

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: Robert G. "Bob" Ashley Daytime phone: (304) 927-2173
 Home address: P.O. Box 823 Other phone: (304) 927-3461
 City/state/zip: Spencer WV 25276 County: Rane
 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: _____
 Date you filed your candidacy papers: _____

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
 1. None Date appointed (if known): _____
 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 checked="" 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 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) NONE if not employed last year
 Employed by: Self-employed Your title or occupation: _____
 Employer address: _____
 Was your gross income from this employer over \$5,000 during 2001? Yes No
 Employed by: House of Delegates Your title or occupation: Delegates
 Employer address: Charleston WV 25305
 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 NONE if no self-employment or other business activity
 List all names, 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 Avery Realty Activity: Apartment rental
 Name: Richard Jones, self employed Activity: Contract cleaning
 Name: Taylor, Mills & More Activity: Lawyer
 Name: Bob Ashley Insurance Agency Activity: Insurance Agency
 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. Service performed: Dividends
 Source: State of WV Service performed: Retirement Income
 Source: Our Bank, U.S.A. Service performed: Interest
 Source: N/A
 Service performed: _____
 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

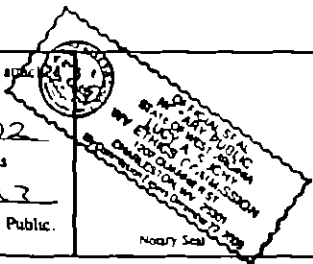
I do hereby solemnly swear or affirm that the information contained hereon and on the appendices, if any, is to the best of my knowledge true, correct and complete.

Your signature: Bob Ashley Date: 2/1/02

STATE of WV, COUNTY of Lincoln Given under my hand this

8 day of Feb, 2002 My commission expires 12-22-02

(Notary signature) Ducyri Dudley, Notary Public.



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

ASHLE21751
NAME: Hon. Bob Ashley
POSITION: Catastrophic Illness Commission
(01/28/2000 - 08/31/2004)
NAME: Hon. Bob Ashley
POSITION: House of Delegates, District 11
(2001-) JAN 1 0 2002

**WV Ethics Commission
Annual Financial Disclosure Statement for 2001**

(WV Code §§48-2-6, 48-2-7)
(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