companies	<p><u>GOVERNMENT</u></p> <input type="checkbox"/> City or town <input type="checkbox"/> County <input type="checkbox"/> State <p><u>ASSOCIATIONS OR ORGANIZATIONS</u></p> <input type="checkbox"/> Labor Association/Organization <input type="checkbox"/> Professional Association <input type="checkbox"/> Association that promotes gaming or lottery <input type="checkbox"/> Association of public employees or public officials <input type="checkbox"/> Trade Association or Organization <p><u>OTHER</u></p> <input type="checkbox"/> Economic Development <input type="checkbox"/> Hospitals or other health care providers <input type="checkbox"/> Information Technology <input type="checkbox"/> Legal service providers <input type="checkbox"/> Lobbying

Name: \_\_\_\_\_

**Worksheet A:** If you are appointed to serve on a State Board 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 this worksheet to determine if this exception applies to you.

**STOP**

Please read and answer Parts 1 & 2 before you complete this page.

**Part 1.** Are you a Board or Commission Member appointed by the Governor?

YES  Continue on to Part 2

NO  **DO NOT** complete this page. Return to the disclosure statement and answer **all** 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 the rest of this page. Return to the statement and answer **all** questions for both you and your spouse.

NO  Continue on to complete and sign Part 3 of this Worksheet A.

**Part 3.** Complete this section to determine if you are exempt from disclosing certain financial information about your spouse as requested in questions 7 and 8.

I am an appointed member of the following state Board, Commission or Agency:

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Please check all that apply:

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 serve.

***Only if you have checked boxes 1, 2, and 3, are you exempt from answering questions 7 & 8 as they pertain to your spouse. You, as the filer must answer questions 7 & 8 as they pertain to you. Please answer all other questions as they pertain to both filer and spouse.***

-----**VERIFICATION & SIGNATURE**-----

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

Signature of Filer: Duane Borchers, Sr.

Print Filer Name: DUANE BORCHERS, SR

Date: Jan 17, 2012

Name: \_\_\_\_\_

**7. List ALL Sources of Income over \$1,000**

(NOTE: Please read the instruction sheet and Worksheet A before you complete this question.)  
 • As the filer of this statement, you must answer this and all questions as they apply to you.  
 • To determine if you must disclose income information about your spouse, refer to Worksheet A on page 4.

Identify by category every source of income 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 distributions received from retirement and pension accounts. 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. For example, if you are an insurance agent, do not list the names of your clients. Do not disclose actual dollar amounts of income, only the source. (See examples below and the instruction sheet for more information)

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

self <input checked="" type="checkbox"/> spouse <input type="checkbox"/>	Source or category of income over \$1000	Description of income activity (or job title)
self <input type="checkbox"/> spouse <input checked="" type="checkbox"/>	Example: ABC Engineering	Director of Accounting
self <input type="checkbox"/> spouse <input checked="" type="checkbox"/>	Example: BB&T Bank	CD Interest and Retirement Account Distributions
self <input checked="" type="checkbox"/> spouse <input type="checkbox"/>	LUCCENT TECH	PENSION
self <input checked="" type="checkbox"/> spouse <input type="checkbox"/>	SOCIAL SECURITY	
self <input type="checkbox"/> spouse <input checked="" type="checkbox"/>	SOCIAL SECURITY	
self <input type="checkbox"/> spouse <input type="checkbox"/>		
self <input type="checkbox"/> spouse <input type="checkbox"/>		
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. Business Interests and Commercial Real Estate**

(NOTE: Please read the instruction sheet and Worksheet A on page 4 before you complete this question.)  
 • As the filer of this statement, you must answer this and all questions as they apply to you.  
 • To determine if you must disclose business and real estate information about your spouse, see Worksheet A.

Provide the name and address of each business in which, during the past 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 may be reportable in question 7 if over \$1,000 annually.) Attach additional sheets if necessary.

Mark here if neither you nor your spouse had any business interests meeting these criteria.

self <input type="checkbox"/> spouse <input checked="" type="checkbox"/>	Example: Jones Coal Hauling, Placeville WV
self <input checked="" type="checkbox"/> spouse <input type="checkbox"/>	Example: Stonefront Apartment Building, 123 Main Street, Charleston WV
self <input type="checkbox"/> spouse <input type="checkbox"/>	
self <input type="checkbox"/> spouse <input type="checkbox"/>	
self <input type="checkbox"/> spouse <input type="checkbox"/>	

Name: \_\_\_\_\_

### 9. For-Profit Business Officer or Member of Board of Directors

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 of the Business. Describe the type of business.

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

Name and address of Business	Description of the type of Business
self <input checked="" type="checkbox"/> spouse <input type="checkbox"/> THE MARYLAND SILVER CO.	SELL BOOKS, MODEL KITS + SHIP PLANS
self <input type="checkbox"/> spouse <input type="checkbox"/>	
self <input type="checkbox"/> spouse <input type="checkbox"/>	

### 10. Non-Profit Organizations

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 of the Organization.

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

Name and address of the Organization	Description of the non-profit
self <input type="checkbox"/> spouse <input type="checkbox"/>	
self <input type="checkbox"/> spouse <input type="checkbox"/>	
self <input type="checkbox"/> spouse <input type="checkbox"/>	

### 11. Sales or Contracts with Governmental Entities

*Ethics Act's prohibition against having an interest in a public contract.) W. Va. Code § 6B-2-5(d)*

During the past calendar year, did you or your spouse 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? Yes \_\_\_\_\_ No X

If yes, identify the governmental agency that purchased the goods or services, and describe the nature of the goods or services.

Name of Governmental entity	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: Pike 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"/>	

### 12. Adult Children – Public Employment

Please list the name and business address of any adult child or step-child employed by State, County or Municipal Government.

Mark here if this question does not apply to you.

Name of child or step-child	Business name and address

Name: \_\_\_\_\_

### 13. DEBTS

**A: Owed to others:** List the names of all persons residing or transacting business in the state, which 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.), the debt must be listed.

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

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**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 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 owed to you as described above.

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### 14. 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 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 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 Reporting Form, Schedule A*)

Mark here if you received no reportable gifts.

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