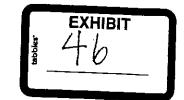
Nam	e:	Loughry
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Allen



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

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 Vi	· · · · · · · · · · · · · · · · · · ·
1900 Kanawha Bivd, Building 1, Roo	m E-308
City / state / zip Charleston, WV 25305	
2. Elective Office	
Do you currently hold a county, circuit or state elected office	?? Yes <u>×</u> No
If yes, title of office: Justice - Supreme Court of Appeals	
Are you a candidate, or do you plan to become a candidate for	or public office in the next election? N/AYes No X
If yes, for what office:	Date you filed for candidacy
3. Positions on State Boards, Commissions List all State Boards, Commissions or Agencies on which you the Governor. Include recent appointments.	now serve or have served in the past 12 months, by appointment of

	r spouse serves on the Board of Directors or as an Officer.
pard of D	rectors or is an Officer of a for-profit business.
	Description of the Business
-	
ner you o	r your spouse serves on the Board of Directors or as an
ard of Di	rectors or is an Officer of a non-profit.
	Description of the non-profit
r Local	Government
any sales	or contracts with any unit of state, county, or local
goods or	r services may be either direct or through a partnership, for controlled more than (10%) ten percent.
se owneu roods ar s	or controlled more than (10%) ten percent. ervices, and describe the nature of the goods or services.
:hics Act's	s prohibition against having an interest in a public contract.)
	Description of goods or services provided
	Description of goods or services provided Foster home placement studies
tment	
ment	Foster home placement studies
	Foster home placement studies Rental of garage space for patrol cars
	Foster home placement studies
p-child er	Foster home placement studies Rental of garage space for patrol cars mployed by any unit of state, county or local Government.
p-child er	Foster home placement studies Rental of garage space for patrol cars
p-child er	Foster home placement studies Rental of garage space for patrol cars mployed by any unit of state, county or local Government.
p-child er	Foster home placement studies Rental of garage space for patrol cars mployed by any unit of state, county or local Government.
h b	ard of Di ard of Di ard of Di ard of Di any sales goods or se owned

Allen

Name: Loughry

Name: Loughry	Aflen	
This pa ** If you are an elected offic complete this page. Please co ** All other filers: If you are receive no compensation for	ial, candidate, state or high ontinue to page 7 and answ appointed to serve on a Sta your service, you may not b	s 13 and 14 on the next page. There ducation employee, you do not need to over questions 13 and 14 about you and your spouse. The Board, Agency or Commission by the Governor and the required to report certain financial information e if the spousal exemption applies.
	Worksheet A (for	questions 13 and 14)
Part 1. Are you a Board, Ager YES Continue to part 2 NO X DO NOT complete parts for both you and your spouse.		appointed by the Governor? questions 13 and 14 on the next page and answer the questions
Statement?		on that requires you to file this Financial Disclosure lions 13 and 14 on the next page and answer the questions for
about your spouse in questio	ns 13 and 14 on the next p	xempt from disclosing certain financial information age. of which you are an appointed member:
Mark with an "X" each box th	nat applies:	45/45/4
1. There is no compensa board or commission. (Excluding compensation but whether it is a	travel or expense reimburser	r payment authorized by state law for serving on this ment) Note: The test is not whether you decline r law.
Commission, or Agency on which his or her immediate family men	n I serve by appointment. ("A nber, is a director, officer, ow r more of the total outstandin	she is associated is regulated by the State Board, ssociated" is defined as a business in which your spouse, or ner, employee, compensated agent, or holder of stock g stocks of any class. "Immediate family member" means
3. Neither my spouse nor		he is associated has a contract with, or receives any grants

- \Rightarrow If you have checked all three boxes, then answer questions 13 and 14 on the next page as they pertain only to <u>you</u>.
- → 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
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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 appl	Icable	
County:		
Candidate for:		
Date you filed for candidacy: _	-	
District or circuit if applicable	-	7.1
District of circuit a applicable		- ::
<u></u>	727.4	17

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	and at Mari Virginia	
Business (employment) address Supreme Court of 1900 Kanawha Bh	d, Bullding 1, Room E-308	
City / state / zip Charlesion, WV		
2. Elective Office	alacted office? Yea X No.	
Do you currently hold a county, circuit or state 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/AYes No >	<u>_</u>
If yes, for what office:	Date you filed for candidacy	

Name: Loughry	Allen		
Describe the type of	nch for-profit business on which either your followings.		spouse serves on the Board of Directors or as an Officer. ectors or is an Officer of a for-profit business.
	Name and address of the Business		Description of the Business
self □ spouse□			
self □ spouse□			
self ☐ spouse☐			
	1		
List the name of e Officer.	Organization ach non-profit organization on which eit	·	your spouse serves on the Board of Directors or as an
	Name and address of the Organization		Description of the non-profit
self □ spouse□			
self □ spouse□			
Joji B SpouseB			***************************************
self □ spouse□			
During the past cal government? Yes corporation or asso If yes, identify the	No X Sales or contracts for collision in which either you or your spot government agency that purchased the a sheet for more information about the E	e any sales or goods or use owned goods or s	Government or contracts with any unit of state, county, or local services may be either direct or through a partnership, or controlled more than (10%) ten percent. ervices, and describe the nature of the goods or services. exprohibition against having an interest in a public contract.)
	Name of Government organization		Description of goods or services provided
self spouse X	Example: State of WV DHHR		Foster home placement studies
self X spouse	Example: Clay County Sheriff's Depar	rtment	Rental of garage space for patrol cars
self □ spouse□			
self □ spouse□			
self □ spouse□			
List the name and	nildren – Public Employment business address of any adult child or st is question does not apply to you.		mployed by any unit of state, county or local Government.
Name of chi	d or step-child	Busi	ness address
		· · · · · · · · · · · · · · · · · · ·	
······································			

Name: Loughry Allen	
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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 <u>and</u> 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 grant 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 a 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: Date:
Dute

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 Yes county circuit or state

elected office?;

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

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

DEC 18 2015

Received

WV Ethics Commission

Hand Delivered

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 spo	ILCO
est the last transfer.	
	First name Allen First name Kelly
County of residence Kanawha	THUCKING TO THE PARTY OF THE PA
Business (employment) address	West Virginia Supreme Court
City/state/zip	1900 Boltward East, Room E 308 Charleston WV 25311
0.51	
2. Elective Office	
Do you currently hold a county, cir	cuit or state elected office? Yes X No
If yes, title of office: Justice of the W	est Virginia Supreme Court
Are you a candidate, or do you plan	n to become a candidate for public office in the next election? N/AYes No X
If yes, for what office:	
3. Positions on State Boa List all State Boards, Commissions of appointment by the Governor.	ards, Commissions or Agencies or Agencies on which you now serve or have served in the past 12 months through Mark here if N/A

•			
7. For-Profit Business			
	standard of the standard of th		
List the name and address of each for-profit business on which eit an officer. Describe the type of business.	ther you or your spouse serves on the Board of Directors or as		
Mark here if neither you nor your spouse serve on a Board of	Directors or is an officer of a for profit husings		
Name and address of the business	Description of the business		
self ☐ spouse☐	Description of the againess		
self ☐ spouse☐			
self □ spouse□			
8. Non-Profit Organization			
List the name and address of each non-profit organization on which	th 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 □ spouse□			
15 (1)			
self □ spouse□			
self □ spouse□			
sei 🗀 shodsen			
9. Sales or Contracts with State, County or Local During the past calendar year, did you or your spouse have any sale government? Yes No X (Sales or contracts for goods corporation or association in which either you or your spouse own If yes, identify the government agency that purchased the goods of (See the instruction sheet for more information about the Ethics Adunder W. Va. Code § 6B-2-5(d).)	es or contracts with any unit of state, county or local sor services may be either direct or through a partnership, ed or controlled more than 10 percent.) If services, and describe the nature of the goods or services.		
Name of Government organization	Description of goods or services provided		
self spouse X Example: State of WV DHHR	Foster home placement studies		
self X spouse Example: Clay County Sheriff's Department	Rental of garage space for patrol cars		
self ■ spouse□	Netración garage space for partor eurs		
self □ spouse□			
self 🗆 spouse🔾			
sen in spousein			
10. Adult Children — Public Employment List the name and business address of any adult child or step-child Mark here if this question does not apply to you.	employed by any unit of state, county or local government.		
Name of child or step-child	Duchan		
Traine of entire of step entire	Business address		

Name: Allen Loughry

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 <u>and</u> 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:
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.
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 <u>all three boxes</u> in Part 3 above, then answer questions 13 and 14 on the next page as they pertain <u>only to you</u>. 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 <u>both you and your spouse</u>.

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 11

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

Yes

county circuit or state elected office?:

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 Yes county circuit or state

elected office?:

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

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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