

Ashley, Bob

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009229-2005

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 2004 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. _____

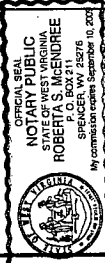
10. Verification Before a Notary

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: Bob Ashley Date: 1-31-05
 STATE OF WV, COUNTY of Roane Given under my hand this

31 day of January, 2005. My commission expires: September 19, 2005

(Notary signature): Robert S. McEndree Notary Public.



Notary Seal

Return completed form to:
 WV Ethics Commission
 1207 Quarrier St., Suite 407
 Charleston WV 25301
 Toll free in WV (1-866-558-0664)



NAME: Hon. Bob Ashley
 POSITION: Catastrophic Illness Commission
 (01/28/2000 - 09/31/2004)

NAME: Hon. Bob Ashley
 POSITION: House of Delegates, 11th dist.
 (2001-)

ASHLE21751

Hon. Bob Ashley
 Post Office Box 823
 Spencer WV 25276

**West Virginia Ethics Commission
 Annual Financial Disclosure Statement for 2004**

(WV Code §§6B-2-6, 6B-2-7)

[Due February 1, 2005]

Our records indicate that you are required to file a Financial Disclosure Statement covering calendar year 2004. If you have terminated or resigned your appointed or elected position, or if you are not in public service on February 1, 2005, 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, 2005
- File by mail or in person at the Ethics Commission office, 1207 Quarrier St., Suite 407, Charleston WV 25301.
- All questions must be answered. You must provide an answer or mark "None" for each question. This 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 disclosure form please call the Ethics Commission at (304) 558-0664. Toll free (1-866-558-0664) Email: ethics@wvadmin.gov
 Ethics Commission website: www.wvethicscommission.org

Completed disclosure 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.

Annual Financial Disclosure Statement for 2004

(Due February 1, 2005)

NOTE: The information you provide on this form should cover calendar year 2004. Please answer all questions.

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

Name: Bob Ashley Daytime phone (304) 927-2175
 Home address: PO Box 825 Other phone () _____
 City/state/zip: Spencer, WV 25276 County: Boone
 Preferred mailing address: PO Box 825, Spencer WV 25276
 Other names or addresses 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 elective office? Yes No n/a
 If yes, title of office: 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 "NONE" if none.
 1. Resigned from Tiger Martin Fund 1-2001 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 2004 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 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"/> Intrastate Transportation	<input type="checkbox"/> Savings & Loan Associations	<input type="checkbox"/> Loan or Finance Companies	
<input type="checkbox"/> Retail Oil or Gas	<input type="checkbox"/> Interstate Transportation	<input type="checkbox"/> Race Tracks & Promotional Companies	
<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	<input type="checkbox"/> Beer, Wine or Liquor Companies or Distributors		
<input type="checkbox"/> Cities or Towns	<input 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 2004 (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: _____ Your title or occupation: _____
 Employer address: _____
 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 not self-employed or have no 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: <u>Richard Jones, self employed</u>	Activity: <u>Apartment rentals</u>
Name: <u>Smith and Jones Rentals</u>	Activity: _____
Name: <u>Taylor, Mills & Myer</u>	Activity: <u>Lawyers</u>

Name: 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 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: <u>ABC Investment Corp.</u>	Source: <u>State of WV</u>	Source: <u>Our Bank U.S.A.</u>
Service performed: <u>Dividends</u>	Service performed: <u>Retirement Income</u>	Service performed: <u>Interest</u>

Source: Daniel E. Leamon
 Service performed: Consulting
 Source: _____
 Service performed: _____
 (attach additional pages if necessary)

6. List ALL 2004 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 2004 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: _____
 Agency: _____
 Describe goods or services: _____