

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

*Canal (Delegate)*

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: MONONGALIA  
Candidate for: HOUSE  
Date you filed for candidacy: 1/30/12  
District or circuit if applicable: 51

2012 FEB -9 PM 1:53

*Redmond*  
*Jay*

# West Virginia Ethics Commission Financial Disclosure Statement

W. Va. Code §§ 6B-2-6 and 7

Rev: 11-2011

2012 MAR -5 PM 1:16

**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 REDMOND First name JAY  
Spouse last name REDMOND First name CINDY  
County of residence MONONGALIA  
Business (employment) address 168 WILLEY STREET  
City / state / zip MORGANTOWN, WV 26505

**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 Date you filed for candidacy 1/30/12

**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: JAY REDMOND

**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.



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:  
-----

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: \_\_\_\_\_  
Print Filer Name: \_\_\_\_\_

Date: \_\_\_\_\_



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 self <input type="checkbox"/> spouse <input type="checkbox"/>	Description of the type of Business
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. 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 self <input type="checkbox"/> spouse <input type="checkbox"/>	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**

(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)  
 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   
 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 self <input type="checkbox"/> spouse <input type="checkbox"/>	Description of goods or services provided
Example: State of WV DHHR	Foster home placement studies
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"/>	

**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.

**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.

### 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.