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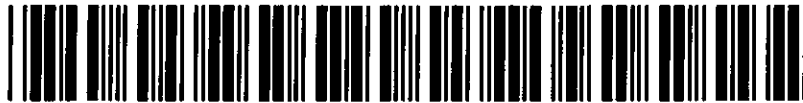
**WV-0054**

**State House**

**District 30**

**Democrat**

**Amores, Jon**



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**CANDIDATE  
 FINANCIAL DISCLOSURE STATEMENT**

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

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

Name Jon Amores Daytime phone (304) 346-5026  
 Home/mailing address 914 Chester Rd Other phone \_\_\_\_\_  
 City Charleston State WV Zip 25302 County Kanawha  
 List any other names under which you do business \_\_\_\_\_

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

Candidate for which office: House of Delegates / 30th Dist  
 Date you filed your candidacy papers: 11/20/04  
 Do you currently hold a school board, county, circuit, or state elected office?  yes  no  
 If yes, title of office you now hold: House member / 30th 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.  
 (Mark here  "NONE" if no appointed positions)

1. Martin Luther King Holiday Commission Date appointed (if known) \_\_\_\_\_  
 2. \_\_\_\_\_

**4. 20% Gross Income Categories**

Did you receive 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. (Mark  "NONE" if the categories listed below do not apply to your income)

<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 checked="" 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"/> Interstate 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 sections A, B, & C, below.)

**A. YOUR EMPLOYER(S)** (Those who give you a W-2 tax statement)  "NONE" (mark here if none)

Employed by: Fifth Third Bank Your title or occupation: Private Banker  
 Employer address: 128 Capitol St. Charleston WV 25301  
 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

**B. SELF-EMPLOYMENT and/or BUSINESS ACTIVITIES**  "NONE" (mark here 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 Rentals Activity: Apartment rentals  
 Name: Richard Jones, self-employed Activity: Amusement  
 Name: Taylor, Mills & 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 here  "NONE" if you did not receive income over \$5,000 from any additional source in the past 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 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. Service performed: Dividends  
 Source: State of WV Service performed: Retirement Income  
 Source: Our Bank U.S.A. Service performed: Interest

Source: WV House of Delegates  
 Service performed: Member  
 Source: \_\_\_\_\_  
 Service performed: \_\_\_\_\_

**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 here  "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 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: [Signature]

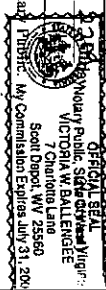
Date: 3/22/04

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_

STATE of WV, COUNTY of Kanawha

My commission expires: 7/31/06

(Notary signature): [Signature] Notary Public, My Commission Expires July 31, 2006



Your name: Tim Amores  
County: Kanawha  
District or circuit if applicable: 30th  
Candidate for: House of Delegates  
Date you filed for candidacy: 1/28/04

**CANDIDATE**

**Financial Disclosure Statement**

[WV Code 6B-2-6]

(Party Executive Committee Candidates do not 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 Quarter 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.

**IMPORTANT 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.

West Virginia Ethics Commission  
1207 Quarter Street, 4<sup>th</sup> Floor, Charleston, WV 25301  
304 558-0664 or 866-558-0664  
www.wveticscommission.org Email: ethics@wvethics.state.wv.us