

# CANDIDATE FINANCIAL DISCLOSURE STATEMENT

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

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

Name Robert D. BEACH Daytime phone (304) 296-0874  
 Home address 52 GRAPEVINE VILLAGE Other phone (304) 292-5521  
 City/state/zip MORGANTOWN WV 26505 County Monongalia  
 List any other names under which you do business \_\_\_\_\_

## 2. Candidate Information (complete below as appropriate)

Candidate for which office: WV HOUSE of Delegates  
 Date you filed your candidacy papers: JAN 18 2002  
 Do you currently hold a county or state elected office?  Yes  No  
 If yes, title of office: WV HOUSE of Delegates 44th DIST

## 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.  
 Name: None Date appointed (if known) \_\_\_\_\_  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 (attach additional pages if necessary)

## 4. 20% Gross Income Categories

If you received more than 20% of your gross income during the last year from any one or more of the categories below 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 type="checkbox"/> Public Official or Public Employees Associations		
	<input type="checkbox"/> Hospital or Health Care Providers		

## 5. Employment and Other Sources of Income last year (Answer all three sections.)

**A. YOUR EMPLOYER(S)** (Those who give you a W-2 tax statement) **Mark "NONE" if none**  
 Employed by: \_\_\_\_\_ Your title or occupation \_\_\_\_\_  
 Employer address \_\_\_\_\_  
 Was your gross income from this employer over \$5,000 in the last 12 months?  Yes  No  
 Employed by: \_\_\_\_\_ Your title or occupation \_\_\_\_\_  
 Employer address \_\_\_\_\_  
 Was your gross income from this employer over \$5,000 in the last 12 months?  Yes  No  
 (attach additional pages if necessary)

**B. SELF-EMPLOYMENT and/or BUSINESS ACTIVITIES** **Mark "NONE" if none**  
 List all names, business activities of self-employment under which you did business last year and the type of activity involved. Only those providing you with 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 Arts and Crafts  
 Name Taylor, Mills & Myers Activity Lawyer  
 Name: Robert D Beach self employed Activity: REALTOR  
 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 source**  
 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 the past year. 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: State of WV Source: One Bank USA  
 Service performed: Dividends Service performed: Retirement Income Service performed: Interest  
 Source: \_\_\_\_\_  
 Service performed: \_\_\_\_\_  
 Source: \_\_\_\_\_  
 Service performed: \_\_\_\_\_  
 (attach additional pages if necessary)

## 6. List ALL Sales or Contracts with Governmental Agencies in the past year. (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 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: \_\_\_\_\_

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**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 during the past year to you, your spouse, or anyone dependent upon 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 the aggregate, 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 the aggregate, 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 \_\_\_\_\_

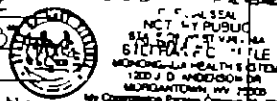
**10. Verification Before a Notary**

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

Your signature: Stephanie C. Rijffe Date: 1/26/02

STATE of WV, COUNTY of Monongalia, Given under my hand this 26th day of January, 2002. My commission expires October 25, 2002.

(Notary signature) Stephanie C. Rijffe Notary Public



Your name: Robert D. 'BOB' BEACH  
 County: Monongalia  
 District or circuit if applicable: 4th  
 Candidate for: WV House of Delegates  
 Date you filed for candidacy: JAN 18 - 2002

**CANDIDATE  
Financial Disclosure Statement**

(Party Executive Committee Candidates are not required to file this form)

This form must be completed and filed **NO LATER THAN 10 DAYS AFTER FILING YOUR CERTIFICATE OF CANDIDACY.**

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

- 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.
- If you have any questions on how to complete the form please call the Ethics Commission at (304) 558-0664 or toll free 1-866-558-0664
- Completed forms are available for public inspection at the Ethics Commission office.

**NOTICE:** No Candidate for public office may maintain his or her place on a ballot or take the oath of office unless he or she has filed a financial disclosure statement with the WV Ethics Commission. 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.