

BERKELEY COUNTY COUNCIL
APPLICATION FOR APPOINTMENT TO
COMMISSIONS, AUTHORITIES, BOARDS OR DISTRICTS

NAME: _____
(please print)

ADDRESS: _____

EMAIL: _____

CONTACT PHONE NUMBERS:

HOME/CELL: _____ WORK: _____

MAGISTERIAL DISTRICT: PLEASE CHECK APPROPRIATE BOX

() ADAM/STEPHEN () NORBORNE () POTOMAC () TUSCARORA () SHENANDOAH () VALLEY *

REGISTERED POLITICAL PARTY: _____ *

LENGTH OF RESIDENCY: _____

COMMISSION, AUTHORITY, BOARD OR DISTRICT INTERESTED IN SERVING ON:

EXPERIENCE: _____

SPECIAL TRAINING OR EDUCATION: _____

LIST THREE REFERENCES:

| NAME | ADDRESS | PHONE NO. |
|-------|---------|-----------|
| _____ | | |
| _____ | | |
| _____ | | |

RETURN TO: BERKELEY COUNTY COUNCIL
400 W. STEPHEN STREET, SUITE 201B
MARTINSBURG, WEST VIRGINIA 25401

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

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

BERKELEY COUNTY COUNCIL

ANNUAL FINANCIAL DISCLOSURE STATEMENT

Due at the time of application for appointment to a Board, Commission and/or Authority 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.

Your Name and Address:

Name: _____ Home Phone #: _____

Home Address: _____

City, State/Zip: _____

Business Address: _____

City, State/Zip: _____

Email Address: _____

Business Names: List all names, if any, under which you do business. For example, Tom Smith Construction, Acme Video Rentals, etc. If no business, please mark "N/A".

Your Employment: For purposes of this report, an employer is anyone that you worked for during the past twelve (12) months who provides you with a W-2 form. List the name and address of each of your employers, including City, County or State government. If none, please mark "N/A". If you are self-employed, please indicate so and provide additional information under "Business Interests" and "Sources of Income".

Appointed Positions on Boards, Commissions, Authorities or Agencies: List all Boards, Commissions, Authorities and/or Agencies which you now serve on by appointment of City, County, or State authority.

Officeholder/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 papers for public office in the next election? Yes ___ No ___ N/A ___ If yes, what office? _____

Date you filed your candidacy papers? _____

Sales or Contracts with Governmental Agencies: List all sales of goods, or professional or other services or contracts provided to any State, County, Municipal or other local governmental agency made in the past twelve (12) months in your name or through a partnership, corporation or association in which you owned or controlled an interest of ten percent (10%) or more. If none mark "N/A".

20 % Gross Income Categories: Did you receive more than twenty percent (20%) of your gross income during the past twelve (12) months from any one or more of the categories listed below? Yes ____ No ____ N/A _____. Please circle all categories that apply.

- | | | | | | | |
|--|---------------------|---------------------------|--|---------------------------|---------------------------|--------------|
| Manufacturing | Surface Mining | Chemical | Deep Mining | Insurance | Mining Equipment | Retail Sales |
| Timbering | Wholesale Sales | Waste Disposal | Race Tracks | Intrastate Transportation | Interstate Transportation | |
| Trade Associations | Recreation Related | Labor Organizations | Counties | Towns | Cities or Towns | Banks |
| Banks | Savings & Loans | Loan or Finance Companies | Electric Utilities | Professional Associations | Water Utilities | |
| Gas Utilities | Telephone Utilities | Advertising | Cable TV | Promotional Companies | Media | Real Estate |
| Groups or Associations promoting gaming or lotteries | | | Beer, wine or liquor companies or distributors | | | |
| Associations of public employees or public officials | | | Other: _____ | | | |

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:

- Your spouse, child, grandchild, parent or grandparent.
- A trust established by your spouse, child, grandchild or any ancestor.
- A bequest, by will , from a deceased member of your immediate family.

Debts: List all debts, of any amount, which debts are owed to you or by you from or to any person or entity over whom you may exercise any influence as a result of the appointment you hold or which you seek. If none, please mark "N/A".

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

Date: _____

Signature

Printed Name