

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 of assuming office and, then, annually while serving as an officeholder.

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 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.

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

For Local Filers: You must file this form with the clerk of the appropriate governing body prior to assuming office.

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.

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 January 15. Local filers should file the annual report with the clerk of the appropriate governing body. State filers will file electronically with the Virginia Conflict of Interests and Ethics Advisory Council at the address below:

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 DEBT” means a debt 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.

**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. 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 with a value in excess of \$5,000 or in which you or a member 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.

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 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, state, and country where each real estate is located. **DO NOT LIST any street addresses. No addresses will be redacted from this schedule prior to being made public.**

If you are completing this disclosure in your capacity as an officer or an 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, State, and Country)	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.

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.

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.

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.

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.

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.

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.

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.

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 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

Disclose each source from which you received in 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 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.

PAYER	DESCRIPTION OF EVENT	TOTAL VALUE OF PAYMENTS

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

Signature

Date

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