

Annual Financial Disclosure Statement for 2001

(Due February 1, 2002)

NOTE: The information you provide on this form should cover calendar year 2001. Please answer all questions.

1. Name and Address (Please type or print clearly) Mark here if address change

Name Ervette W Anderson Jr (B4) Daytime phone (304) 375-7090
 Home address 1011 Highland Ave Other phone ()
 City/state/zip Williamstown WV 26187 County Wood
 Preferred mailing address _____
 Other names under which you do business? _____

2. Officeholder / Candidate Information (complete below as appropriate current, elected, appointed)

Do you currently hold a county, circuit or state elected office? Yes No
 If yes, title of office House of Delegates
 Are you a Candidate for office in 2002? Yes No If yes, what office House of Delegates
 Date you filed your candidacy papers January 16, 2002

3. Appointed Positions on Boards, Commissions or Agencies

List all state Boards, Commissions or Agencies on which you currently serve by appointment of the Governor
 Mark "NONE" if none Date appointed (if known)
 1 _____
 2 _____
 (Attach additional pages if necessary)

4. 20% Gross Income Categories

Did you receive more than 20% of your gross income during 2001 from one or more of the categories below? Yes No
 Please mark with an "X" where appropriate.

<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Surface Mining	<input type="checkbox"/> Electricity	<input type="checkbox"/> Media
<input type="checkbox"/> Chemical	<input type="checkbox"/> Deep Mining	<input type="checkbox"/> Gas	<input type="checkbox"/> Cable TV
<input type="checkbox"/> Insurance	<input type="checkbox"/> Mining Equipment	<input type="checkbox"/> Telephone	<input type="checkbox"/> Advertising
<input type="checkbox"/> Retail Sales	<input type="checkbox"/> Timbering	<input type="checkbox"/> Water	
<input type="checkbox"/> Wholesale Sales	<input type="checkbox"/> Waste Disposal	<input type="checkbox"/> Banks	
<input type="checkbox"/> Race Track & Promotion	<input type="checkbox"/> Intrastate Transportation	<input type="checkbox"/> Savings & Loan	
<input type="checkbox"/> Retail Oil or Gas	<input type="checkbox"/> Interstate Transportation	<input type="checkbox"/> Loan or Finance Co	
<input type="checkbox"/> Trade Associations	<input type="checkbox"/> Recreation Related		
<input type="checkbox"/> Labor Organizations	<input type="checkbox"/> Groups or Associations Seeking to Legalize Gambling		
<input type="checkbox"/> Counties Cities or Towns	<input type="checkbox"/> Beer, Wine or Liquor Companies or Distributors		
<input type="checkbox"/> Professional Associations	<input checked="" type="checkbox"/> Public Official or Public Employees Associations		
	<input type="checkbox"/> Hospital or Other Health Care Providers		

Mark "NONE" if the categories listed do not apply to your income.

5. Employment and Other Sources of Income in 2001 (Answer all three sections)

A. YOUR EMPLOYER(S) (Those who furnish you a W-2 tax statement) Mark "NONE" if not employed last year

Employed by: Wood County Bd of Ed Your title or occupation: Teacher
 Employer address: 12th Thickett St Parkersburg WV 26101
 Was your gross income from this employer over \$5,000 during 2001? Yes No

Employed by: WV House of Delegates Your title or occupation: Delegat
 Employer address: 1901 Kanawha Blvd E Charleston WV
 Was your gross income from this employer over \$5,000 during 2001? Yes No
 (attach additional pages if necessary)

B. SELF EMPLOYMENT and/or BUSINESS ACTIVITIES Mark "NONE" if no self-employment or other business activity

List all dates, business activities or self-employment under which you did business during 2001 and the type of activity involved. Only businesses or activities that provide a gross income of over \$5,000 must be listed.

Examples: Name Smith and Jones Realty Activity Apartment rentals
 Name Richard Jones, self employed Activity Carpet cleaning
 Name Taylor, Mith & Myer Activity Laundry

Name _____ Activity _____
 Name _____ Activity _____
 Name _____ Activity _____

(attach additional pages if necessary)

C. ADDITIONAL SOURCES OF GROSS INCOME OVER \$5,000 (not listed in A or B above)

(Note: You are not required to report your spouse's source of income)

Mark "NONE" if you did not receive income over \$5,000 from any additional source in 2001.

List each source of gross income of over \$5,000 received by you or received by any other person for your use or benefit during 2001. List each source by name, but do not disclose any dollar amounts. For each category of income listed, give a brief description of the services for which the income was received.

Examples: Source ABC Investment Corp Source Bank of WV Source Our Bank, U.S.A
 Service performed Dividends Service performed Retirement Income Service performed Interest

Source: Williamstown National Bank
 Service performed: Interest

Source _____
 Service performed _____

(attach additional pages if necessary)

6. List ALL 2001 Sales or Contracts with Governmental Agencies (including goods or services)

List all sales of goods or professional or other services provided to any governmental agency (State, County, Municipal or other local governmental agency) made in 2001 in your name or through a partnership, corporation or association in which you owned or controlled an interest of more than 10%. (Attach additional pages if necessary)

Mark "NONE" if you had no sales or contracts with any governmental agency.

Agency _____
 Describe goods or services _____
 Agency _____
 Describe goods or services _____

7. Gifts

List the name of any person with a direct and immediate interest in a governmental activity over which you have control who gave a gift, including meals beverages, during 2001 to you, your spouse, or anyone dependent on you for their financial support, if the total value of all such gifts from the person to you, your spouse and dependents was, when added together, over \$100

DO NOT LIST GIFTS FROM

- 1 your spouse, child, grandchild, parent or grandparent
- 2 a trust established by your spouse child grandchild or any ancestor
- 3 a will or by virtue of the laws of descent and distribution

Mark "NONE" if you had no gifts as indicated above.

A _____ B _____
C _____ D _____

8. Debts to Others in Excess of \$12,500

List the names of all persons residing or transacting business in the state, to whom you owe on the date this statement is executed more, in total, than \$12,500. 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, student loans
4. debts resulting from the ordinary conduct of your business, profession or occupation
5. debts to a financial institution or to a credit card company

HOWEVER, if any debt over \$12,500, exempted above, required the approval of the state or any of its political subdivisions, the debt must be reported.

Mark "NONE" if you had no debts as indicated above.

A _____ B _____
C _____ D _____

9. Debts from Others in Excess of \$12,500

List the names of all persons residing or transacting business in the state, who owe you on the date this statement is executed more, in total, than \$12,500 either in your name or any other person 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 "NONE" if you had no debts as indicated above.

A _____ B _____
C _____ D _____


10. Verification Before a Notary

I do hereby solemnly swear or affirm that the information contained herein and on the attached pages, if any, is to the best of my knowledge, true, correct and complete.

Your signature: Everette W. Anderson, Jr. Date: 1/14/02

STATE of WV, COUNTY of Marion Given under my hand this 14 day of Jan, 2002. My Commission expires 2-12-2002

(Notary signature) Thomas H. King, Notary Public



Return completed form to:
WV Ethics Commission
1207 Quarrier St
Charleston WV 25301
(304) 558-0664
toll free (1-866-558-0664)

ANDER615:1
NAME: Hon. Everette W. Anderson, Jr.
POSITION: House of Delegates, 8th Dist.
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**WV Ethics Commission
Annual Financial Disclosure Statement for 2001**
(WV Code §§6B-7-4, 6B-7-7)
[Due February 1, 2002]

Our records indicate that you are required to file a Financial Disclosure Statement covering calendar year 2001. If you have terminated or resigned your appointed or elected position, or, if you are not in public service on February 1, 2002, you are not required to file this form. We request, however, that you notify the Ethics Commission in writing of your reason for not filing so that our records can be corrected.

- Completed forms are due February 1, 2002.
- File by mail or in person at the Ethics Commission office, 1207 Quarrier St., 4th Floor, Charleston WV 25301
- All questions must be answered. You must provide an answer or mark "None" for each question. The form will be returned if any questions are left blank.
- Please remember to have your signature notarized before sending in this form. A notary is available at the Commission office for those filing in person.

If you have any questions on how to complete the form please call the Ethics Commission at (304) 558-0664 Toll free (1-866-558-0664)

Completed forms are available for public inspection at the Ethics Commission office.

Note: The knowing failure or refusal to file a required financial disclosure statement is a misdemeanor punishable by a fine of not less than \$100 nor more than \$1,000.