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

COMPLETED

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# WV Ethics Commission Financial Disclosure Statement

## CONTACT INFORMATION & SIGNATURE SHEET

HUNTM23452
Hon. Mark Hunt
901 Edgewood Dr.

Charleston WV 25302

HUNTM23452
Hon. Mark Hunt

House of Delegates

**(Please fill out all information and return this page along with your completed statement.)**

Name and contact information: Please print clearly

Filer last name: Hunt First name: Mark
Spouse last name: Hunt First name: Tracy
County: Kanawha
Home/residential address: 901 Edgewood Drive
Charleston, WV
25302
Mailing address, if different: Same
Email: mhunt6@markahunt.com
Daytime telephone: (304) 344 1800
Alternate telephone: (304) 346 9561

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**Signature and Acknowledgement**

I hereby acknowledge that the information contained herein and in my attached Financial Disclosure Statement and on any attached pages is to the best of my knowledge, true, correct and complete.

Filer signature: Mark Hunt date: 2/1/13

Rev: 11-2012

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 to report**

| | |
|---|---|
| self ☑ spouse ☐ | Mark A. Hunt & Assoc. PLLC |
| self ☑ spouse ☐ | New Colonial Broadcasting LLC |
| self ☑ spouse ☐ | New Republic Broadcasting LLC |
| ✓ | New Colonial Radio Broadcasting LLC |

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## 5. Employment

For you and your spouse, list the name and address of each 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 form.

☐ **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 ☑ spouse ☐ | 1. Mark A Hunt & Assoc. PLLC | Attorney |
| self ☐ spouse ☐ | 2. | |
| self ☐ spouse ☐ | 3. | |
| self ☐ spouse ☐ | 4. | |

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## 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* | **COMPANIES** |
|---|---|---|
| ☐ | ☐ | Advertising |
| ☐ | ☐ | Beer, wine or liquor (or distributor) |
| ☐ | ☐ | Cable television |
| ☐ | ☐ | Chemical |
| ☐ | ☐ | Construction |
| ☐ | ☐ | Insurance |
| ☐ | ☐ | Intrastate transportation |
| ☐ | ☐ | Interstate transportation |
| ☐ | ☐ | Media |
| ☐ | ☐ | Manufacturing |
| ☐ | ☐ | Promotional |
| ☐ | ☐ | Race tracks |
| ☐ | ☐ | Recreation |
| ☐ | ☐ | Retail |
| ☐ | ☐ | Timber |
| ☐ | ☐ | Wholesale |
| ☐ | ☐ | Waste disposal |

| *self* | *spouse* | **MINING** |
|---|---|---|
| ☐ | ☐ | Surface mining |
| ☐ | ☐ | Mining equipment |
| ☐ | ☐ | Deep mining |
| | | **OIL OR GAS** |
| ☐ | ☐ | Retail |
| ☐ | ☐ | Wholesale |
| ☐ | ☐ | Exploration |
| ☐ | ☐ | Production & Drilling |
| | | **UTILITIES** |
| ☐ | ☐ | Electric |
| ☐ | ☐ | Gas |
| ☐ | ☐ | Telephone |
| ☐ | ☐ | Water |
| | | **FINANCIAL** |
| ☐ | ☐ | Banks |
| ☐ | ☐ | Savings and Loan Associations |
| ☐ | ☐ | Loan or Finance Companies |

| *self* | *spouse* | **GOVERNMENT** |
|---|---|---|
| ☐ | ☐ | City or town |
| ☐ | ☐ | County |
| ☐ | ☐ | State |
| | | **ASSOCIATION OR ORGANIZATIONS** |
| ☐ | ☐ | Labor Association/Organization |
| ☐ | ☐ | Professional Association |
| ☐ | ☐ | Association that promotes gaming or lottery |
| ☐ | ☐ | Association of public employees or public officials |
| ☐ | ☐ | Trade Association or Organization |
| | | **OTHER** |
| ☐ | ☐ | Economic Development |
| ☐ | ☐ | Hospitals or other health care providers |
| ☐ | ☐ | Information Technology |
| ☐ | ☐ | Legal service providers |
| ☐ | ☐ | Lobbying |

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 ☑ spouse ☐ New Colonial Broadcasting | TV Broadcasting |
| self ☑ spouse ☐ New Republic Broadcasting | TV Broadcasting |
| self ☑ spouse ☐ New Colonial Radio Broadcasting | Radio Broadcasting |

## 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 ☐ spouse ☑ Autism Trust Board | Statutory Bd. Appointed by Gov. |
| self ☐ spouse ☑ Autism Training Center | Marshall University |
| self ☐ spouse ☐ | |

## 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 of 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 X Example: State of WV DHHR* | *Foster home placement studies* |
| *Self X Spouse Example: Clay County Sheriff's Department* | *Rental of garage space for patrol cars* |
| self ☐ spouse ☐ | |
| self ☐ spouse ☐ | |
| self ☐ spouse ☐ | |

## 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 |
|---|---|
| None | |
| | |
| | |

Name: _____

## 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.**

None

**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 owe no debts as described above.**

None

## 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.**

None

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 X spouse* | *Example: Social Security* | *US Government* |
| *self X spouse X* | *Example: Sold Real Estate* | *Sold residence in Beckley* |
| *self X spouse* | *Example: Farming/Timber* | *Sold timber from my farm* |
| *self spouse X* | *Example: Employment* | *Teacher, Mingo county schools* |
| self ☑ spouse ☐ | Mark Hunt & Assoc. PLLC | Attorney |
| self ☑ spouse ☐ | New Colonial Broadcasting | TV Broadcasting |
| self ☑ spouse ☐ | New Colonial Radio " | Radio Broadcasting |
| self ☑ spouse ☐ | New Republic Broadcasting | TV Broadcasting |
| self ☑ spouse ☐ | WEYW Channel 19 Key West | TV Broadcasting |
| self ☑ spouse ☐ | WXPC Channel 23 Panama City | TV Broadcasting |

### 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 spouse X* | *Example: Jones Coal Hauling, 123 Main Street, Placeville WV* |
| *self X spouse* | *Example: Stonefront Apartment Building, 123 Main Street, Charleston WV 25312* |
| *self X spouse X* | *Example: Acme Bank Stock, 788 Water Street, Cincinnati OH 34343* |
| self ☐ spouse ☐ | |
| | |
| self ☐ spouse ☐ | See 13 |
| | |
| self ☐ spouse ☐ | |
| | |

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