Instructions for filling out and emailing this form:

- 1. Fill out the form digitally on your computer or device.
- 2. Save the form to your computer or device.
- 3. Open your Email Application and send a new email to:

boards@berkeleywv.org

Make sure you title your email as a Board or Commission Application. Attach the saved Application from your device to the email. Send the email.



Berkeley County Commission Application for Boards/Commissions

Name:	
Phone	
Home:	Work/Mobile:
*Magisterial Dis	rict (Please check appropriate box):
☐ Adam Stephen	☐ Norborne ☐ Potomac ☐ Tuscarora ☐ Shenandoah ☐ Valley
Political Party Ro	gistration:
	ncy:
Commission(s) a	nd/or Board(s) of Interest:
Experience:	
Special Training	or Education:
List Three Refere	nces: (Name, Address and Phone No.)
Return to: Berkeley	County Commission

Return to: Berkeley County Commission 400 West Stephen Street, Suite 201 Martinsburg, WV 25401

^{*} This information is required by State Code for some Boards.

^{**} Completed Financial Disclosure Form required to be included with Board Application.



Your Name and Address:

Berkeley County Commission Annual Financial Disclosure Statement

Due at the time of application for appointment to Board and/or Commission and annually thereafter. The information provided on this form should cover the twelve (12) month period prior to the month of application or your appointment.

Phone:
u do business. For example, Tom Smith blease mark "N/A".
oyer is anyone that you worked for during the past list the name and address of each of your If none, please mark "N/A". If you are self- ormation under "Business Interests" and
et all Boards and Commissions for which you now ity.

Officenolder/Candidate Information: (Complete below as appropriate)						
Do you currently hold a City, County, Circuit or State Elected Office? 🗌 Yes 🔲 No If Yes, Title of Office:						
Have you filed Candidacy If Yes, what Office:	□ No					
Date you filed your Candidacy Papers: Click or tap to enter a date.						
Sales or Contracts with (Government Agencies: Lis	st all sales of goods, profes	ssional/other services or			
	State, County, Municipal o					
twelve (12) months in you	r name or through a partne	rship, corporation or asso	ciation in which you owned			
or controlled interest of te	n percent (10%) or more. If	f none, please mark "N/A".	•			
20% Gross Income Cates	gories: Did you receive mo	re than twenty percent (20	%) of your gross income			
) months from any one or n	, ,	, , ,			
Please check all categorie	•		W. = 100 = 110 = 11//1			
_						
☐ Manufacturing	☐ Timbering	☐ Wholesale Sales	☐ Trade Associations			
☐ Savings & Loan	\square Loan Companies	\square Finance Companies	☐ Banks			
\square Deep mining	☐ Surface Mining	☐ Mining Equipment	\square Labor Organizations			
\square Waste Disposal	\square Chemical	\square Recreation Related	☐ Race Tracks			
☐ Cities/Towns	□ Counties	\square Advertising	☐ Cable TV			
☐ Media	☐ Insurance	\square Gas Utilities	\square Telephone Utilities			
☐ Retail Sales	\square Water Utilities	☐ Electric Utilities	\square Real Estate			
□ Professional	□ Promotional	☐ Intrastate	☐ Interstate			
Associations	Companies	Transportation	Transportation			
☐ Beer, Wine or Liquor	☐ Groups/Associations	☐ Associations of				
Companies or	promoting Gaming or	Public Employees or				
Distributors	Lotteries	Public Officials				
Othor Cotogo :: "						
Other Category:						

Gifts: List the name of any person with a direct and immediate interest in an activity over which you exercise any formal influence who gave you or any member of your family a gift, including meals and beverages, during the past twelve (12) months, if the total value of such gift (s) when added together, has a value in excess of \$100.00. If none, please mark "N/A". This is meant to include the position for which you have been appointed or to which you seek appointment.

Do not	list	gifts	from:
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- Your spouse, child, grandchild, parent or grandparent.
- Trust established by your spouse, child, grandchild or any ancestor.
- A Bequest, by will, from a deceased member of your immediate family.

	ch debts are owed to you or by you from or to any person or fluence as a result of the appointment you hold or which you
Signature: I hereby acknowledge that the	e information contained herein and on any attached pages is
true, correct and complete to the best of	my knowledge.
Signature	Date
Printed Name	