



WV-0055

State House

District 8

Republican

Anderson, E.W. "Bill", Jr.



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 WV ETHICS COMMISSION
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Annual Financial Disclosure Statement for 2003

(Due February 1, 2004)

NOTE: The information you provide on this form should cover calendar year 2003. Please answer all questions.

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

Name Everette W. Anderson, Jr. Daytime phone (304) 375-7880
 Home address 1011 Highland Ave Other phone ()
 City/state/zip Williamstown WV 26187 County Wood
 Preferred mailing address _____
 Other names under which you do business? _____

2. Officeholder/Candidate 2004 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 2004? yes no If yes, what office: House of Delegates
 Date you filed your candidacy papers: 1/16/04

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. _____
 2. _____
 (Attach additional pages if necessary)

4. 20% Gross Income Categories

Did you receive more than 20% of your gross income during 2003 from one or more of the categories below?
 yes no If yes, please mark with an "X" all categories that apply.

<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"/> Interstate Transportation	<input type="checkbox"/> Savings & Loan	
<input type="checkbox"/> Retail Oil or Gas	<input type="checkbox"/> Recreation Related	<input type="checkbox"/> Loan or Finance Co.	
<input type="checkbox"/> Trade Associations	<input type="checkbox"/> Groups or Associations Seeking to Legalize Gambling		
<input type="checkbox"/> Labor Organizations	<input type="checkbox"/> Beer, Wine or Liquor Companies or Distributors		
<input type="checkbox"/> Counties Cities or Towns	<input checked="" type="checkbox"/> Public Official or Public Employees Associations		
<input type="checkbox"/> Professional Associations	<input type="checkbox"/> Hospital or Other Health Care Providers		

5. Employment and Other Sources of Income in 2003 (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: Island County Bd of Ed Your title or occupation: Teacher
 Employer address: 110 Thickett St Parkersburg WV 26101
 Was your gross income from this employer over \$5,000 during the past year? Yes No

Employed by: State of West Virginia Your title or occupation: Member House of Delegates
 Employer address: 1900 Kanawha Blvd F Charleston WV
 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: _____
 Source: _____ Service performed: _____
 (attach additional pages if necessary)

6. List ALL 2003 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 2003 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 2003 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: James W. Anderson, Jr. Date: _____

STATE of WV, COUNTY of Kanawha Given under my hand this _____ day of Jan, 2004. My commission expires: 1-15-2012

(Notary signature of) James W. Anderson, Jr. Notary Public



NAME: Hon. Everette W. Anderson, Jr.
POSITION: Home of Delegates, 6th Dist.
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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 2003

(WV Code §§62-2-6, 62-2-7)
Due February 1, 2004

Our records indicate that you are required to file a Financial Disclosure Statement covering calendar year 2003. If you have terminated or resigned your appointed or elected position, or, if you are not in public service on February 1, 2004, 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, 2004.

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) Email: ethics@gwmail.state.wv.us Ethics Commission website: www.wveticscommission.org

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.