

Name: Glenn Singer

Candidate

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: Greenbrier
Candidate for: House of Delegates
Date you filed for candidacy: 1/28/12
District or circuit if applicable 42

*R # 7-14
(missing pages)*

West Virginia Ethics Commission Financial Disclosure Statement

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 Singer First name Glenn
Spouse last name _____ First name _____
County of residence Greenbrier
Business (employment) address 208 Feamster Rd
Lewisburg WV 24901
City / state / zip _____

2. Candidate / Officeholder information

Do you currently hold a county, circuit or state elected office? Yes _____ No X
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 X No _____ N/A _____
If yes, for what office: House of Delegates District 42 Date you filed for candidacy 1/28/12

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

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 Glenn Singer aka el Gleno Grande aka Bellylaugh Productions

self spouse G.L. & O. L.L.C.

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.

Employer Name and Address		Job title and duties of your position
self <input checked="" type="checkbox"/> spouse <input type="checkbox"/>	1. Self	Entertainer and Landlord
self <input type="checkbox"/> spouse <input type="checkbox"/>	2.	
self <input type="checkbox"/> spouse <input type="checkbox"/>	3.	
self <input type="checkbox"/> spouse <input type="checkbox"/>	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 X If yes, mark with an 'X' all categories that apply to you and/or your spouse.

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

Name: Glenn Singer

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:

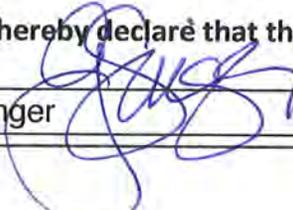
Please check all that apply:

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: Glenn Singer

Date: 1/29/12