

VIRGINIA CONFLICT OF INTEREST AND ETHICS ADVISORY COUNCIL
Lobbyist Registration Form (Rev. 04/26/2016)

There is a **\$100 fee** required for registration (local government employees are exempted from this fee). This form can be submitted **electronically** on the Council's website at ethics.dls.virginia.gov or mailed to:

Secretary of the Commonwealth
Attn: Lobbyist Specialist
1111 East Broad Street, 4th Fl.
Richmond, Virginia 23219

FOR OFFICE USE ONLY
Date Received: _____
Fee Paid: Check: # _____
Cash: _____

New Statement

Amended Statement

1. **PRINCIPAL:** _____

1a. **What type of business is the principal engaged in:**

Officer of Principal authorizing your employment as a lobbyist, or to whom your expenditures will be reported. **The same name may not appear in items 2 and 5 of this form.**

2. **Name:** _____

2a. **Business Address:** _____

2b. **Business Telephone:** _____

2c. **E-mail Address:** _____

Officer of Principal who will retain **ALL** records, on behalf of the principal, with respect to your lobbying activities for their organization. If records are physically stored in another location, please so indicate in the space provided by item 3d.

3. **Name:** _____

3a. **Business Address:** _____

3b. **Business Telephone:** _____

3c. **E-mail Address:** _____

3d. Permanent business address/telephone number of location where records are stored:

4. Please list the full name(s), business address(es), telephone number(s), and e-mail address(es) of all other individual(s) that are registered to lobby in behalf of the PRINCIPAL listed in item 1 of your registration form.

Name: _____

Business Address: _____

Business Telephone: _____

Name: _____

Business Address: _____

Business Telephone: _____

Name: _____

Business Address: _____

Business Telephone: _____

5. **LOBBYIST:** _____

5a. **Business Address:** _____

5b. **Business Telephone:** _____

5c. **E-mail Address:** _____

Individual who will retain ALL records, on behalf of the lobbyist, with respect to your lobbying activities for the afore-designated principal. If records are physically stored in another location, please so indicate in the space provided in item 6d.

6. **Name:** _____

6a. **Business Address:** _____

6b. **Business Telephone:** _____

6c. **E-mail address:** _____

6d. **Permanent business address/telephone number of location where records are stored:**

7. **Matters and purpose for which you expect to lobby:** (be as specific as possible in this response)

8. **As a lobbyist, you are:** (check one)
- Employed** (Lobbyist is on payroll of principal)
 - Retained** (Lobbyist is not on payroll of principal, but is compensated)
 - Not Compensated** (Lobbyist is not compensated, but expenses may be reimbursed)

9. **If you are *employed* either part-time or full-time by the principal, provide your job title:**

Principal Waiver (Optional)

I, the undersigned officer acting on behalf of the Principal, do hereby waive the Principal signature requirement on disclosure forms filed by this registered lobbyist.

SIGNATURE OF PRINCIPAL

DATE

Lobbyist Signature

I, the undersigned Lobbyist, do state that the information furnished on this registration statement and on any and all accompanying statements attached thereto is, to the best of my knowledge and belief, complete and accurate.

SIGNATURE OF LOBBYIST

DATE

STATEMENT OF ECONOMIC INTERESTS

Virginia Conflict of Interest and Ethics Advisory Council

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Instructions

Pursuant to Sections §2.2-3114 and §2.2-3115 of the *Code of Virginia*, employees of state agencies who have been designated by the Governor or the General Assembly, justices of the Supreme Court, judges and substitute judges, members of governing bodies and school boards, local constitutional officers and employees of local governments designated to file by the *Code of Virginia* or by their governing ordinance, are required to file this Statement of Economic Interests form, set forth in §2.2-3117. Members of certain boards of state and local governments are also required to file this form. Please note that within this form, the use of the words “office” and “officer” also apply to appointed board members.

Candidates for state and local offices are required to file this form pursuant to Section 24.2-502 of the *Code of Virginia*.

The filing of the Statement of Economic Interests is a requirement for employment in designated positions. Additionally, the statement is to be filed semiannually by June 15 and December 15.

The information required on this statement must be provided on the basis of the best knowledge, information and belief of the individual filing the statement as of the date of this report unless otherwise stated.

Schedules A through I are to be completed ONLY if you answer “Yes” to any of items 1 through 10 on the Statement of Economic Interests.

State employees and board members should return completed forms to the agency's Conflict of Interests coordinator.

Local employees and board members should return the completed forms to the Clerk of the appropriate governing body.

The Statement of Economic Interests is open for public inspection.

DEFINITIONS AND EXPLANATORY MATERIAL

“Business” means a corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, trust or foundation, or any other individual or entity carrying on a business or profession, whether or not for profit.

“Close financial association” means an association in which the person filing shares significant financial involvement with an individual and the filer would reasonably be expected to be aware of the individual's business activities and would have access to the necessary records either directly or through the individual. “Close financial association” does not mean an association based on (i) the receipt of retirement benefits or deferred compensation from a business by which the person filing this statement is no longer employed or (ii) compensation for work performed by the person filing as an independent contractor of a business that represents an entity before any state governmental agency when the person filing has had no communications with the state governmental agency.

“Contingent liability” means a liability that is not presently fixed or determined, but may become fixed or determined in the future with the occurrence of some certain event.

“Contract” means any agreement to which a governmental agency is a party, or any agreement on behalf of a governmental agency which involves the payment of money appropriated by the General Assembly or political subdivision, whether or not such agreement is executed in the name of the Commonwealth, or some political subdivision thereof. “Contract” includes a subcontract only when the contract of which it is a part is with the officer's or employee's own governmental agency.

“Employee” means all persons employed by a governmental or advisory agency, unless otherwise limited by the context of its use.

“Financial institution” means any bank, trust company, savings institution, industrial loan association, consumer finance company, credit union, broker-dealer as defined in subsection A of §13.1-501, or investment company or advisor registered under the federal Investment Advisors Act or Investment Company Act of 1940.

“Gift” means any gratuity, favor, discount, entertainment, hospitality, loan, forbearance, or other item having monetary value. It includes services as well as gifts of transportation, lodgings and meals, whether provided in-kind, by purchase of a ticket, payment in advance or reimbursement after the expense has been incurred.

“Gift” does not include (i) any offer of a ticket, coupon, or other admission or pass unless the ticket, coupon, admission, or pass is used; (ii) honorary degrees; (iii) any athletic, merit, or need-based scholarship or any other financial aid awarded by a public or private school, institution of higher education, or other educational program pursuant to such school, institution, or program's financial aid standards and procedures applicable to the general public; (iv) a campaign contribution properly received and reported pursuant to Chapter 9.3 (§ 24.2-945 et seq.) of Title 24.2; (v) any gift related to the private profession or occupation of an officer or employee or of a member of his immediate family; (vi) food or beverages consumed while attending an event at which the filer is performing official duties related to his public service; (vii) food and beverages received at or registration or attendance fees waived for any event at which the filer is a featured speaker, presenter, or lecturer; (viii) unsolicited awards of appreciation or recognition in the form of a plaque, trophy, wall memento, or similar item that is given in recognition of public, civic, charitable, or professional service; (ix) a devise or inheritance; (x) travel disclosed pursuant to the Campaign Finance Disclosure Act (§ 24.2-945 et seq.); (xi)

travel paid for or provided by the government of the United States, any of its territories, or any state or any political subdivision of such state; (xii) travel provided to facilitate attendance by a legislator at a regular or special session of the General Assembly, a meeting of a legislative committee or commission, or a national conference where attendance is approved by the House or Senate Committee on Rules; (xiii) travel related to an official meeting of the Commonwealth, its political subdivisions, or any board, commission, authority, or other entity, or any charitable organization established pursuant to § 501(c)(3) of the Internal Revenue Code affiliated with such entity, to which such person has been appointed or elected or is a member by virtue of his office or employment; or (xiv) gifts from relatives or personal friends.

"Relative" means the donee's spouse, child, uncle, aunt, niece, nephew, or first cousin; a person to whom the donee is engaged to be married; the donee's or his spouse's parent, grandparent, grandchild, brother, sister, step-parent, step-grandparent, step-grandchild, step-brother, or step-sister; or the donee's brother's or sister's spouse.

"Personal friend" does not include any person that the filer knows or has reason to know is (a) a lobbyist registered pursuant to Article 3 (§ 2.2-418 et seq.) of Chapter 4 of Title 2.2; (b) a lobbyist's principal as defined in § 2.2-419; (c) for an officer or employee of a local governmental or advisory agency, a person, organization, or business who is a party to or is seeking to become a party to a contract with the local agency of which he is an officer or an employee; or (d) for an officer or employee of a state governmental or advisory agency, a person, organization, or business who is a party to or is seeking to become a party to a contract with the Commonwealth. "Person, organization, or business" includes individuals who are officers, directors, or owners of or who have a controlling ownership interest in such organization or business.

"Governmental agency" means each component part of the legislative, executive or judicial branches of state and local government, including each office, department, authority, post, commission, committee, and each institution or board created by law to exercise some regulatory or sovereign power or duty as distinguished from purely advisory powers or duties. Corporations organized or controlled by the Virginia Retirement System are "governmental agencies" for purposes of this chapter.

"Immediate family" means (i) a spouse and (ii) any other person who resides in the same household as the officer or employee and who is a dependent of the officer or employee.

TRUST. If you or your immediate family, separately or together, are the only beneficiaries of a trust, treat the trust's assets as if you own them directly. If you or your immediate family has a proportional interest in a trust, treat that proportion of the trust's assets as if you own them directly. For example, if you and your immediate family have a one-third interest in a trust, complete your Statement as if you own one-third of each of the trust's assets. If you or a member of your immediate family created a trust and can revoke it without the beneficiaries' consent, treat its assets as if you own them directly.

REPORT TO THE BEST OF INFORMATION AND BELIEF. Information required on this Statement must be provided on the basis of the best knowledge, information, and belief of the individual filing the Statement as of the date of this report unless otherwise stated.

STATEMENT OF ECONOMIC INTERESTS

Virginia Conflict of Interest and Ethics Advisory Council

NAME		Candidate for Election to this office? ____ YES ____ NO	
OFFICE OR POSITION HELD OR SOUGHT			
AGENCY/BUSINESS NAME			
AGENCY/BUSINESS ADDRESS			
CITY		STATE	ZIP
E-MAIL ADDRESS		PHONE	
NAMES OF MEMBERS OF IMMEDIATE FAMILY			

COMPLETE ITEMS 1 THROUGH 10. REFER TO SCHEDULES ONLY IF DIRECTED.

Return Schedules ONLY if needed to complete Statement.

You may attach additional explanatory information.

- Offices and Directorships.** YES NO
Are you or a member of your immediate family a paid officer or paid director of a business?
If yes, complete Schedule A
- Personal Liabilities.** YES NO
Do you or a member of your immediate family owe more than \$5,000 to any one creditor including contingent liabilities? (Exclude debts to any government and loans secured by recorded liens on property at least equal in value to the loan.)
If yes, complete Schedule B
- Securities.** YES NO
Do you or a member of your immediate family, directly or indirectly, separately or together, own securities valued in excess of \$5,000 invested in one business? Account for mutual funds, limited partnerships and trusts.
If yes, complete Schedule C
- Payment for Talks, Meetings, and Publications.** YES NO
During the past six months did you receive in your capacity as an officer or employee of your agency lodging, transportation, money, or anything else of value with a combined value exceeding \$100 (i) for a single talk, meeting, or published work or (ii) for a meeting, conference, or event where your attendance at the meeting, conference, or event was designed to (a) educate you on issues relevant to your duties as an officer or employee of your agency or (b) enhance your knowledge and skills relative to your duties as an officer or employee of your agency?
If yes, complete Schedule D
- Gifts.** YES NO
During the past six months did a business, government, or individual other than a relative or personal friend (i) furnish you or a member of your immediate family with any gift or entertainment at a single event, and the value received exceeded \$50 or (ii) furnish you or a member of your immediate family with gifts or entertainment in any combination and the total value received exceeded \$50, and for which you or the member of your immediate family neither paid nor rendered services in exchange? Account for entertainment events only if the average value per person attending the event exceeded \$50. Account for all business entertainment (except if related to the private profession or occupation of you or the member of your immediate family who received such business entertainment) even if unrelated to your official duties.
If yes, complete Schedule E

6. Salary and Wages.

List each employer that pays you or a member of your immediate family salary or wages in excess of \$5,000 annually. (Exclude state or local government or advisory agencies.) If no reportable salary or wages, check here

7. Business Interests.

Do you or a member of your immediate family, separately or together, operate your own business, or own or control an interest in excess of \$5,000 in a business?

YES NO

If yes, complete Schedule F

8. Payments for Representation and Other Services.

8A. Did you represent, excluding activity defined as lobbying in § 2.2-419, any businesses before any state governmental agencies, excluding courts or judges, for which you received total compensation during the past six months in excess of \$1,000, excluding compensation for other services to such businesses and representation consisting solely of the filing of mandatory papers and subsequent representation regarding the mandatory papers? (Officers and employees of local governmental and advisory agencies do NOT need to answer this question or complete Schedule G-1.)

YES NO

If yes, complete Schedule G-1

8B. Subject to the same exceptions as in 8A, did persons with whom you have a close financial association (partners, associates or others) represent, excluding activity defined as lobbying in § 2.2-419, any businesses before any state governmental agency for which total compensation was received during the past six months in excess of \$1,000? (Officers and employees of local governmental and advisory agencies do NOT need to answer this question or complete Schedule G-2.)

YES NO

If yes, complete Schedule G-2

8C. Did you or persons with whom you have a close financial association furnish services to businesses operating in Virginia pursuant to an agreement between you and such businesses, or between persons with whom you have a close financial association and such businesses for which total compensation in excess of \$1,000 was received during the past six months? Services reported under this provision shall not include services involving the representation of businesses that are reported under item 8A or 8B.

YES NO

If yes, complete Schedule G-3

9. Real Estate.

9A. State Officers and Employees.

Do you or a member of your immediate family hold an interest, including a partnership interest, valued at more than \$5,000 or more in real property (other than your principal residence) for which you have not already listed the full address on Schedule F? Account for real estate held in trust.

YES NO

If yes, complete Schedule H-1

9B. Local Officers and Employees.

Do you or a member of your immediate family hold an interest, including a partnership interest, or option, easement, or land contract, valued at more than \$5,000 in real property (other than your principal residence) for which you have not already listed in the full address on Schedule F? Account for real estate held in trust.

YES NO

If yes, complete Schedule H-2

10. Real Estate Contracts with Governmental Agencies

Do you or a member of your immediate family hold an interest valued at more than \$5,000 in real estate, including a corporate, partnership, or trust interest, option, easement, or land contract, which real estate is the subject of a contract, whether pending or completed within the past six months, with a governmental agency? If the real estate contract provides for the leasing of the property to a governmental agency, do you or a member of your immediate family hold an interest in the real estate valued at more than \$1,000? Account for all such contracts whether or not your interest is reported in Schedule F, H-1, or H-2. This requirement to disclose an interest in a lease does not apply to an interest derived through an ownership interest in a business unless the ownership exceeds three percent of the total equity of the business.

YES NO

If yes, complete Schedule I

Statements of Economic Interests are open for public inspection.

AFFIRMATION BY ALL FILERS.

I swear or affirm that the foregoing information is full, true and correct to the best of my knowledge.

Signature _____

Date _____

SCHEDULE A

OFFICES AND DIRECTORSHIPS

NAME: _____

OFFICE OR POSITION HELD OR SOUGHT: _____

Identify each business of which you or a member of your immediate family is a paid officer or paid director.

NAME OF BUSINESS	ADDRESS OF BUSINESS	POSITION HELD AND BY WHOM

SCHEDULE B

PERSONAL LIABILITIES

NAME: _____

OFFICE OR POSITION HELD OR SOUGHT: _____

Report personal liability by checking each category. Report only debts in excess of \$5,000. Do not report debts to any government. Do not report loans secured by recorded liens on property at least equal in value to the loan. Report contingent liabilities below and indicate which debts are contingent.

1. My personal debts are as follows:

CHECK APPROPRIATE CATEGORIES:	CHECK ONE	
	\$5,001 TO \$50,000	MORE THAN \$50,000
Banks	<input type="checkbox"/>	<input type="checkbox"/>
Savings institutions	<input type="checkbox"/>	<input type="checkbox"/>
Other loan or finance companies	<input type="checkbox"/>	<input type="checkbox"/>
Insurance companies	<input type="checkbox"/>	<input type="checkbox"/>
Stock, commodity or other brokerage companies	<input type="checkbox"/>	<input type="checkbox"/>
Other businesses: (State principal business activity for each creditor and its name.)		
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
Individual creditors: (State principal business or occupation for each creditor and its name.)		
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

2. The personal debts of the members of my immediate family are as follows:

CHECK APPROPRIATE CATEGORIES:	CHECK ONE	
	\$5,001 TO \$50,000	MORE THAN \$50,000
Banks	<input type="checkbox"/>	<input type="checkbox"/>
Savings institutions	<input type="checkbox"/>	<input type="checkbox"/>
Other loan or finance companies	<input type="checkbox"/>	<input type="checkbox"/>
Insurance companies	<input type="checkbox"/>	<input type="checkbox"/>
Stock, commodity or other brokerage companies	<input type="checkbox"/>	<input type="checkbox"/>
Other businesses: (State principal business activity for each creditor and its name.)		
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
Individual creditors: (State principal business or occupation for each creditor and its name.)		
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

Statement of Economic Interests
SCHEDULE C
SECURITIES

NAME: _____

OFFICE OR POSITION HELD OR SOUGHT: _____

“SECURITIES” INCLUDES stocks, bonds, mutual funds, limited partnerships, and commodity futures contracts.

“SECURITIES” EXCLUDES certificates of deposit, money market funds, annuity contracts, and insurance policies.

Identify each business or Virginia governmental entity in which you or a member of your immediate family, directly or indirectly, separately or together, own securities valued in excess of \$5,000. Name each issuer and type of security individually.

Do not list U.S. Bonds or other government securities not issued by the Commonwealth of Virginia or its authorities, agencies, or local governments. Do not list organizations that do not do business in this Commonwealth, but most major businesses conduct business in Virginia. Account for securities held in trust.

If no reportable securities, check here ____.

NAME OF ISSUER	TYPE OF SECURITY (STOCKS, BONDS, MUTUAL FUNDS, ETC.)	CHECK ONE		
		5,001 to 50,000	50,001 to 250,000	More than 250,000
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCHEDULE D

PAYMENT FOR TALKS, MEETINGS, AND PUBLICATIONS

NAME: _____

OFFICE OR POSITION HELD OR SOUGHT: _____

List each source from which you received during the past six months in your capacity as an officer or employee of your agency lodging, transportation, money, or any other thing of value with combined value exceeding \$100 (i) for your presentation of a single talk, participation in one meeting, or publication of a work or (ii) for your attendance at a meeting, conference, or event where your attendance at the meeting, conference, or event was designed to (a) educate you on issues relevant to your duties as an officer or employee of your agency or (b) enhance your knowledge and skills relative to your duties as an officer or employee of your agency. Any lodging, transportation, money, or other thing of value received by an officer or employee that does not satisfy the provisions of clause (i), (ii) (a), or (ii) (b) shall be listed as a gift on Schedule E..

List payments or reimbursements by an advisory or governmental agency only for meetings or travel outside the Commonwealth.

List a payment even if you donated it to charity.

Do not list information about payment if you returned it within 60 days or if you received it from an employer already listed under item 6 or from a source of income listed on Schedule F.

If no payment must be listed, check here _____.

PAYER	APPROXIMATE VALUE	CIRCUMSTANCES	DATE OF EVENT	TYPE OF PAYMENT (e.g. honoraria, travel reimbursement, etc.)

Statement of Economic Interests

SCHEDULE E

GIFTS

NAME: _____

OFFICE OR POSITION HELD OR SOUGHT: _____

List each business, governmental entity, or individual that, during the past six months, (i) furnished you or a member of your immediate family with any gift or entertainment at a single event, and the value received exceeded \$50, or (ii) furnished you or a member of your immediate family with gifts or entertainment in any combination and the total value received exceeded \$50, and for which you or the member of your immediate family neither paid nor rendered services in exchange. List each such gift or event. Do not list entertainment events unless the average value per person attending the event exceeded \$50. Do not list business entertainment related to the private profession or occupation of you or the member of your immediate family who received such business entertainment. Do not list gifts or other things of value given by a relative or personal friend for reasons clearly unrelated to your public position. Do not list campaign contributions publicly reported as required by Chapter 9.3 (§ 24.2-900 et seq.) of Title 24.2 of the Code of Virginia.

NAME OF RECIPIENT	NAME OF BUSINESS, ORGANIZATION, OR INDIVIDUAL	CITY OR COUNTY AND STATE	EXACT GIFT OR EVENT	DATE ACCEPTED	APPROXIMATE VALUE

Statement of Economic Interests

SCHEDULE F

BUSINESS INTERESTS

NAME: _____

OFFICE OR POSITION HELD OR SOUGHT: _____

Complete this Schedule for each self-owned or family-owned business (including rental property, a farm, or consulting work), partnership, or corporation in which you or a member of your immediate family, separately or together, own an interest having a value in excess of \$5,000.

If the enterprise is owned or operated under a trade, partnership, or corporate name, list that name; otherwise, merely explain the nature of the enterprise. If rental property is owned or operated under a trade, partnership, or corporate name, list the name only; otherwise give the address of each property. Account for business interests held in trust.

NAME OF BUSINESS, CORPORATION, PARTNERSHIP, FARM; ADDRESS OF RENTAL PROPERTY	CITY OR COUNTY AND STATE	NATURE OF ENTERPRISE (FARMING, LAW, RENTAL PROPERTY, ETC.)	GROSS INCOME		
			50,000 or less	50,001 to 250,000	More than 250,000
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCHEDULE G-1

PAYMENTS FOR REPRESENTATION BY YOU

NAME: _____

OFFICE OR POSITION HELD OR SOUGHT: _____

List the businesses you represented, excluding activity defined as lobbying in § 2.2-419, before any state governmental agency, excluding any court or judge, for which you received total compensation during the past six months in excess of \$1,000, excluding compensation for other services to such businesses and representation consisting solely of the filing of mandatory papers and subsequent representation regarding the mandatory papers filed by you.

Identify each business, the nature of the representation and the amount received by dollar category from each such business. You may state the type, rather than name, of the business if you are required by law not to reveal the name of the business represented by you.

Only STATE officers and employees should complete this Schedule.

NAME OF BUSINESS	TYPE OF BUSINESS	PURPOSE OF REPRESENTATION	NAME OF AGENCY	AMOUNT RECEIVED				
				\$1,001 To \$10,000	\$10,001 To \$50,000	\$50,001 To \$100,000	\$100,001 To \$250,000	\$250,001 And Over
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have received \$250,001 or more from a single business within the reporting period, indicate the amount received, rounded to the nearest \$10,000. Amount Received: _____.

SCHEDULE G-2

PAYMENTS FOR REPRESENTATION BY ASSOCIATES

NAME:

OFFICE OR POSITION HELD OR SOUGHT:

List the business(es) that have been represented, excluding activity defined as lobbying in § [2.2-419](#), before any state governmental agency, excluding any court or judge, by persons who are your partners, associates or others with whom you have a close financial association and who received total compensation in excess of \$1,000 for such representation during the past six months, excluding representation consisting solely of the filing of mandatory papers and subsequent representation regarding the mandatory papers filed by your partners, associates or others with whom you have a close financial association.

Identify such business by type and also name the state governmental agencies before which such person appeared on behalf of such businesses.

Only STATE officers and employees should complete this Schedule.

TYPE OF BUSINESS	NAME OF STATE GOVERNMENTAL AGENCY

SCHEDULE G-3

PAYMENTS FOR OTHER SERVICES GENERALLY

NAME: _____

OFFICE OR POSITION HELD OR SOUGHT: _____

Indicate below types of businesses that operate in Virginia to which services were furnished by you or persons with whom you have a close financial association pursuant to an agreement between you and such businesses, or between persons with whom you have a close financial association and such businesses and for which total compensation in excess of \$1,000 was received during the past six months. Services reported in this Schedule shall not include services involving the representation of businesses that are reported in Schedule G-1 or G-2.

Identify opposite each category of businesses listed below (i) the type of business, (ii) the type of service rendered and (iii) the value by dollar category of the compensation received for all businesses falling within each category.

BUSINESS CATEGORY	CHECK IF SERVICES WERE RENDERED	TYPE OF SERVICE RENDERED	VALUE OF COMPENSATION				
			\$1,001 TO \$10,000	\$10,001 TO \$50,000	\$50,001 TO \$100,000	\$100,001 TO \$250,000	\$250,001 AND OVER
Electric Utilities	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Utilities	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone Utilities	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Utilities	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cable Television Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstate Transportation Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intrastate Transportation Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oil or Gas Retail Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Banks	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Savings Institutions	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loan or Finance Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturing Companies (state type of product, e.g., textile, furniture, etc.)	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mining Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Casualty Insurance Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Insurance Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retail Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beer, Wine or Liquor Companies or Distributors	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trade Associations	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Associations	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Associations of Public Employees or Officials	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counties, Cities or Towns	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labor Organizations	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCHEDULE H-1

REAL ESTATE—STATE OFFICERS AND EMPLOYEES ONLY

NAME: _____

OFFICE OR POSITION HELD OR SOUGHT: _____

List real estate other than your principal residence in which you or a member of your immediate family holds an interest, including a partnership interest, option, easement, or land contract, valued at more than \$5,000. Each parcel shall be listed individually.

LIST EACH LOCATION (STATE, AND COUNTY OR CITY) WHERE YOU OWN REAL ESTATE.	DESCRIBE THE TYPE OF REAL ESTATE YOU OWN IN EACH LOCATION (BUSINESS, RECREATIONAL, APARTMENT, COMMERCIAL, OPEN LAND, ETC.).	IF THE REAL ESTATE IS OWNED OR RECORDED IN A NAME OTHER THAN YOUR OWN, LIST THAT NAME.

Statement of Economic Interests

SCHEDULE H-2

REAL ESTATE—LOCAL OFFICERS AND EMPLOYEES ONLY

NAME:

OFFICE OR POSITION HELD OR SOUGHT:

List real estate other than your principal residence in which you or a member of your immediate family holds an interest, including a partnership interest or option, easement, or land contract, valued at more than \$5,000. Each parcel shall be listed individually. Also list the names of any co-owners of such property, if applicable.

LIST EACH LOCATION (STATE, AND COUNTY OR CITY) WHERE YOU OWN REAL ESTATE	DESCRIBE THE TYPE OF REAL ESTATE YOU OWN IN EACH LOCATION (BUSINESS, RECREATIONAL, APARTMENT, COMMERCIAL, OPEN LAND, ETC.)	IF THE REAL ESTATE IS OWNED OR RECORDED IN A NAME OTHER THAN YOUR OWN, LIST THAT NAME.	LIST THE NAMES OF ANY CO-OWNERS, IF APPLICABLE

SCHEDULE I

REAL ESTATE CONTRACTS WITH GOVERNMENTAL AGENCIES

NAME:

OFFICE OR POSITION HELD OR SOUGHT:

List all contracts, whether pending or completed within the past six months, with a governmental agency for the sale or exchange of real estate in which you or a member of your immediate family holds an interest, including a corporate, partnership or trust interest, option, easement, or land contract, valued at more than \$10,000. List all contracts with a governmental agency for the lease of real estate in which you or a member of your immediate family holds such an interest valued at more than \$1,000. This requirement to disclose an interest in a lease does not apply to an interest derived through an ownership interest in a business unless the ownership interest exceeds three percent of the total equity of the business.

State officers and employees report contracts with state agencies.

Local officers and employees report contracts with local agencies.

List your real estate interest and the person or entity, including the type of entity, which is party to the contract. Describe any management role and the percentage ownership interest you or your immediate family member has in the real estate or entity.

List each governmental agency which is party to the contract and indicate the county or city where the real estate is located.

State the annual income from the contract, and the amount, if any, of income you or any immediate family member derives annually from the contract.

ATTACHMENTS

VIRGINIA CONFLICT OF INTEREST AND ETHICS ADVISORY COUNCIL



FINANCIAL DISCLOSURE STATEMENT

Pursuant to subsection B of § [2.2-3114](#), members of designated boards, commissions, councils and authorities in the executive branch of state government are required to file this Financial Disclosure Statement as a condition of appointment and, then, annually while serving as an officeholder.

Pursuant to subsection B of § [2.2-3115](#), citizen members of local boards, commissions and councils as may be designated by the local governing body shall file this form.

For State Board Members: You must file this form with the Secretary of the Commonwealth as a requirement for appointment.

For Local Board Members: If you have been recently appointed, you must file this form with the Clerk of the appropriate governing body prior to attending your first meeting.

The information required on this form must be provided on the basis of the best knowledge, information and belief of the individual filing the form as of the date of this report unless otherwise stated. As a condition for assuming an office, this form constitutes a report of financial interests at the time of filing.

The annual filing is due by December 15. Local board members should file the annual report with the Clerk of the appropriate governing body. State board members will file with the Virginia Conflict of Interests and Ethics Advisory Council at the address below:

Virginia Conflict of Interest and Ethics Advisory Council
201 N. 9th Street, 2nd Floor
Richmond, VA 23219

You must sign and date this form upon completion.

This Financial Disclosure Statement is open for public inspection.

DEFINITIONS AND EXPLANATORY MATERIAL.

“Advisory agency” means any board, commission, committee or post which does not exercise any sovereign power or duty, but is appointed by a governmental agency or officer or is created by law for the purpose of making studies or recommendations, or advising or consulting with a governmental agency.

“Business” means a corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, trust or foundation, or any other individual or entity carrying on a business or profession, whether or not for profit.

“Close financial association” means an association in which the person filing shares significant financial involvement with an individual and the filer would reasonably be expected to be aware of the individual’s business activities and would have access to the necessary records either directly or through the individual. “Close financial association” does not mean an association based on (i) the receipt of retirement benefits or deferred compensation from a business by which the person filing this statement is no longer employed, or (ii) the receipt of compensation for work performed by the person filing as an independent contractor of a business that represents an entity before any state governmental agency when the person filing has no communications with the state governmental agency.

“Contingent liability” means a liability that is not presently fixed or determined, but may become fixed or determined in the future with the occurrence of some certain event.

“Immediate family” means (i) a spouse and (ii) any other person who resides in the same household as the filer, and who is a dependent of the filer.

“Officer” means any person appointed or elected to any governmental or advisory agency including local school boards, whether or not he receives compensation or other emolument of office. Unless the context requires otherwise, “officer” includes members of the judiciary.

“Personal interest” means, for the purposes of this form only, a personal and financial benefit or liability accruing to a filer or a member of his immediate family. Such interest shall exist by reason of (i) ownership in real or personal property, tangible or intangible; (ii) ownership in a business; (iii) income from a business; or (iv) personal liability on behalf of a business; however, unless the ownership interest in a business exceeds three percent of the total equity of the business, or the liability on behalf of a business exceeds three percent of the total assets of the business, or the annual income, and/or property or use of such property, from the business exceeds \$10,000 or may reasonably be anticipated to exceed \$10,000, such interest shall not constitute a “personal interest.”

VIRGINIA CONFLICT OF INTEREST AND ETHICS ADVISORY COUNCIL
Financial Disclosure Statement

Name:	
Office or position held or to be held:	
Address:	
Telephone:	
E-mail address:	

I. FINANCIAL INTERESTS

My personal interests and those of my immediate family are as follows: Include all forms of personal interests held at the time of filing: real estate, stocks, bonds, equity interests in proprietorships and partnerships.

You may exclude:

1. Deposits and interest bearing accounts in banks, savings institutions and other institutions accepting such deposits or accounts;
2. Interests in any business, other than a news medium, representing less than three percent of the total equity value of the business;
3. Liability on behalf of any business representing less than three percent of the total assets of such business; and
4. Income (other than from salary) less than \$10,000 annually from any business.

You need not state the value of any interest. You must state the name or principal business activity of each business in which you have a personal interest.

A. My personal interests are:

1. Residence, address, or, if no address, location.

2. Other real estate, address, or, if no address, location.

3. Name or principal business activity of each business in which stock, bond or equity interests is held.

B. The personal interests of my immediate family are:

1. Real estate, address, or, if no address, location.

2. Name or principal business activity of each business in which stock, bond or equity interests is held.

II. OFFICES, DIRECTORSHIPS AND SALARIED EMPLOYMENTS

The paid offices, paid directorships and salaried employments which I hold or which members of my immediate family hold and the businesses from which I or members of my immediate family receive retirement benefits are as follows: (You need not state any dollar amounts.)

A. My paid offices, paid directorships and salaried employments are:

Position Held	Name of Business

B. The paid offices, paid directorships and salaried employments of members my immediate family are:

Position Held	Name of Business

III. BUSINESSES TO WHICH SERVICES WERE FURNISHED

A. The businesses I have represented, excluding activity defined as lobbying in § [2.2-419](#), before any state governmental agency, excluding any court or judge, for which I have received total compensation in excess of \$1,000 during the preceding year, excluding compensation for other services to such businesses and representation consisting solely of the filing of mandatory papers, are as follows:

Identify businesses by name and name the state governmental agencies before which you appeared on behalf of such businesses.

Name of Business	Name of State Governmental Agency

B. The businesses that, to my knowledge, have been represented, excluding activity defined as lobbying in § [2.2-419](#), before any state governmental agency, excluding any court or judge, by persons with whom I have a close financial association and who received total compensation in excess of \$1,000 during the preceding year, excluding compensation for other services to such businesses and representation consisting solely of the filing of mandatory papers, are as follows:

Identify businesses by type and name the state governmental agencies before which such person appeared on behalf of such businesses.

Type of Business	Name of State Governmental Agency

C. All other businesses listed below that operate in Virginia to which services were furnished pursuant to an agreement between you and such businesses and for which total compensation in excess of \$1000 was received during the preceding year:

Check each category of business to which services were furnished.	
	Electric utilities
	Gas utilities
	Telephone utilities
	Water utilities
	Cable television companies
	Interstate transportation companies
	Intrastate transportation companies
	Oil or gas retail companies

Check each category of business to which services were furnished.	
	Banks
	Savings institutions
	Loan or finance companies
	Manufacturing companies (state type of product, e.g., textile, furniture, etc.)
	Mining companies
	Life insurance companies
	Casualty insurance companies
	Other insurance companies
	Retail companies
	Beer, wine or liquor companies or distributors
	Trade associations
	Professional associations
	Association of public employees or officials
	Counties, cities or towns
	Labor organizations

IV. COMPENSATION FOR EXPENSES

The persons, associations, or other sources other than my governmental agency from which I or a member of my immediate family received remuneration in excess of \$100 during the preceding year, in cash or otherwise, as honorariums or payment of expenses in connection with my attendance at any meeting or other function to which I was invited in my official capacity are as follows:

Name of Source	Description of Occasion	Amount of Remuneration for Each Occasion

B. The provisions of Part III A and B of the disclosure form prescribed by this section shall not be applicable to officers and employees of local governmental and local advisory agencies.

C. Except for real estate located within the county, city or town in which the officer or employee serves or a county, city or town contiguous to the county, city or town in which the officer or employee serves, officers and employees of local governmental or advisory agencies shall not be required to disclose under Part I of the form any other interests in real estate.

I swear or affirm that the foregoing information is full, true and correct to the best of my knowledge.

Signature

Date

STATEMENT OF ECONOMIC INTERESTS
for the General Assembly of Virginia



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Instructions

Members of the General Assembly and candidates for such office are **REQUIRED** to complete and file the Statement of Economic Interests.

Schedules A through I are to be completed **ONLY** if you answer “Yes” to any of items 1 through 11 on the Statement of Economic Interests. The schedules in this book are removable. Complete and return only those schedules that are applicable to you.

Filing deadlines for members of the General Assembly are December 15 for the preceding six-month period complete through the last day of October and June 15 for the preceding six-month period complete through the last day of April . Candidates for the General Assembly must comply with §§ 24.2-500 through 24.2-503 and 30-110 of the Code of Virginia.

DEFINITIONS AND EXPLANATORY MATERIAL

"IMMEDIATE FAMILY" means (i) a spouse and (ii) any other person who resides in the same household as the legislator and who is a dependent of the legislator.

"BUSINESS" means a corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, trust or foundation, or any other individual or entity carrying on a business or profession, whether or not for profit.

"CLOSE FINANCIAL ASSOCIATION" means an association in which the filer shares significant financial involvement with an individual and the filer would reasonably be expected to be aware of the individual's business activities and would have access to the necessary records either directly or through the individual. "Close financial association" does not mean an association based on (i) the receipt of retirement benefits or deferred compensation from a business by which the legislator is no longer employed, or (ii) the receipt of compensation for work performed by the legislator as an independent contractor of a business that represents an entity before any state governmental agency when the legislator has had no communications with the state governmental agency.

"CONTINGENT LIABILITY" means a liability that is not presently fixed or determined, but may become fixed or determined in the future with the occurrence of some certain event.

"GIFT" means any gratuity, favor, discount, entertainment, hospitality, loan, forbearance, or other item having monetary value. It includes services as well as gifts of transportation, lodgings and meals, whether provided in-kind, by purchase of a ticket, payment in advance or reimbursement after the expense has been incurred.

"Gift" does not include (i) any offer of a ticket, coupon, or other admission or pass unless the ticket, coupon, admission, or pass is used; (ii) honorary degrees; (iii) any athletic, merit, or need-based scholarship or any other financial aid awarded by a public or private school, institution of higher education, or other educational program pursuant to such school, institution, or program's financial aid standards and procedures applicable to the general public; (iv) a campaign contribution properly received and reported pursuant to Chapter 9.3 (§ 24.2-945 et seq.) of Title 24.2; (v) any gift related to the private profession or occupation of a legislator or of a member of his immediate family; (vi) food or beverages consumed while attending an event at which the filer is performing official duties related to his public service; (vii) food and beverages received at or registration or attendance fees waived for any event at which the filer is a featured speaker, presenter, or lecturer; (viii) unsolicited awards of appreciation or recognition in the form of a plaque, trophy, wall memento, or similar item that is given in recognition of public, civic, charitable, or professional service; (ix) a devise or inheritance; (x) travel disclosed pursuant to the Campaign Finance Disclosure Act (§ 24.2-945 et seq.); (xi) travel paid for or provided by the government of the United States, any of its territories, or any state or any political subdivision of such state; (xii) travel provided to facilitate attendance by a legislator at a regular or special session of the General Assembly, a meeting of a legislative committee or commission, or a national conference where attendance is approved by the House or Senate Committee on Rules; (xiii) travel related to an official meeting of the Commonwealth, its political subdivisions, or any board, commission, authority, or other entity, or any charitable organization established pursuant to § 501(c)(3) of the Internal Revenue Code affiliated with such entity, to which such person has been appointed or elected or is a member by virtue of his office or employment; or (xiv) gifts from relatives or personal friends.

"RELATIVE" means the donee's spouse, child, uncle, aunt, niece, nephew, or first cousin; a person to whom the donee is engaged to be married; the donee's or his spouse's parent, grandparent,

grandchild, brother, sister, step-parent, step-grandparent, step-grandchild, step-brother, or step-sister; or the donee's brother's or sister's spouse.

"PERSONAL FRIEND" does not include any person that the filer knows or has reason to know is (a) a lobbyist registered pursuant to Article 3 (§ 2.2-418 et seq.) of Chapter 4 of Title 2.2; or (b) a lobbyist's principal as defined in § 2.2-419.

"LOBBYIST RELATIONSHIP" means (i) an engagement, agreement, or representation that relates to legal services, consulting services, or public relations services, whether gratuitous or for compensation, between a member or member-elect and any person who is, or has been within the prior calendar year, registered as a lobbyist with the Secretary of the Commonwealth or (ii) a greater than three percent ownership interest by a member or member-elect in a business that employs, or engages as an independent contractor, any person who is, or has been within the prior calendar year, registered as a lobbyist with the Secretary of the Commonwealth. The disclosure of a lobbyist relationship shall not (a) constitute a waiver of any attorney-client or other privilege, (b) require a waiver of any attorney-client or other privilege for a third party, or (c) be required where a member or member-elect is employed or engaged by a person and such person also employs or engages a person in a lobbyist relationship so long as the member or member-elect has no financial interest in the lobbyist relationship.

TRUST. If you or your immediate family, separately or together, are the only beneficiaries of a trust, treat the trust's assets as if you own them directly. If you or your immediate family have a proportional interest in a trust, treat that proportion of the trust's assets as if you own them directly. For example, if you and your immediate family have a one-third interest in a trust, complete your Statement as if you own one-third of each of the trust's assets. If you or a member of your immediate family created a trust and can revoke it without the beneficiaries' consent, treat its assets as if you own them directly.

REPORT TO THE BEST OF INFORMATION AND BELIEF. Information required on this Statement must be provided on the basis of the best knowledge, information, and belief of the individual filing the Statement as of the date of this report unless otherwise stated.

GENERAL ASSEMBLY CANDIDATES SHOULD RETURN COMPLETED FORMS TO:

Virginia Conflict of Interest and Ethics Advisory Council
General Assembly Building
201 North 9th Street, 2nd Floor
Richmond, Virginia 23219

325062807

<h1 style="margin:0;">STATEMENT OF ECONOMIC INTERESTS</h1> <p style="margin:0;">for the General Assembly</p>	<p style="margin:0;">CHECK SCHEDULES ATTACHED:</p> <p style="margin:0;"><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D-1 <input type="checkbox"/> D-2</p> <p style="margin:0;"><input type="checkbox"/> E <input type="checkbox"/> F-1 <input type="checkbox"/> F-2 <input type="checkbox"/> G-1 <input type="checkbox"/> G-2</p> <p style="margin:0;"><input type="checkbox"/> G-3 <input type="checkbox"/> H <input type="checkbox"/> I</p>	<p style="margin:0; text-align: center;">For Office Use Only</p>	
NAME			
OFFICE OR POSITION HELD OR SOUGHT	<input type="checkbox"/> HOUSE OF DELEGATES <input type="checkbox"/> SENATE	DISTRICT NO.	CANDIDATE FOR ELECTION TO THIS OFFICE <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS	STREET	TELEPHONE	
	CITY STATE ZIP	OFFICE	HOME
E-MAIL ADDRESS:			
NAMES OF MEMBERS OF IMMEDIATE FAMILY:			

COMPLETE ITEMS 1 THROUGH 11. REFER TO SCHEDULES ONLY IF DIRECTED. You may attach additional explanatory information.

1. OFFICES AND DIRECTORSHIPS

Are you or a member of your immediate family a paid officer or paid director of a business? YES NO

If yes is checked, complete **Schedule A.**

2. PERSONAL LIABILITIES

Do you or a member of your immediate family owe more than \$5,000 to any one creditor including contingent liabilities? (Exclude debts to any government and loans secured by recorded liens on property at least equal in value to the loan.) YES NO

If yes is checked, complete **Schedule B.**

3. SECURITIES

Do you or a member of your immediate family, directly or indirectly, separately or together, own securities valued in excess of \$5,000 invested in one business? Account for mutual funds, limited partnerships, and trusts. YES NO

If yes is checked, complete **Schedule C.**

4. PAYMENTS FOR TALKS, MEETINGS, AND PUBLICATIONS

During the past six months did you receive in your capacity as a legislator lodging, transportation, money, or anything else of value with a combined value exceeding \$100 (i) for a single talk, meeting, or published work or (ii) for a meeting, conference, or event where your attendance at the meeting, conference, or event was designed to (a) educate you on issues relevant to your duties as a legislator, including issues faced by your constituents, or (b) enhance your knowledge and skills relative to your duties as a legislator? Do not include payments and reimbursements from the Commonwealth for meetings attended in your capacity as a legislator; see Question 11 and Schedule D-2 to report such meetings. YES NO

If yes is checked, complete **Schedule D-1.**

5. GIFTS

During the past six months did a business, government, or individual other than a relative or personal friend (i) furnish you or a member of your immediate family with any gift or entertainment at a single event, and the value received exceeded \$50 or (ii) furnish you or a member of your immediate family with gifts or entertainment in any combination and the total value received exceeded \$50 and for which you or the member of your immediate family neither paid nor rendered services in exchange? Account for entertainment events only if the average value per person attending the event exceeded \$50. Account for all business entertainment (except if related to the private profession or occupation of you or the member of your immediate family who received such business entertainment) even if unrelated to your official duties. YES NO

If yes is checked, complete **Schedule E.**

6. SALARY AND WAGES

List each employer that pays you or a member of your immediate family salary or wages in excess of \$5,000 annually. (Exclude any salary received as a member of the General Assembly pursuant to § 30-19.11.)

If no reportable salary or wages, check here.

7. BUSINESS INTERESTS AND LOBBYIST RELATIONSHIPS

7A. Do you or a member of your immediate family, separately or together, operate your own business, or own or control an interest in excess of \$5,000 in a business?

YES NO

If yes is checked, complete **Schedule F-1**.

7B. Do you have a lobbyist relationship as that term is defined above?

YES NO

If yes is checked, complete **Schedule F-2**.

YES NO

8. PAYMENTS FOR REPRESENTATION AND OTHER SERVICES

8A. Did you represent any businesses before any state governmental agencies, excluding courts or judges, for which you received total compensation during the past six months in excess of \$1,000, excluding compensation for other services to such businesses and representation consisting solely of the filing of mandatory papers and subsequent representation regarding the mandatory papers?

YES NO

If yes is checked, complete **Schedule G-1**.

8B. Subject to the same exceptions as in 8A, did persons with whom you have a close financial association (partners, associates or others) represent any businesses before any state governmental agency for which total compensation was received during the past six months in excess of \$1,000?

YES NO

If yes is checked, complete **Schedule G-2**.

8C. Did you or persons with whom you have a close financial association furnish services to businesses operating in Virginia, pursuant to an agreement between you and such businesses, or between persons with whom you have a close financial association and such businesses for which total compensation in excess of \$1,000 was received during the past six months? Services reported under this provision shall not include services involving the representation of businesses that are reported under question 8A or 8B above.

YES NO

If yes is checked, complete **Schedule G-3**.

9. REAL ESTATE

Do you or a member of your immediate family hold an interest, including a partnership interest, valued at more than \$5,000 in real property (other than your principal residence) for which you have not already listed the full address on Schedule F? Account for real estate held in trust.

YES NO

If yes is checked, complete **Schedule H**.

10. REAL ESTATE CONTRACTS WITH STATE GOVERNMENTAL AGENCIES

Do you or a member of your immediate family hold an interest valued at more than \$5,000 in real estate, including a corporate, partnership, or trust interest, option, easement, or land contract, which real estate is the subject of a contract, whether pending or completed within the past six months, with a state governmental agency? If the real estate contract provides for the leasing of the property to a state governmental agency, do you or a member of your immediate family hold an interest in the real estate, including a corporate, partnership, or trust interest, option, easement, or land contract valued at more than \$1,000? Account for all such contracts whether or not your interest is reported in Schedule F or H. This requirement to disclose an interest in a lease does not apply to an interest derived through an ownership interest in a business unless the ownership interest exceeds three percent of the total equity of the business.

YES NO

If yes is checked, complete **Schedule I**.

11. PAYMENTS BY THE COMMONWEALTH FOR MEETINGS

During the past six months did you receive lodging, transportation, money, or anything else of value with a combined value exceeding \$100 from the Commonwealth for a single meeting attended out-of-state in your capacity as a legislator? Do not include reimbursements from the Commonwealth for meetings attended in the Commonwealth.

YES NO

If yes is checked, complete **Schedule D-2**.

For Statements filed in June 2016 and each two years thereafter, complete the following statement indicating whether you completed the ethics orientation session provided pursuant to law:

YES NO

I certify that I completed ethics training as required by § 30-129.1.

YES NO

This Statement of Economic Interest is open for public inspection.

AFFIRMATION

In accordance with the rules of the house in which I [shall] serve, if I receive a request that this disclosure statement be corrected, augmented, or revised in any respect, I hereby pledge that I shall respond promptly to the request. I understand that if a determination is made that the statement is insufficient, I will satisfy such request or be subjected to disciplinary action of my house.

I swear or affirm that the foregoing information is full, true and correct to the best of my knowledge.

Signature of Member/Member-elect/Candidate

Date

Any legislator who knowingly and intentionally makes a false statement of a material fact on the Statement of Economic Interests is guilty of a Class 5 felony and shall be subject to disciplinary action for such violations by the house in which the legislator sits.

VIRGINIA CONFLICT OF INTEREST AND ETHICS ADVISORY COUNCIL

Statement of Economic Interests

SCHEDULE A OFFICES AND DIRECTORSHIPS

NAME:

Identify each business of which you or a member of your immediate family is a paid officer or paid director.

NAME OF BUSINESS	ADDRESS OF BUSINESS	POSITION HELD AND BY WHOM

(Return only if needed to complete Statement.)

RETURN TO ITEM 2

8

Statement of Economic Interests

**SCHEDULE B
PERSONAL LIABILITIES**

NAME: _____

Report personal liability by checking each category. Report only debts in excess of \$5,000. Do not report debts to any government. Do not report loans secured by recorded liens on property at least equal in value to the loan.

Report contingent liabilities below and indicate which debts are contingent.

1. My personal debts are as follows:

CHECK APPROPRIATE CATEGORIES	CHECK ONE	
	\$5,001 to \$50,000	MORE THAN \$50,000
Banks	<input type="checkbox"/>	<input type="checkbox"/>
Savings institutions	<input type="checkbox"/>	<input type="checkbox"/>
Other loan or finance companies	<input type="checkbox"/>	<input type="checkbox"/>
Insurance companies	<input type="checkbox"/>	<input type="checkbox"/>
Stock, commodity or other brokerage companies	<input type="checkbox"/>	<input type="checkbox"/>
Other businesses: (State principal business activity for each creditor and its name.)		
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
Individual creditors: (State principal business or occupation of each creditor and its name.)		
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

2. The personal debts of the members of my immediate family are as follows:

CHECK APPROPRIATE CATEGORIES	CHECK ONE	
	\$5,001 to \$50,000	MORE THAN \$50,000
Banks	<input type="checkbox"/>	<input type="checkbox"/>
Savings institutions	<input type="checkbox"/>	<input type="checkbox"/>
Other loan or finance companies	<input type="checkbox"/>	<input type="checkbox"/>
Insurance companies	<input type="checkbox"/>	<input type="checkbox"/>
Stock, commodity or other brokerage companies	<input type="checkbox"/>	<input type="checkbox"/>

(Continued on next page)

SCHEDULE B
PERSONAL LIABILITIES (continued)

CHECK APPROPRIATE CATEGORIES	CHECK ONE	
	\$10,001 to \$50,000	MORE THAN \$50,000
Other businesses: (State principal business activity for each creditor and its name.)		
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
Individual creditors: (State principal business or occupation of each creditor and its name.)		
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
(Return only if needed to complete Statement.)	RETURN TO ITEM 3	

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Statement of Economic Interests

**SCHEDULE C
SECURITIES**

NAME:

"SECURITIES" INCLUDES stocks, bonds, mutual funds, limited partnerships, and commodity futures contracts.

"SECURITIES" EXCLUDES certificates of deposit, money market funds, annuity contracts, and insurance policies.

Identify each business or Virginia governmental entity in which you or a member of your immediate family, directly or indirectly, separately or together, own securities valued in excess of \$5,000. Name each issuer and type of security individually.

Do not list organizations that do not do business in this Commonwealth, but most major businesses conduct business in Virginia. Account for securities held in trust.

Do not list U.S. Bonds or other government securities not issued by the Commonwealth of Virginia or its authorities, agencies, or local governments.

If no reportable securities, check here.

NAME OF ISSUER	TYPE OF SECURITY (STOCKS, BONDS, MUTUAL FUNDS, ETC.)	CHECK ONE		
		\$5,001 to \$50,000	\$50,001 to \$250,000	MORE THAN \$250,000
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Return only if needed to complete Statement.)

RETURN TO ITEM 4

Statement of Economic Interests

**SCHEDULE D-1
PAYMENTS FOR TALKS, MEETINGS, AND PUBLICATIONS**

NAME:

List each source from which you received during the past six months in your capacity as a legislator lodging, transportation, money, or any other thing of value with a combined value exceeding \$100 (i) for your presentation of a single talk, participation in one meeting, or publication of a work or (ii) for your attendance at a meeting, conference, or event where your attendance at the meeting, conference, or event was designed to (a) educate you on issues relevant to your duties as a legislator, including issues faced by your constituents, or (b) enhance your knowledge and skills relative to your duties as a legislator. Any lodging, transportation, money, or other thing of value received by a legislator that does not satisfy the criteria of clause (i), (ii)(a), or (ii)(b) shall be listed as a gift on Schedule E.

Do not list information about a payment:

- if you returned it within 60 days or
- if you received it from an employer already listed under Item 6 or from a source of income listed on Schedule F.

If no payment must be listed, check here.

Do not list payments or reimbursements by the Commonwealth. (See Schedule D-2 for such payments or reimbursements.)

List a payment even if you donated it to charity.

PAYER	APPROXIMATE VALUE	CIRCUMSTANCES	DATE OF EVENT	TYPE OF PAYMENT (e.g., HONORARIA, TRAVEL REIMBURSEMENT, ETC.)

(Return only if needed to complete Statement.)

RETURN TO ITEM 5

**SCHEDULE D-2
PAYMENTS BY THE COMMONWEALTH FOR MEETINGS**

NAME: _____

List each meeting for which the Commonwealth provided payments or reimbursements during the past six months to you for lodging, transportation, money, or any other thing of value with a combined value exceeding \$100 for your participation in your capacity as a legislator. Do not list payments or reimbursements by the Commonwealth for meetings or travel within the Commonwealth.

If no payment must be listed, check here.

PAYER	APPROXIMATE VALUE	CIRCUMSTANCES	TYPE OF PAYMENT (e.g., HONORARIA, TRAVEL REIMBURSEMENT, ETC.)

(Return only if needed to complete Statement.)

**SCHEDULE F-1
BUSINESS INTERESTS**

NAME:

Complete this Schedule for each self-owned or family-owned business (including rental property, a farm, or consulting work), partnership, or corporation in which you or a member of your immediate family, separately or together, own an interest having a value in excess of \$5,000.

If the enterprise is owned or operated under a trade, partnership, or corporate name, list that name; otherwise, merely explain the nature of the enterprise. If rental property is owned or operated under a trade, partnership, or corporate name, list the name only; otherwise, give the address of each property. Account for business interests held in trust.

NAME OF BUSINESS, CORPORATION, PARTNERSHIP, FARM; ADDRESS OF RENTAL PROPERTY	CITY OR COUNTY AND STATE	NATURE OF ENTERPRISE (FARMING, LAW, RENTAL PROPERTY, ETC.)	GROSS INCOME		
			\$50,000 OR LESS	\$50,001 To \$250,000	MORE THAN \$250,000
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Return only if needed to complete Statement.)

RETURN TO ITEM 8

**SCHEDULE G-1
PAYMENTS FOR REPRESENTATION BY YOU**

NAME: _____

List the businesses you represented before any state governmental agency, excluding any court or judge, for which you received total compensation during the past six months in excess of \$1,000, excluding compensation for other services to such businesses and representation consisting solely of the filing of mandatory papers and subsequent representation regarding the mandatory papers filed by you.

Identify each business, the nature of the representation and the amount received by dollar category from each such business. You may state the type, rather than name, of the business if you are required by law not to reveal the name of the business represented by you.

NAME OF BUSINESS	TYPE OF BUSINESS	PURPOSE OF REPRESENTATION	NAME OF AGENCY	AMOUNT RECEIVED				
				\$1,001 to \$10,000	\$10,001 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$250,000	\$250,001 and over
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have received \$250,001 or more from a single business within the reporting period, indicate the amount received, rounded to the nearest \$10,000.

Amount Received: _____

(Return only if needed to complete Statement.)

Statement of Economic Interests

**SCHEDULE G-3
PAYMENTS FOR OTHER SERVICES GENERALLY**

NAME:

Indicate below types of businesses that operate in Virginia to which services were furnished by you or persons with whom you have a close financial association pursuant to an agreement between you and such businesses, or between persons with whom you have a close financial association and such businesses and for which total compensation in excess of \$1,000 was received during the past six months. Services reported in this Schedule shall not include services involving the representation of businesses that are reported in Schedule G-1 or G-2 above.

Identify opposite each category of businesses listed below (i) the type of business, (ii) the type of service rendered and (iii) the value by dollar category of the compensation received for all businesses falling within each category.

BUSINESS CATEGORY	CHECK IF SERVICES WERE RENDERED	TYPE OF SERVICE RENDERED	VALUE OF COMPENSATION				
			\$1,001 to \$10,000	\$10,001 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$250,000	\$250,001 and over
Electric utilities	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas utilities	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone utilities	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water utilities	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cable television companies	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstate transportation companies	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intrastate transportation companies	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oil or gas retail companies	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Banks	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Savings institutions	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loan or finance companies	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturing companies (state type of product, e.g., textile, furniture, etc.)	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mining companies	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life insurance companies	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Continued on next page)

SCHEDULE G-3

PAYMENTS FOR OTHER SERVICES GENERALLY (continued)

BUSINESS CATEGORY	CHECK IF SERVICES WERE RENDERED	TYPE OF SERVICE RENDERED	VALUE OF COMPENSATION				
			\$1,001 to \$10,000	\$10,001 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$250,000	\$250,001 and over
Casualty insurance companies	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other insurance companies	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retail companies	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beer, wine or liquor companies or distributors	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trade associations	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional associations	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Associations of public employees or officials	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counties, cities or towns	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labor organizations	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Return only if needed to complete Statement.)

RETURN TO ITEM 9

Statement of Economic Interests

**SCHEDULE I
REAL ESTATE CONTRACTS WITH STATE GOVERNMENTAL AGENCIES**

NAME:

List all contracts, whether pending or completed within the past six months, with a state governmental agency for the sale or exchange of real estate in which you or a member of your immediate family holds an interest, including a corporate, partnership or trust interest, option, easement, or land contract, valued at more than \$10,000. List all contracts with a state

governmental agency for the lease of real estate in which you or a member of your immediate family holds such an interest valued at more than \$1,000. This requirement to disclose an interest in a lease does not apply to an interest derived through an ownership interest in a business unless the ownership interest exceeds three percent of the total equity of the business.

LIST YOUR REAL ESTATE INTEREST AND THE PERSON OR ENTITY, INCLUDING THE TYPE OF ENTITY, WHICH IS PARTY TO THE CONTRACT. DESCRIBE ANY MANAGEMENT ROLE AND THE PERCENTAGE OWNERSHIP INTEREST YOU OR YOUR IMMEDIATE FAMILY MEMBER HAS IN THE REAL ESTATE OR ENTITY	LIST EACH STATE GOVERNMENTAL AGENCY WHICH IS A PARTY TO THE CONTRACT AND INDICATE THE COUNTY OR CITY WHERE THE REAL ESTATE IS LOCATED	STATE THE ANNUAL INCOME FROM THE CONTRACT, AND THE AMOUNT, IF ANY, OF INCOME YOU OR ANY IMMEDIATE FAMILY MEMBER DERIVES ANNUALLY FROM THE CONTRACT

(Return only if needed to complete Statement.)

VIRGINIA CONFLICT OF INTEREST AND ETHICS ADVISORY COUNCIL

Lobbyist's Disclosure Statement
(Rev. 04/26/2016)

Filing Period:

- May 1 - October 31
- November 1 - April 30

PART I:

1. **PRINCIPAL:** _____

In Part I, item 2a, provide name of the individual authorizing your employment as a lobbyist. The lobbyist filing this statement MAY NOT list his name in item 2a.

2a. **Name:** _____

2b. **Permanent Business Address:** _____

2c. **Business Telephone:** _____

2d. **E-Mail Address:** _____

3. Provide a list of executive and legislative actions (with as much specificity as possible) for which you lobbied and a description of activities conducted.

4. **INCORPORATED FILINGS:** If you are filing an incorporated disclosure statement, please complete the following:

Individual filing financial information: _____

Individuals to be included in the filing: _____

*If you are not the individual filing the financial information you may proceed to Part II and you are not required to complete schedules A, B, or C.

5. Please indicate which schedules will be attached to your disclosure statement:

- Schedule A:** *Entertainment Expenses*
- Schedule B:** *Gifts*
- Schedule C:** *Other Expenses*

6. EXPENDITURE TOTALS:

a. Entertainment	\$
b. Gifts	\$
c. Communications	\$
d. Personal living and travel expenses	\$
e. Compensation of lobbyists	\$
f. Honoraria	\$
g. Other	\$
TOTAL	\$

PART II:

- 1a. NAME OF LOBBYIST: _____
- 1b. **Permanent Business Address:** _____
- 1c. **Business Telephone:** _____
- 1d. **E-mail Address:** _____

2. As a lobbyist, you are: (check one)

- EMPLOYED** (on the payroll of the principal)
- RETAINED** (not on the payroll of the principal, however compensated)
- NOT COMPENSATED** (not compensated, expenses may be reimbursed)

3. List all lobbyists other than yourself who registered to represent your principal.

4. If you selected "EMPLOYED" as your answer to Part II, item 2, provide your job title

PLEASE NOTE: Some lobbyists are not individually compensated for lobbying activities. This may occur when several members of a firm represent a single principal. The principal, in turn, makes a single payment to the firm. If this describes your situation, do not answer Part II, items 5a and 5b. Instead, complete Part III, items 1 and 2.

5a. What was the DOLLAR AMOUNT OF YOUR COMPENSATION as a lobbyist? (If you have job responsibilities other than those involving lobbying, you may have to prorate to determine the part of your salary attributable to your lobbying activities.) **Transfer your answer to this item to Part I, item 6e.**

5b. Explain how you arrived at your answer to Part II, item 5a.

PART III:

PLEASE NOTE: If you answered Part II, items 5a and 5b, you WILL NOT complete this section.

1. List all members of your firm, organization, association, corporation, or other entity who furnished lobbying services to your principal.

2. Indicate the total amount paid to your firm, organization, association, corporation, or other entity for services rendered. **Transfer your answer to this item to Part I, item 6e.**

SCHEDULE A
ENTERTAINMENT EXPENSES

PLEASE NOTE: Any single entertainment event included in the expense totals of the principal, with a value greater than \$50, should be itemized below. **Transfer any totals from this schedule to Part I, item 6a.** (Please duplicate as needed.)

Date and Location of Event:		
Description of Event: <small>(including whether or not it meets the criteria of a widely attended event)</small>		
	<input type="checkbox"/> Is a widely attended event.	<input type="checkbox"/> NOT a widely attended event.
Total Number of Persons Attending:		
Names of Legislative and Executive Officials or Members of Their Immediate Families Attending: (List names only if the average value for each person attending the event was greater than \$50)		
Name(s):		
Food	\$	
Beverages	\$	
Transportation of legislative and executive officials or members of their immediate families	\$	
Lodging of legislative and executive officials or members of their immediate families	\$	
Performers, speakers, etc.	\$	
Displays	\$	
Rentals	\$	
Service personnel	\$	
Miscellaneous	\$	
TOTAL:	\$	

SCHEDULE B

GIFTS

PLEASE NOTE: Any single gift reported in the expense totals of the principal, with a value greater than \$50 should be itemized below. (Report meals, entertainment, and travel under Schedule A.)
Transfer any totals from this schedule to Part I, item 6b. (Please duplicate as needed.)

Date of gift:	
Description of gift:	
Name of each legislative or executive official or member of his immediate family who is a recipient of a gift.	
Cost of individual gift:	\$

Date of gift:	
Description of gift:	
Name of each legislative or executive official or member of his immediate family who is a recipient of a gift.	
Cost of individual gift:	\$

Date of gift:	
Description of gift:	
Name of each legislative or executive official or member of his immediate family who is a recipient of a gift.	
Cost of individual gift:	\$

TOTAL COST TO PRINCIPAL:	\$
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**SCHEDULE C
OTHER EXPENSES**

PLEASE NOTE: This section is provided for any lobbying-related expenses not covered by Part I, items 6a – 6f. An example of an expenditure to be listed on Schedule C would be the rental of a bill box during the General Assembly session. **Transfer the total from this schedule to Part I, item 6g.** (Please duplicate as needed.)

Date of Expense	Description of Expense	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
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		\$
		\$
		\$
		\$

	TOTAL "OTHER" EXPENSES: \$
--	-----------------------------------

PART IV: STATEMENTS

The following items are mandatory and if they are not properly completed, the entire filing will be rejected and returned to the lobbyist:

- (1) All signatures on the statement must be ORIGINAL in the format specified in the instructions provided by the Council that accompany this form. No stamps, or other reproductions of the individual's signature will be accepted. Faxed or emailed copies will be accepted.
- (2) An individual MAY NOT sign the disclosure statement as lobbyist and principal officer.

STATEMENT OF LOBBYIST

I, the undersigned registered lobbyist, do state that the information furnished on this disclosure statement and on all accompanying attachments required to be made thereto is, to the best of my knowledge and belief, complete and accurate.

SIGNATURE OF LOBBYIST **DATE**

STATEMENT OF PRINCIPAL*

I, the undersigned principal (or an authorized official thereof), do state that the information furnished on this disclosure statement and on all accompanying attachments required to be made thereto is, to the best of my knowledge and belief, complete and accurate.

SIGNATURE OF PRINCIPAL **DATE**

*Not required if principal waived their signature requirement on the registration form.



**VIRGINIA CONFLICT OF INTEREST AND ETHICS ADVISORY COUNCIL
DISCLOSURE OF REAL ESTATE HOLDINGS**

(Revised 9/2015)

Name: _____

Address: _____

Please check one: Officeholder Employee

**Title of Office or
Position Held:** _____

Real Estate Holdings

Location or Address	Description

Dealings in Real Estate

Name of Corporation/Partnership Business Association	Address

I do solemnly swear that the foregoing statement(s) and attachment(s), if any, are complete, correct and true.

Signature

Date