



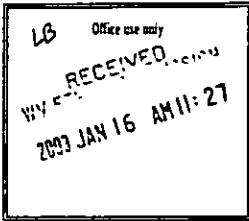
---

**WV-0157**

**State Senate**

**BOLEY , DONNA J**





# 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 Nenna J. Boley Daytime phone 304 684 3166  
 Home address Rt 4 Box 72 Other phone 304 357 1905  
 City/state/zip Sp. Marys County Jackson  
 Preferred mailing address \_\_\_\_\_  
 Other names under which you do business? None

### 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?  Yes  No  
 If yes, title of office State Senator - 3rd District

### 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. None  
 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?  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 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 2002 (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 State of WV Your title or occupation State Senator  
 Employer address State Capitol Charleston  
 Was your gross income from this employer over \$5,000 during the past year?  Yes  No  
 Employed by: \_\_\_\_\_ Your title or occupation: \_\_\_\_\_  
 Employer address: \_\_\_\_\_  
 Was your gross income from this employer over \$5,000 during the past year?  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 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 Taylor, Mills & Myer 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  "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  "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 Donna J. Bailey Date 1/15/03

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

15th day of January, 2003. My commission expires Oct. 14, 2002

✓ (Notary signature), Virginia C. Cabana, Notary Public

Notary Seal



NAME Hon. Donna J. Bailey  
 POSITION Senator of WV  
 [ 3rd ]

SOLEY12661

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 §§2B 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.**