

Azinger, Tom

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009244-2006

10. Gifts

List the name of any person with a direct and immediate interest in a government activity over which you have control who gave a gift, including meals & beverages, during the past twelve (12) months 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 by virtue of the laws of descent and distribution
4. Lobbyists. (Expenditures made by a lobbyist on public officials, employees, or members of their immediate family are required to be reported by the lobbyist. (WV Code §6B-3-4)

Mark here if you received no gifts as described above

11. Debts you owe to others in excess of \$5,000

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 \$5,000. 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 \$5,000 exempted above, required the approval of the state or any of its political subdivisions, or if a loan was obtained from the linked deposit program (WV Code 12-1-A-1 et seq.), the debt must be listed.

Mark here if you had no debts to others as indicated above.

12. Debts owed to you by others in excess of \$5,000

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 \$5,000, either in your name or any other person's name 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 here if you had no debts as indicated above.

13. Signature

I hereby acknowledge that the information contained hereon and on any attached pages is to the best of my knowledge, true, correct and complete.

Your Signature: Tom Azinger Date: 11/9/06

Please print name: Tom Azinger

Return completed form to:
WV Ethics Commission
210 Brocks St., Ste. 300
Charleston WV 25301
(304) 558-0664
(304) 558-0664
toll free in WV (1-866-558-0664)



AME: Hon. Thomas A Azinger
DISTRICT: House of Delegates, 10th Dist.
[]

AZ1NG5811

Hon. Thomas A Azinger
1310 7th St.
Vienna WV 26105

AZ1NG5811

WV Ethics Commission Financial Disclosure Statement

[WV Code §8 6B-2-6, 6B-2-7]

This Financial Disclosure Statement must be filed annually by the first day of February of each calendar year covering the period of the preceding calendar year.

The following persons are required to file this form annually with the Ethics Commission:

- all elected officials in this state, including but not limited to, all persons elected statewide, all county elected officials, municipal elected officials in municipalities that have by ordinance, opted to be covered by the disclosure provisions of this section,
- all members of the county boards of education and all county school board superintendents;
- all members of state boards, commissions and agencies appointed by the governor;
- state executive branch secretaries of departments, commissioners, deputy commissioners, assistant commissioners, directors, deputy directors, assistant directors, department heads, deputy department heads and assistant department heads.

Special filings:

- Candidates must file within ten days after filing a certificate of candidacy. Candidates who also file this form as incumbents need not file duplicate forms. A candidate's filing covers the preceding twelve months.
- **Political party executive committee candidates DO NOT file.** Please call if you have questions on this.
- When assuming office, position or employment the period covered by the filing is the twelve-month period before assuming office or employment. The statement is due within thirty days of assuming office or employment.

General information:

- Completed forms are due February 1 of each year.
- All questions must be answered. You must provide an answer or mark "none" for each question. If any questions are left blank the form will be returned to you for correction.
- If you have left your position or are not in office as of February 1 of this year, you are not required to file this annual disclosure form which covers last year. 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 available for public inspection at the Ethics Commission Office.
- If you have any questions on how to complete the disclosure form please call the Ethics Commission at (304) 558-0664 or toll free (1-866-558-0664) Email: ethics@wvadmin.gov

Note: It is a misdemeanor, punishable by a fine of not less than \$100.00 nor more than \$1,000.00 to willfully and knowingly file a false financial statement, to conceal a material fact in filing the statement, or fail to file a required financial disclosure statement. [WV Code §6B-2-10(b,c)]

[form revised 12/2005]

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 WV ETHICS COMMISSION
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WV Ethics Commission Annual Financial Disclosure Statement



Note: The information you provide on this form should cover the past calendar year. Form is due February 1.

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1. Your Name and Address

Please type or print clearly and mark which is your preferred mailing address.

Name: Tom Arzinger Daytime phone: (304) 295-8695
 Home address 1310 7th St. Other phone: (304) 570-7199
 City/state/zip Vienna WV 26105 County of residence Wood
 Business address Same City/state/zip _____

2. Business Names

List all names, if any, under which you do business. For example: Tom Smith Electrical Supply, Acme Video Rental, Swift Chimney Cleaners. If no business names, mark here

Tom Arzinger, CLO

3. Your Employment

(past twelve months)
 For purposes of this report, an employer is defined as one who provides you with a W-2 Form. If none mark here

List the name and address of each of your employer(s), including city, county or state government, during the past twelve months. Are you self-employed? Yes No If yes, provide that information as part of questions 6 and/or 8 on the next page.

WV House of Delegates

4. Appointed Positions on Boards, Commissions or Agencies

List all state Boards, Commissions or Agencies on which you now serve by appointment of the Governor. If none, mark here

Date appointed (if known) _____

5. Officeholder/Candidate Information

(complete below as appropriate: candidate, current, elected, or appointed)

Do you currently hold a county, circuit or state elected office? Yes No If yes, title of office: Delegator
 Have you filed candidacy papers for public office in the next election? Yes No N/A
 If yes, what office: House of Delegates Date you filed your candidacy papers: Yes 1/13/02

6. Business Interests

Identify the name and address of each business in which you had, in the last year, an interest of \$10,000 or more at fair market value or five percent (5%) ownership interest if that interest is valued at more than \$10,000. If none, mark here

Arzinger Rentals
1310 7th St.
Vienna WV 26105

7. Sales or Contracts with Governmental Agencies

List all sales of goods, or professional or other services or contracts provided to any governmental agency (State, County, Municipal or other local governmental agency) made in the past 12 months in your name or through a partnership, corporation or association in which you owned or controlled an interest of more than 10%. If none, mark here

8. Sources of Income over \$1,000 *

Identify by category every source of income over \$1,000 received during the preceding calendar year in your name or by any other person for your use or benefit. Include self-employment income. You are not required to report the source or amount of income derived by your spouse.

Describe the nature of the services for which the income was received. If you derive income from a business, profession or occupation, you are not required to disclose the individual sources and items of income that constitute the gross income of that business, profession or occupation. *Do not list regular employment income here if previously listed in question three (3) above. (If you are unsure what to include, please contact the Ethics Commission for guidance) If none, mark here

Example: rental income from garage apartment Example: retirement income from XYZ Gas Co.
 Example: sale of harvested timber on my property Example: income from my law practice
 Example: dividends from Merrill Lynch on stock held in my account Example: Social Security income

Rental Income - Home
Social Security
Like Income Rental
Real Estate Sales
Sale of Insurance Agency (PEA)

9. 20% Gross Income Categories

Did you receive more than 20% of your gross income during the past 12 months from any one or more of the categories listed below: Yes No If yes, mark with an "X" all categories that apply.

<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Surface Mining	<input type="checkbox"/> Electric Utilities	<input type="checkbox"/> Media
<input type="checkbox"/> Chemical	<input type="checkbox"/> Deep Mining	<input type="checkbox"/> Water Utilities	<input type="checkbox"/> Cable TV
<input type="checkbox"/> Insurance	<input type="checkbox"/> Mining Equipment	<input type="checkbox"/> Gas Utilities	<input type="checkbox"/> Advertising
<input type="checkbox"/> Retail sales	<input type="checkbox"/> Timbering	<input type="checkbox"/> Telephone Utilities	<input type="checkbox"/> Promotional Companies
<input type="checkbox"/> Wholesale sales	<input type="checkbox"/> Waste Disposal	<input type="checkbox"/> Banks	<input type="checkbox"/> Other
<input type="checkbox"/> Race Tracks	<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 Companies	
<input type="checkbox"/> Trade Associations	<input type="checkbox"/> Recreation related		
<input type="checkbox"/> Labor organizations	<input type="checkbox"/> Groups or associations promoting gaming or lotteries		
<input type="checkbox"/> Counties	<input type="checkbox"/> Beer, wine or liquor companies or distributors		
<input type="checkbox"/> Cities or Towns	<input type="checkbox"/> Associations of public employees or public officials		
<input type="checkbox"/> Professional Associations	<input type="checkbox"/> Hospital or other health care providers		