



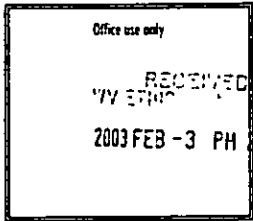
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**WV-0057**

**State House of Representatives**

**ARMSTEAD ,TIM**





Annual Financial Disclosure Statement for 2002 (Due February 1, 2003)

NOTE: The information you provide on this form should cover calendar year 2002. Please answer all questions.

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

Name Timothy P. Armstead Daytime phone (304) 357-3939
Home address 5012 Elk River Road Other phone (304) 965-5169
City/state/zip Elkview, WV 25021 Country Kentucky
Preferred mailing address Same
Other names under which you do business?

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

Do you currently hold or are you newly elected to a county, circuit or state elected office? [X] Yes [ ] no
If yes, title of office: Member, West Virginia House of Delegates

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 [X] "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 2002 from one or more of the categories below? [X] yes [ ] no
Please mark with an "X" where appropriate.
[ ] Manufacturing [ ] Surface Mining [ ] Electricity [ ] Media
[ ] Chemical [ ] Deep Mining [X] Gas Transmission [ ] Cable TV
[ ] Insurance [ ] Mining Equipment [ ] Telephone [ ] Advertising
[ ] Retail Sales [ ] Timbering [ ] Water
[ ] Wholesale Sales [ ] Waste Disposal [ ] Banks
[ ] Race Track & Promotion [ ] Intrastate Transportation [ ] Savings & Loan
[X] Retail Oil or Gas [X] Interstate Transportation (G+C) [ ] Loan or Finance Co
[ ] Trade Associations [ ] Recreation Related
[ ] Labor Organizations [ ] Groups or Associations Seeking to Legalize Gambling
[ ] Counties Cities or Towns [ ] Beer, Wine or Liquor Companies or Distributors
[ ] Professional Associations [ ] Public Official or Public Employees Associations
[ ] 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 2002 (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 Nisource Corporate Services Your title or occupation: Attorney
Employer address 1700 MacCorkle Ave SE Charleston, WV
Was your gross income from this employer over \$5,000 during the past year? [X] Yes [ ] No
Employed by WV House of Delegates Your title or occupation: Member
Employer address: State Capitol, Charleston, WV 25305
Was your gross income from this employer over \$5,000 during the past year? [X] Yes [ ] No
(attach additional pages if necessary)

B. SELF-EMPLOYMENT and/or BUSINESS ACTIVITIES Mark [X] "NONE" if no self-employment or other business activity
List all names, business activities or self-employment under which you did business last year 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 Rentals Activity Apartment rentals
Name Richard Jones, self employed Activity Carpet cleaning
Name Jordan, Mills & Meyer Activity Lawyers
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 [X] "NONE" if you did not receive income over \$5,000 from any additional source last year.
List each source of gross income of over \$5,000 received by you or received by any other person for your use or benefit last 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 Our Bank, U.S.A.
Service performed Dividends Service performed Retirement Income Service performed Interest
Source:
Service performed:
Source:
Service performed:
(attach additional pages if necessary)

6. List ALL 2002 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 2002 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 [X] "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 2002 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 attached pages, if any, is to the best of my knowledge, true, correct and complete

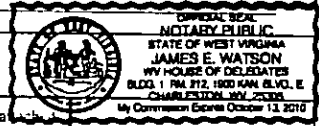
✓ Your signature: Timothy P. Armistead Date: 1/29/03

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

28 day of Jan, 2003 My commission expires Oct 13 2010

✓ (Notary signature): James E. Watson Notary Public

Notary Seal



NAME: Hon Timothy P Armistead  
POSITION: House of Delegates, 32nd Dist.  
[appointed 1998]

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

**WV Ethics Commission**  
**Annual Financial Disclosure Statement for 2002**  
(WV Code §§6B-2-6 6B-2-7)  
[Due February 1, 2003]

Our records indicate that you are required to file a Financial Disclosure Statement covering calendar year 2002. 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, 2003
- 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*