

EXHIBIT  
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tabbler

Name: Loughry Allen

Return completed form to:  
WV Ethics Commission  
210 Brooks St., Ste 300  
Charleston WV 25301  
304-558-0664 or 1-866-558-0664



Candidate information, if applicable  
County: \_\_\_\_\_  
Candidate for: \_\_\_\_\_  
Date you filed for candidacy: \_\_\_\_\_  
District or circuit if applicable: \_\_\_\_\_

RECEIVED  
WV ETHICS COMMISSION  
2013 FEB -1 AM 10:08

# West Virginia Ethics Commission Financial Disclosure Statement

W. Va. Code §§ 6B-2-6 and 7

Rev: 11-2012

### Important!

- Please read and answer *every question*. We will return incomplete forms to you for completion or correction.
- You must file a new Financial Disclosure Statement each year you hold or run for a public position.
- If this is your annual filing, the statement is due by February 1.
- If you are a new appointee, this statement is due within 30 days of the date of your appointment.
- If you are a candidate for public office, this statement is due within 10 days of filing your *Certificate of Candidacy*.
- The information you provide on this statement should cover the past calendar year.
- You may attach additional pages to this form if necessary.

### 1. Name of filer and spouse

Filer last name Loughry First name Allen  
 Spouse last name Loughry First name Kelly  
 County of residence Kanawha  
 Business (employment) address Supreme Court of Appeals of West Virginia  
1900 Kanawha Blvd, Building 1, Room E-308  
 City / state / zip Charleston, WV 25305

### 2. Elective Office

Do you currently hold a county, circuit or state elected office? Yes  No

If yes, title of office: Justice - Supreme Court of Appeals

Are you a candidate, or do you plan to become a candidate for public office in the next election? N/A  Yes  No

If yes, for what office: \_\_\_\_\_ Date you filed for candidacy \_\_\_\_\_

### 3. Positions on State Boards, Commissions or Agencies

List all State Boards, Commissions or Agencies on which you now serve or have served in the past 12 months, by appointment of the Governor. Include recent appointments.  Mark here if N/A

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: Loughry Allen

### 7. For-Profit Business

List the name of each for-profit business on which either you or your spouse serves on the Board of Directors or as an Officer. Describe the type of business.

Mark here if neither you nor your spouse serve on a Board of Directors or is an Officer of a for-profit business.

Name and address of the Business	Description of the Business
self <input type="checkbox"/> spouse <input type="checkbox"/>	
self <input type="checkbox"/> spouse <input type="checkbox"/>	
self <input type="checkbox"/> spouse <input type="checkbox"/>	

### 8. Non-Profit Organization

List the name of each non-profit organization on which either you or your spouse serves on the Board of Directors or as an Officer.

Mark here if neither you nor your spouse serve on a Board of Directors or is an Officer of a non-profit.

Name and address of the Organization	Description of the non-profit
self <input type="checkbox"/> spouse <input type="checkbox"/>	
self <input type="checkbox"/> spouse <input type="checkbox"/>	
self <input type="checkbox"/> spouse <input type="checkbox"/>	

### 9. Sales or Contracts with State, County or Local Government

During the past calendar year, did you or your spouse have any sales or contracts with any unit of state, county, or local government? Yes \_\_\_\_\_ No X Sales or contracts for goods or services may be either direct or through a partnership, corporation or association in which either you or your spouse owned or controlled more than (10%) ten percent. If yes, identify the government agency that purchased the goods or services, and describe the nature of the goods or services. (See the instruction sheet for more information about the Ethics Act's prohibition against having an interest in a public contract.) W. Va. Code § 6B-2-5(d)

Name of Government organization	Description of goods or services provided
self spouse <input checked="" type="checkbox"/> Example: State of WV DHHR	Foster home placement studies
self <input checked="" type="checkbox"/> spouse Example: Clay County Sheriff's Department	Rental of garage space for patrol cars
self <input type="checkbox"/> spouse <input type="checkbox"/>	
self <input type="checkbox"/> spouse <input type="checkbox"/>	
self <input type="checkbox"/> spouse <input type="checkbox"/>	

### 10. Adult Children – Public Employment

List the name and business address of any adult child or step-child employed by any unit of state, county or local Government.

Mark here if this question does not apply to you.

Name of child or step-child	Business address

Name: Loughry

Allen

**This page applies to questions 13 and 14 on the next page.**

**\*\* If you are an elected official, candidate, state or higher education employee, you do not need to complete this page. Please continue to page 7 and answer questions 13 and 14 about you and your spouse.**  
**\*\* All other filers:** If you are appointed to serve on a State Board, Agency or Commission by the Governor and receive no compensation for your service, you may not be required to report certain financial information about your spouse. Complete Worksheet A to determine if the spousal exemption applies.

### **Worksheet A (for questions 13 and 14)**

**Part 1. Are you a Board, Agency or Commission Member appointed by the Governor?**

YES  Continue to part 2

NO  **DO NOT** complete parts 2 or 3 on this page. Continue to questions 13 and 14 on the next page and answer the questions for both you and your spouse.

**Part 2. Do you hold another office or employment position that requires you to file this Financial Disclosure Statement?**

YES  **DO NOT** complete part 3 of this page. Continue to questions 13 and 14 on the next page and answer the questions for both you and your spouse.

NO  Continue to part 3.

**Part 3. Complete this section to determine if you are exempt from disclosing certain financial information about your spouse in questions 13 and 14 on the next page.**

List the name of the state Board, Commission or Agency of which you are an appointed member:

-----  
Mark with an "X" each box that applies:

1.  There is no compensation, per diem, salary or other payment authorized by state law for serving on this board or commission. (Excluding travel or expense reimbursement) Note: The test is not whether you decline compensation but whether it is authorized by code, statute, or law.
2.  Neither my spouse nor a business with which he or she is associated is regulated by the State Board, Commission, or Agency on which I serve by appointment. ("Associated" is defined as a business in which your spouse, or his or her immediate family member, is a director, officer, owner, employee, compensated agent, or holder of stock which constitutes five percent or more of the total outstanding stocks of any class. "Immediate family member" means dependent children, grandchildren or parents.)
3.  Neither my spouse nor a business with which he or she is associated has a contract with, or receives any grants or appropriations from, the state Board, Commission, or Agency on which I (the filer) serve.

-----  
→ **If you have checked all three boxes, then answer questions 13 and 14 on the next page as they pertain only to you.**

→ **If not, then answer all questions as they pertain to both you and your spouse.**

→ **Verification & Signature:**

Under penalty of perjury, I hereby declare that the information provided herein is true.

Signature of Filer: \_\_\_\_\_

Print Filer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: Loughry Allen

9

Return completed form to:  
WV Ethics Commission  
210 Brooks St., Ste 300  
Charleston WV 25301  
304-558-0664 or 1-866-558-0664



Candidate information, if applicable  
County: \_\_\_\_\_  
Candidate for: \_\_\_\_\_  
Date you filed for candidacy: \_\_\_\_\_  
District or circuit if applicable: \_\_\_\_\_

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## West Virginia Ethics Commission Financial Disclosure Statement

W. Va. Code §§ 6B-2-6 and 7

Hand Delivered

Rev: 11-2012

### Important!

- Please read and answer **every question**. We will return incomplete forms to you for completion or correction.
- You must file a new Financial Disclosure Statement each year you hold or run for a public position.
- If this is your annual filing, the statement is due by February 1.
- If you are a new appointee, this statement is due within 30 days of the date of your appointment.
- If you are a candidate for public office, this statement is due within 10 days of filing your *Certificate of Candidacy*.
- The information you provide on this statement should cover the past calendar year.
- You may attach additional pages to this form if necessary.

### 1. Name of filer and spouse

Filer last name Loughry First name Allen  
 Spouse last name Loughry First name Kelly  
 County of residence Kanawha  
 Business (employment) address Supreme Court of Appeals of West Virginia  
1900 Kanawha Blvd, Building 1, Room E-308  
 City / state / zip Charleston, WV 25305

### 2. Elective Office

Do you currently hold a county, circuit or state elected office? Yes  No

If yes, title of office: Justice - Supreme Court of Appeals

Are you a candidate, or do you plan to become a candidate for public office in the next election? N/A  Yes  No

If yes, for what office: \_\_\_\_\_ Date you filed for candidacy: \_\_\_\_\_

### 3. Positions on State Boards, Commissions or Agencies

List all State Boards, Commissions or Agencies on which you now serve or have served in the past 12 months, by appointment of the Governor. Include recent appointments.  Mark here if N/A

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: Loughry Allen

**7. For-Profit Business**

List the name of each for-profit business on which either you or your spouse serves on the Board of Directors or as an Officer. Describe the type of business.

Mark here if neither you nor your spouse serve on a Board of Directors or is an Officer of a for-profit business.

Name and address of the Business	Description of the Business
self <input type="checkbox"/> spouse <input type="checkbox"/>	
self <input type="checkbox"/> spouse <input type="checkbox"/>	
self <input type="checkbox"/> spouse <input type="checkbox"/>	

**8. Non-Profit Organization**

List the name of each non-profit organization on which either you or your spouse serves on the Board of Directors or as an Officer.

Mark here if neither you nor your spouse serve on a Board of Directors or is an Officer of a non-profit.

Name and address of the Organization	Description of the non-profit
self <input type="checkbox"/> spouse <input type="checkbox"/>	
self <input type="checkbox"/> spouse <input type="checkbox"/>	
self <input type="checkbox"/> spouse <input type="checkbox"/>	

**9. Sales or Contracts with State, County or Local Government**

During the past calendar year, did you or your spouse have any sales or contracts with any unit of state, county, or local government? Yes \_\_\_\_\_ No  Sales or contracts for goods or services may be either direct or through a partnership, corporation or association in which either you or your spouse owned or controlled more than (10%) ten percent.

If yes, identify the government agency that purchased the goods or services, and describe the nature of the goods or services. (See the instruction sheet for more information about the Ethics Act's prohibition against having an interest in a public contract.) W. Va. Code § 6B-2-5(d)

Name of Government organization	Description of goods or services provided
self spouse <input checked="" type="checkbox"/> Example: State of WV DHHR	Foster home placement studies
self <input checked="" type="checkbox"/> spouse Example: Clay County Sheriff's Department	Rental of garage space for patrol cars
self <input type="checkbox"/> spouse <input type="checkbox"/>	
self <input type="checkbox"/> spouse <input type="checkbox"/>	
self <input type="checkbox"/> spouse <input type="checkbox"/>	

**10. Adult Children – Public Employment**

List the name and business address of any adult child or step-child employed by any unit of state, county or local Government.

Mark here if this question does not apply to you.

Name of child or step-child	Business address

Name: Loughry

Allen

**This page applies to questions 13 and 14 on the next page.**

**\*\* If you are an elected official, candidate, state or higher education employee, you do not need to complete this page. Please continue to page 7 and answer questions 13 and 14 about you and your spouse.**

**\*\* All other filers:** If you are appointed to serve on a State Board, Agency or Commission by the Governor and receive no compensation for your service, you may not be required to report certain financial information about your spouse. Complete Worksheet A to determine if the spousal exemption applies.

### **Worksheet A (for questions 13 and 14)**

**Part 1. Are you a Board, Agency or Commission Member appointed by the Governor?**

YES  Continue to part 2

NO  **DO NOT** complete parts 2 or 3 on this page. Continue to questions 13 and 14 on the next page and answer the questions for both you and your spouse.

**Part 2. Do you hold another office or employment position that requires you to file this Financial Disclosure Statement?**

YES  **DO NOT** complete part 3 of this page. Continue to questions 13 and 14 on the next page and answer the questions for both you and your spouse.

NO  Continue to part 3.

**Part 3. Complete this section to determine if you are exempt from disclosing certain financial information about your spouse in questions 13 and 14 on the next page.**

List the name of the state Board, Commission or Agency of which you are an appointed member:

-----  
**Mark with an "X" each box that applies:**

1.  There is no compensation, per diem, salary or other payment authorized by state law for serving on this board or commission. (Excluding travel or expense reimbursement) Note: The test is not whether you decline compensation but whether it is authorized by code, statute, or law.

2.  Neither my spouse nor a business with which he or she is associated is regulated by the State Board, Commission, or Agency on which I serve by appointment. ("Associated" is defined as a business in which your spouse, or his or her immediate family member, is a director, officer, owner, employee, compensated agent, or holder of stock which constitutes five percent or more of the total outstanding stocks of any class. "Immediate family member" means dependent children, grandchildren or parents.)

3.  Neither my spouse nor a business with which he or she is associated has a contract with, or receives any grants or appropriations from, the state Board, Commission, or Agency on which I (the filer) serve.

-----  
➔ **If you have checked all three boxes, then answer questions 13 and 14 on the next page as they pertain only to you.**

➔ **If not, then answer all questions as they pertain to both you and your spouse.**

➔ **Verification & Signature:**

Under penalty of perjury, I hereby declare that the information provided herein is true.

Signature of Filer: \_\_\_\_\_

Print Filer Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Financial Disclosure Statement Filing

Filing Confirmation # 424

### Step 1: Statement Information

Report Year: 2014  
Date Filed: 1/21/2015  
Filing Type: Original  
Report Type: Financial Disclosure

### Name of Filer and Spouse

Filer First Name: Hon. Allen  
Filer Last Name: Loughry, Supreme Court Justice  
Spouse First Name: Kelly  
Spouse Last Name: Loughry  
County of Residence: Kanawha

### Step 1: Business Address

Name: Supreme Court of Appeals  
Address 1: 1900 Kanawha Blvd. East, Room E 308  
Address 2:  
City: Charleston  
State: WV  
Zip Code: 25305

### Step 2: Candidate / Officeholder Information

Do you currently hold a county circuit or state elected office?: Yes  
Title Of Office: • WV Supreme Court

**Step 8: Business Interests and Commercial Real Estate**

Neither my spouse nor I had any business interests meeting these criteria

**Step 9: For-Profit Business or Organization**

Neither my spouse nor I serve on a Board of Directors or is an Officer

**Step 10: Non-Profit Organizations**

Neither my spouse nor I serve on a Board of Directors or is an Officer

**Step 11: Sales or Contracts with Governmental Entities**

Neither my spouse nor I had contract for the sale of any goods or services to a state, county, municipal or other local governmental agency, either directly or through a partnership, corporation or association in which either you or your spouse owned or controlled more than (10%) ten percent during the past calendar year

**Step 12: Adult Children - Public Employment**

I have no adult children or step children employed by state, county, or municipal government

**Step 13: Debts Owed to Others**

I have no reportable debts

**Step 14: Debts Owed to You**

I have no reportable debts

**Step 15: Gifts**

I have no received reportable gifts



Name: Allen Loughry

*Supreme Ct.*

Return completed form to:  
WV Ethics Commission  
210 Brooks Street, Suite 300  
Charleston, WV 25301  
(304)558-0664 or 1(866)558-0664



Received

Candidate information, if applicable  
County: \_\_\_\_\_  
Candidate for: \_\_\_\_\_  
Date you filed for candidacy: \_\_\_\_\_  
District or circuit if applicable: \_\_\_\_\_

DEC 18 2015

Hand Delivered

WV Ethics Commission  
**West Virginia Ethics Commission**  
**Financial Disclosure Statement**

Revised: 12-9-14

Directions

- Please read and answer **every question**—even if your answer is “N/A” (not applicable). Incomplete original Statements will be returned to you for completion or correction.
- You must file a new Financial Disclosure Statement each year you hold or run for a public position.
- If this is your annual filing, the Statement is due by February 1.
- If you are a new appointee, this Statement is due within 30 days of the date of your appointment.
- If you are a candidate for public office, this Statement is due within 10 days of filing your *Certificate of Candidacy*.
- The information you provide on this Statement covers the prior calendar year.
- You may attach additional pages to this form if necessary.

**1. Name of filer and spouse**

Filer's last name Loughry First name Allen  
 Spouse's last name Loughry First name Kelly  
 County of residence Kanawha  
 Business (employment) address West Virginia Supreme Court  
1900 Boulevard East, Room E 308  
 City/state/zip Charleston WV 25311

**2. Elective Office**

Do you currently hold a county, circuit or state elected office? Yes  No

If yes, title of office: Justice of the West Virginia Supreme Court

Are you a candidate, or do you plan to become a candidate for public office in the next election? N/A  Yes  No

If yes, for what office: \_\_\_\_\_ Date you filed for candidacy: \_\_\_\_\_

**3. Positions on State Boards, Commissions or Agencies**

List all State Boards, Commissions or Agencies on which you now serve or have served in the past 12 months through appointment by the Governor.  Mark here if N/A

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: Allen Loughry

**7. For-Profit Business**

List the name and address of each for-profit business on which either you or your spouse serves on the Board of Directors or as an officer. Describe the type of business.

Mark here if neither you nor your spouse serve on a Board of Directors or is an officer of a for-profit business.

Name and address of the business	Description of the business
self <input type="checkbox"/> spouse <input type="checkbox"/>	
self <input type="checkbox"/> spouse <input type="checkbox"/>	
self <input type="checkbox"/> spouse <input type="checkbox"/>	

**8. Non-Profit Organization**

List the name and address of each non-profit organization on which either you or your spouse serves on the Board of Directors or as an officer. Describe the non-profit organization.

Mark here if neither you nor your spouse serve on a Board of Directors or is an officer of a non-profit organization.

Name and address of the organization	Description of the non-profit
self <input type="checkbox"/> spouse <input type="checkbox"/>	
self <input type="checkbox"/> spouse <input type="checkbox"/>	
self <input type="checkbox"/> spouse <input type="checkbox"/>	

**9. Sales or Contracts with State, County or Local Government**

During the past calendar year, did you or your spouse have any sales or contracts with any unit of state, county or local government? Yes \_\_\_\_\_ No X (Sales or contracts for goods or services may be either direct or through a partnership, corporation or association in which either you or your spouse owned or controlled more than 10 percent.)

If yes, identify the government agency that purchased the goods or services, and describe the nature of the goods or services. (See the instruction sheet for more information about the Ethics Act's prohibition against having an interest in a public contract under W. Va. Code § 6B-2-5(d).)

Name of Government organization	Description of goods or services provided
self spouse <u>X</u> Example: State of WV DHHR	Foster home placement studies
self <u>X</u> spouse Example: Clay County Sheriff's Department	Rental of garage space for patrol cars
self <input checked="" type="checkbox"/> spouse <input type="checkbox"/>	
self <input type="checkbox"/> spouse <input type="checkbox"/>	
self <input type="checkbox"/> spouse <input type="checkbox"/>	

**10. Adult Children – Public Employment**

List the name and business address of any adult child or step-child employed by any unit of state, county or local government.

Mark here if this question does not apply to you.

Name of child or step-child	Business address

Name: Allen Loughry

**This page applies to questions 13 and 14 on the next page.**

**\*\* If you are an elected official, candidate or state or higher education employee, you do not need to complete Worksheet A. You must, however, answer questions 13 and 14 about you and your spouse.**

**\*\* All other filers:** If you have been appointed to serve on a State Board, Commission or Agency by the Governor and receive no compensation for your service, you may not be required to report certain financial information about your spouse. Complete Worksheet A to determine if this spousal exemption applies. You still must report your own income and business information in questions 13 and 14.

**Worksheet A (for questions 13 and 14)**

**Part 1. Are you a State Board, Commission or Agency member appointed by the Governor?**

**YES**  Continue to Part 2.

**NO**  **DO NOT** complete parts 2 or 3 on this page. Continue to questions 13 and 14 on the next page and answer the questions for both you and your spouse.

**Part 2. Do you hold another office or employment position that requires you to file this Financial Disclosure Statement?**

**YES**  **DO NOT** complete part 3 on this page. Continue to questions 13 and 14 on the next page and answer the questions for both you and your spouse.

**NO**  Continue to Part 3.

**Part 3. Complete this section to determine if you are exempt from disclosing certain financial information about your spouse in questions 13 and 14 on the next page.**

List the name of the State Board, Commission or Agency of which you are an appointed member:  
Board name: \_\_\_\_\_

**Check each box that applies:**

1.  There is no compensation, per diem, salary or other payment authorized by state law for serving on this Board or Commission. (Excluding travel or expense reimbursement) Note: The test is not whether you decline compensation but whether it is authorized by code, statute or law.
2.  Neither my spouse nor a business with which he or she is associated is regulated by the State Board, Commission or Agency on which I serve by appointment. ("Associated" is defined as a business in which your spouse, or his or her immediate family member, is a director, officer, owner, employee, compensated agent or holder of stock which constitutes five percent or more of the total outstanding stocks of any class. "Immediate family member" means dependent children, grandchildren or parents.)
3.  Neither my spouse nor a business with which he or she is associated has a contract with, or receives any grants or appropriations from, the State Board, Commission or Agency on which I (the filer) serve.

→ **If you have checked all three boxes in Part 3 above, then answer questions 13 and 14 on the next page as they pertain only to you.**

→ **If you did not check all three boxes in Part 3, you must answer questions 13 and 14 in their entirety as they pertain to both you and your spouse.**

## Financial Disclosure Statement Filing

Filing Confirmation # 5977

### Step 1: Statement Information

Report Year: 2016  
Date Filed: 1/15/2017  
Filing Type: Original  
Report Type: Financial Disclosure

### Name of Filer and Spouse

Filer First Name: Allen  
Filer Last Name: Loughry  
Spouse First Name: Kelly  
Spouse Last Name: Loughry  
County of Residence: Kanawha

### Step 1: Business Address

Name: Supreme Court of Appeals  
Address 1: 1900 Kanawha Blvd. East, Room E 308  
Address 2:  
City: Charleston  
State: WV  
Zip Code: 25305

### Step 2: Candidate / Officeholder Information

Do you currently hold a county circuit or state elected office? Yes  
Title Of Office: • WV Supreme Court

**Step 9: For-Profit Business or Organization**

Neither my spouse nor I serve on a Board of Directors or is an Officer

**Step 10: Non-Profit Organizations**

Neither my spouse nor I serve on a Board of Directors or is an Officer

**Step 11: Sales or Contracts with Governmental Entities**

Neither my spouse nor I had contract for the sale of any goods or services to a state, county, municipal or other local governmental agency, either directly or through a partnership, corporation or association in which either you or your spouse owned or controlled more than (10%) ten percent during the past calendar year

**Step 12: Adult Children - Public Employment**

I have no adult children or step children employed by state, county, or municipal government

**Step 13: Debts Owed to Others**

I have no reportable debts

**Step 14: Debts Owed to You**

I have no reportable debts

**Step 15: Gifts**

I have no received reportable gifts

## Financial Disclosure Statement Filing

Filing Confirmation # 9532

### Step 1: Statement Information

Report Year: 2017  
Date Filed: 1/19/2018  
Filing Type: Original  
Report Type: Financial Disclosure

### Name of Filer and Spouse

Filer First Name: Allen  
Filer Last Name: Loughry  
Spouse First Name: Kelly  
Spouse Last Name: Loughry  
County of Residence: Kanawha

### Step 1: Business Address

Name: Supreme Court of Appeals  
Address 1: 1900 Kanawha Blvd. East, Room E 308  
Address 2:  
City: Charleston  
State: WV  
Zip Code: 25305

### Step 2: Candidate / Officeholder Information

Do you currently hold a county circuit or state elected office?: Yes  
Title Of Office: • WV Supreme Court

**Step 8: Business Interests and Commercial Real Estate**

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**Step 13: Debts Owed to Others**

I have no reportable debts

**Step 14: Debts Owed to You**

I have no reportable debts

**Step 15: Gifts**

I have no received reportable gifts