

# VIRGINIA CONFLICT OF INTEREST AND ETHICS ADVISORY COUNCIL



## FINANCIAL DISCLOSURE STATEMENT

Pursuant to subsection B of § 2.2-3114, members of all policy and supervisory boards, commissions, and councils in the executive branch and members of any designated board, commission, or council in the executive branch are required to file this form as a condition to assuming office, and then annually while serving as an officer.

Pursuant to subsections A and B of § 2.2-3115, members of local governing bodies of entities established in any county or city, or part or combination thereof, that have the power to issue bonds or expend funds in excess of \$10,000 in any fiscal year and are not designated to file a Statement of Economic Interests by the governing body of the jurisdiction that appoints them, and nonsalaried citizen members of local boards, commissions, and councils as may be designated by the local governing body, shall file this form as a condition to assuming office, and then annually while serving as an officer.

The filing deadline is January 15 for the prior calendar year. Statements may not be dated or submitted prior to January 1.

**For State Filers:** You must file this form with the Virginia Conflict of Interest and Ethics Advisory Council.

**For Local Filers:** You must file this form with the clerk of the appropriate local governing body.

You are not required to list the names of minor children on this form. Instead, you may indicate minor children by listing them as "Minor Child A, Minor Child B, etc."

You may provide any additional comments you wish to include with this statement at the end of the form. Please note that any such comments are a part of your filing and will be available to the public. You may not add attachments as a substitute for properly filling out any part of this form.

**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.

As a condition for assuming an office, this form constitutes a report of financial interests at the time of filing.

**You must sign and date this form upon completion.**

**This Financial Disclosure Statement is open for public inspection, as required by § 2.2-3115.**

## **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.

**“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.

**“TRUST”** If you or a member of your immediate family, separately or together, are the only beneficiaries of a trust, treat the trust's assets as if you own them directly. For purposes of this definition, "beneficiary" means a person with a vested present or future beneficial interest in a trust but does not include a person with a contingent beneficial interest in a trust.

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.

HOWEVER, if you or a member of your immediate family is the beneficiary of a trust that can be revoked without the beneficiaries' consent, do not treat the trust's assets as if you own them.

**VIRGINIA CONFLICT OF INTEREST AND ETHICS ADVISORY COUNCIL  
FINANCIAL DISCLOSURE STATEMENT**

<b>FOR OFFICE USE ONLY</b>
Date Received: _____
Received By: _____

<b>NAME:</b>	
<b>OFFICE OR POSITION HELD OR TO BE HELD:</b>	
<b>ADDRESS:</b>	
<b>TELEPHONE:</b>	
<b>EMAIL ADDRESS:</b>	
<b>FIRST AND LAST NAMES OF IMMEDIATE FAMILY:</b>	

**I. OFFICES, DIRECTORSHIPS, AND EMPLOYMENT**

Disclose each business of which you or a member of your immediate family is an officer or director and receives remuneration, benefits, or compensation for such service as an officer or director.

Disclose each employer paying you or a member of your immediate family salary or wages in excess of \$5,000 annually.

DO NOT INCLUDE any salary you receive from the governmental or advisory agency for which you are completing this disclosure statement.

NAME OF BUSINESS OR EMPLOYER	LOCATION OF BUSINESS OR EMPLOYER (CITY OR COUNTY, AND STATE)	POSITION HELD	BY WHOM	Check whether Office or Directorship OR Employment	
				OFFICE OR DIRECTORSHIP	EMPLOYMENT

**II. BUSINESS INTERESTS**

Disclose each business owned by you or a member of your immediate family, separately or together, with a value in excess of \$5,000 or in which you or a member of your immediate family has an interest with a value in excess of \$5,000.

If the business is owned or operated under a trade, partnership, or corporate name, list that name. If the business is not owned or operated under a trade, partnership, or corporate name, describe the nature of the business.

DO NOT INCLUDE stocks and bonds unless your interest in that business exceeds more than three percent of the total equity of the business.

NAME OF BUSINESS OR NATURE OF BUSINESS	LOCATION OF BUSINESS (CITY OR COUNTY, AND STATE)

**III. REAL ESTATE**

Disclose all real estate, including rental property, in which you or a member of your immediate family, separately or together, holds an interest valued at more than \$5,000. List each parcel individually. INCLUDE real estate held in trust.

DO NOT INCLUDE your principal residence.

List only the city or county, and state where each real estate is located. **DO NOT LIST any street addresses. No addresses will be redacted from this section.**

**If you are completing this disclosure in your capacity as an officer or employee of a local governmental or advisory agency**, disclose only the real estate that is located within the county, city, or town in which you serve or within a county, city, or town that is contiguous to the county, city, or town in which you serve.

Disclose the name or names in which the real estate is owned or recorded. If you or a member of your immediate family holds an interest in the real estate but it is owned or recorded in a name other than your name or your immediate family member's name, list that name.

LOCATION OF REAL ESTATE (CITY OR COUNTY, AND STATE)	TYPE OF REAL ESTATE	NAME or NAMES IN WHICH REAL ESTATE IS OWNED OR RECORDED

#### IV. BUSINESSES TO WHICH SERVICES WERE FURNISHED

##### Part One

**Do not complete this section if you are completing this disclosure statement in your capacity as an officer or employee of a local governmental or advisory agency.**

Disclose each business that you represented before any state governmental agency during the prior calendar year for which you received compensation in excess of \$5,000 for such representation.

When calculating the amount of compensation you received from a business, DO NOT INCLUDE any compensation for the performance of other services unrelated to the representation before the state governmental agency. If you have job responsibilities other than those involving such representation, you should prorate your salary to determine the portion attributable to your representation.

DO NOT REPORT any business that you represented before a court or judicial officer or any business where the representation consisted solely of filing mandatory papers and subsequent representation regarding those mandatory papers.

For each business, identify the type of business, the name of the state governmental agency before which you appeared on behalf of the business, and the purpose of the representation.

TYPE OF BUSINESS	NAME OF STATE GOVERNMENTAL AGENCY	PURPOSE OF REPRESENTATION

**Part Two**

**Do not complete this section if you are completing this disclosure statement in your capacity as an officer or employee of a local governmental or advisory agency.**

Disclose each business that, to your knowledge, persons with whom you have a close financial association represented before any state governmental agency during the prior calendar year for which compensation in excess of \$5,000 was received for such representation.

DO NOT INCLUDE members of your immediate family when determining with which individuals you have a close financial association, unless you and your immediate family member are employed by or work for the same business or organization.

When calculating the amount of compensation received from a business, DO NOT INCLUDE any compensation for the performance of other services unrelated to the representation before the state governmental agency. If your associate has job responsibilities other than those involving such representation, you should prorate his salary to determine the portion attributable to his representation.

DO NOT REPORT any business that such persons represented before a court or judicial officer or any business where the representation consisted solely of filing mandatory papers and subsequent representation regarding those mandatory papers.

For each business, identify the type of business, the name of the state governmental agency before which you appeared on behalf of the business, and the purpose of the representation.

TYPE OF BUSINESS	NAME OF STATE GOVERNMENTAL AGENCY	PURPOSE OF REPRESENTATION

**Part Three**

Disclose each business that operates in Virginia to which you furnished services during the prior calendar year pursuant to an agreement between you and such business and for which the total compensation received for such representation was in excess of \$5,000.

For each business, identify the type of business and the type of service rendered. DO NOT INCLUDE any business disclosed in Part One or Part Two of this section.

TYPE OF BUSINESS	TYPE OF SERVICE RENDERED

**V. PAYMENTS FOR MEETINGS AND EVENTS**

Disclose each source from which you received during the prior calendar year lodging, transportation, money, or any other thing of value with a combined value in excess of \$100 in connection with your attendance at any meeting or other event to which you were invited in your official capacity as a member of the governmental or advisory agency for which you are completing this disclosure statement.

DO NOT REPORT payments or reimbursements you received from the Commonwealth or its political subdivisions. DO NOT REPORT payments or reimbursements you received from a business or employer identified in Section I or II of this disclosure statement.

List the person, association, or other source paying for or providing the lodging, transportation, money, or any other thing of value. Provide a brief description of the meeting or event and list the total value of the payments or reimbursements received in connection with that meeting or event.

SOURCE OF PAYMENT	DESCRIPTION OF EVENT	TOTAL VALUE OF PAYMENTS

*I swear or affirm that the information provided on this statement is full, true, and correct to the best of my knowledge.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Additional Information**

**You may provide any additional information you wish to be included with your Financial Disclosure Statement on this page. Please note any information you provide on this page will become part of your Financial Disclosure Statement and will be open to the public. You MAY NOT add attachments as a substitute for properly filling out any part of this form.**