

Blair, Craig P.

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WV - 52

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\*130524-2006\*

**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 12-1A-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.

My Signature: Ray P. Bliss

Date: 2-3-06

Please print name: Ray P. Bliss

Your name: CELE P. BLISS  
 County: Redkey  
 District or circuit if applicable: 52  
 Candidate for: House of Delegates  
 Date you filed for candidacy: 1-26-06

**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  
210 Brooks Street, Suite 300  
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.

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  
210 Brooks Street, Ste 300, Charleston WV 25301  
304 558-0664 or 866-558-0664  
www.wveticscommission.org Email: ethics@wvadmin.gov

revised 10/2005



# WV Ethics Commission Financial Disclosure Statement

RECEIVED  
WV ETHICS COMMISSION  
2006 FEB -7 PM 12:11

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

**1. Your Name and Address** Please type or print clearly and mark which is your preferred mailing address.

Name CHRIS R. BLAIR Daytime phone (304) 671-5363 cell  
 Home address 47 Business Drive Other phone (304) 754-5111  
 Business address 191 Glasgow Ave County of residence Berkeley  
 City / state / zip Martinsburg WV 25401-0884  
 City / state / zip Martinsburg WV 25401-0884

**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

Swisst White, Inc

**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.  
 List the name and address of each of your employer(s), including city, county or state government, during the past twelve months.  
 If none mark here   
 Are you self-employed? Yes  No  If yes, provide that information as part of questions 6 and/or 8 on the next page.

**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: House of Delegates  
 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: 1-26-06

**6. Business Interests**

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

Swisst White, Inc.  
191 Glasgow Ave  
Martinsburg WV 25401-0884  
304-754-9031

**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

Service work for Morgan County Board of Education (couple hundred dollars)  
Salt sales to Jefferson County Board of Education (couple hundred)  
males a random agent state of West Virginia

**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 include regular employment income 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

1. House Rental

**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 checked="" 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"/> Loan or Finance Companies
<input type="checkbox"/> Trade Associations	<input type="checkbox"/> Recreation related	<input type="checkbox"/> Groups or associations promoting gaming or lotteries	
<input type="checkbox"/> Labor organizations	<input type="checkbox"/> Beer, wine or liquor companies or distributors	<input type="checkbox"/> Associations of public employees or public officials	
<input type="checkbox"/> Counties	<input type="checkbox"/> Cities or Towns	<input type="checkbox"/> Hospital or other health care providers	
<input type="checkbox"/> Professional Associations			