

Virginia Conflict of Interest and Ethics Advisory Council

STATE AND LOCAL

STATEMENT OF ECONOMIC INTERESTS



Contents

Instructions	1
Definitions	2
Statement of Economic Interests	4
Affirmation	4
Schedule A - Offices, Directorships, and Employment.....	5
Schedule B - Personal Debts	6
Schedule C - Securities	11
Schedule D - Business Interests and Rental Property	13
Schedule E - Real Estate	15
Schedule F - Payments for Talks, Meetings, and Conferences	16
Schedule G - Gifts	20
Schedule H - Payments for Representation and Other Services Generally.....	20
Schedule I - Real Estate Contracts with Governmental Agencies	24

Instructions

State and local officers and employees and candidates for such offices are **REQUIRED** to complete and file the Statement of Economic Interests.

The tables on Schedules A through I are to be completed **ONLY** if you answer “Yes” to any of the questions on those Schedules.

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

Candidates must comply with §§ 24.2-500 through 24.2-503 and 30-110 of the Code of Virginia.

DEFINITIONS

"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 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 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.

"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 Committee on Rules or its Chairman or the Senate Committee on Rules or its Chairman; (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; (xiv) gifts with a value of less than \$20; or (xv) gifts from relatives or personal friends.

"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.

"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.

"LOBBYIST" means:

1. An individual who is employed and receives payments, or who contracts for economic consideration, including reimbursement for reasonable travel and living expenses, for the purpose of lobbying;
2. An individual who represents an organization, association, or other group for the purpose of lobbying;
- or
3. A local government employee who lobbies.

"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 local officers and employees, a person, organization, or business who is 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 state officers and employees, a person, organization, or business who is or is seeking to become a party to a contract with the state governmental or advisory agency of which he is an officer or an employee or over which he has the authority to direct such agency's activities.

"RELATIVE" means, for the purposes of the definition of "gift," 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.

"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

STATE AND LOCAL

STATEMENT OF ECONOMIC INTERESTS

NAME:				
OFFICE HELD OR SOUGHT:		AGENCY NAME		ARE YOU FILING THIS FORM AS A CANDIDATE FOR ELECTION TO THIS OFFICE? [] YES [] NO
BUSINESS ADDRESS:	STREET		TELEPHONE:	
	CITY	STATE	ZIP	OFFICE HOME
E-MAIL ADDRESS:				
NAMES OF MEMBERS OF IMMEDIATE FAMILY:				

This Statement of Economic Interests will be available to the public via the searchable database on the Virginia Conflict of Interest and Ethics Advisory Council website.

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.

AFFIRMATION

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

Signature of Officer or Employee

Date

Any filer 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.

State and Local Statement of Economic Interests

SCHEDULE A OFFICES, DIRECTORSHIPS, AND EMPLOYMENT

NAME: _____

QUESTIONS:

1. Do you or a member of your immediate family receive remuneration, benefits, or compensation for service as an officer or director of a business?

Yes No

If yes, complete the table for each such business.

2. Do you or a member of your immediate family receive salary or wages in excess of \$5,000 annually from any employer? DO NOT INCLUDE salary you receive from your state or local governmental or advisory agency.

Yes No

If yes, complete the table for each such employer.

INSTRUCTIONS:

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 service as an officer or director
- Employer paying you or a member of your immediate family salary or wages in excess of \$5,000 annually

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

State and Local Statement of Economic Interests

SCHEDULE B PERSONAL DEBTS

NAME: _____

QUESTIONS:

1. Do you owe more than \$5,000 to any one creditor, including any contingent debt to any one creditor?

DO NOT INCLUDE any debt owed to any government or any loan secured by a recorded lien on property if such lien is at least equal to the value of the loan.

Yes No

If yes, complete Table(s) 1A, 1B and/or 1C

2. Does a member of your immediate family owe more than \$5,000 to any one creditor, including any contingent debt to any one creditor?

DO NOT INCLUDE any debt owed to any government or any loan secured by a recorded lien on property if such lien is at least equal to the value of the loan.

Yes No

If yes, complete Table(s) 2A, 2B and/or 2C

State and Local Statement of Economic Interests**SCHEDULE B
PERSONAL DEBTS****NAME:**

TABLES 1A, 1B, and 1C**INSTRUCTIONS:**

Disclose personal debts, including contingent debts, owed by you to each category of creditor by checking the appropriate category listed in TABLE 1A. To calculate the amount of personal debt to disclose for each category of creditor, include all debts owed to creditors within each category, but **DO NOT INCLUDE** any debt owed to any one creditor in an amount of \$5,000 or less.

If you owe a personal debt to a business creditor that is not included in any category of creditor listed in TABLE 1A, disclose such debt in TABLE 1B. List the name of the business creditor and its principal business activity.

If you owe a personal debt to an individual creditor, disclose such debt in TABLE 1C. Identify the name of the individual creditor and his principal business or occupation.

If you have incurred a debt jointly with another person who is not a member of your immediate family, disclose only your share of the debt.

If you have incurred a debt jointly with a member of your immediate family disclose any such debt in TABLE 1A, 1B, or 1C, as appropriate, as if you are solely liable for the total amount of the debt and **DO NOT DISCLOSE** such debt in TABLE 2A, 2B, or 2C.

DO NOT REPORT:

- Any debt owed to any one creditor in an amount of \$5,000 or less
- Any debt owed to any government
- Any loan secured by a recorded lien on property if such lien is at least equal to the value of the loan

State and Local Statement of Economic Interests

SCHEDULE B PERSONAL DEBTS

NAME: _____

My personal debts are as follows:

Table 1A. Creditor categories:

CHECK APPROPRIATE CATEGORIES	AMOUNT OF PERSONAL DEBT (check one)	
	\$5,001 to \$50,000	MORE THAN \$50,000
Banks, credit unions, and other savings institutions		
Other loan or finance companies		
Issuers of credit cards		
Insurance companies		
Stock, commodity or other brokerage companies		

Table 1B. Other business creditors:

Name of Creditor	Creditor's principal business activity	AMOUNT OF PERSONAL DEBT (check one)	
		\$5,001 to \$50,000	MORE THAN \$50,000

Table 1C. Individual Creditors:

Name of Creditor	Creditor's principal business or occupation	AMOUNT OF PERSONAL DEBT (check one)	
		\$5,001 to \$50,000	MORE THAN \$50,000

State and Local Statement of Economic Interests

SCHEDULE B PERSONAL DEBTS

NAME: _____

TABLES 2A, 2B, and 2C

INSTRUCTIONS:

Disclose personal debts, including contingent debts, owed by a member of your immediate family to each category of creditor by checking the appropriate category listed in TABLE 2A. To calculate the amount of personal debt to disclose for each category of creditor, include all debts owed to creditors within each category, but **DO NOT INCLUDE** any debt owed to any one creditor in an amount of \$5,000 or less.

If a member of your immediate family owes a personal debt to a business creditor that is not included in any category of creditor listed in TABLE 2A, disclose such debt in TABLE 2B. List the name of the business creditor and its principal business activity.

If a member of your immediate family owes a personal debt to an individual creditor, disclose such debt in TABLE 2C. Identify the name of the individual creditor and his principal business or occupation.

If a member of your immediate family has incurred a debt jointly with another person not yourself who is not a member of your immediate family, disclose only your share of the debt.

If you have incurred a debt jointly with a member of your immediate family report any such debt in TABLE 1A, 1B, or 1C, as appropriate, as if you are solely liable for the total amount of the debt and **DO NOT DISCLOSE** such debt in TABLE 2A, 2B, or 2C.

DO NOT REPORT:

- Any debt owed to any one creditor in an amount of \$5,000 or less
- Any debt owed to any government
- Any loan secured by a recorded lien on property if such lien is at least equal to the value of the loan

State and Local Statement of Economic Interests

SCHEDULE B
PERSONAL DEBTS

NAME:

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

Table 2A. Creditor categories:

Table with 3 columns: CHECK APPROPRIATE CATEGORIES, AMOUNT OF PERSONAL DEBT (check one), \$5,001 to \$50,000, MORE THAN \$50,000. Rows include Banks, credit unions, and other savings institutions; Other loan or finance companies; Issuers of credit cards; Insurance companies; Stock, commodity or other brokerage companies.

Table 2B. Other business creditors:

Table with 4 columns: NAME OF CREDITOR, CREDITOR'S PRINCIPAL BUSINESS ACTIVITY, AMOUNT OF PERSONAL DEBT (check one), \$5,001 to \$50,000, MORE THAN \$50,000.

Table 2C. Individual Creditors:

Table with 4 columns: NAME OF CREDITOR, CREDITOR'S PRINCIPAL BUSINESS OR OCCUPATION, AMOUNT OF PERSONAL DEBT (check one), \$5,001 to \$50,000, MORE THAN \$50,000.

State and Local Statement of Economic Interests

SCHEDULE C SECURITIES

NAME: _____

QUESTION:

Do you or a member of your immediate family, separately or together, own securities valued in excess of \$5,000 invested in one business or Virginia governmental entity?

INCLUDE securities held in (i) trusts; (ii) individual retirement arrangements (IRAs); (iii) defined contribution plans, including plans established in accordance with sections 401, 403, or 457 of the Internal Revenue Code; and (iv) any other type of investment account.

INCLUDE securities not held in your name or the name of a member of your immediate family if you or a member of your immediate family retain the right to control such securities or the right to receive the income from such securities.

Yes [] No []

If yes, complete the table for each such security.

INSTRUCTIONS:

Disclose each business or Virginia governmental entity in which you or a member of your immediate family, separately or together, own securities valued in excess of \$5,000.

INCLUDE securities held in (i) trusts; (ii) individual retirement arrangements (IRAs); (iii) defined contribution plans, including plans established in accordance with sections 401, 403, or 457 of the Internal Revenue Code; and (iv) any other type of investment account.

INCLUDE securities not held in your name or the name of a member of your immediate family if you or a member of your immediate family retain the right to control such securities or the right to receive the income from such securities.

"Securities" INCLUDE:

- Stocks
- Bonds
- Mutual funds
- Limited partnerships
- Commodity futures contracts

"Securities" EXCLUDE:

- Defined benefit plans, including pension plans
- Certificates of deposit
- Money market funds
- Annuity contracts
- Insurance policies
- Securities issued by the U.S. government or other government securities not issued by the Commonwealth or its political subdivisions.

State and Local Statement of Economic Interests

SCHEDULE C
SECURITIES

NAME:

List the issuer and type of each security. List separately each security held in an IRA, defined contribution plan, or other type of investment account, if such security is valued in excess of \$5,000.

For defined contribution plans administered by the Commonwealth or its political subdivisions, list the administering agency as the issuer of the security, unless the security is held in a self-directed brokerage account, in which case list the issuer of the security.

Table with 5 columns: NAME OF ISSUER OF SECURITY, TYPE OF SECURITY (STOCKS, BONDS, MUTUAL FUNDS, IRA, ETC.), and VALUE OF SECURITY (Check one) with sub-columns for \$5,001 to \$50,000, \$50,001 to \$250,000, and MORE THAN \$250,000.

State and Local Statement of Economic Interests**SCHEDULE D
BUSINESS INTERESTS AND RENTAL PROPERTY****NAME:****QUESTIONS:**

1. Do you or a member of your immediate family own, separately or together, a business which has a value in excess of \$5,000?

OR

Do you or a member of your immediate family have an interest in a business and the interest owned by you or a member of your immediate family has a value in excess of \$5,000? DO NOT INCLUDE any securities disclosed on Schedule C.

Yes No

If yes, complete Table 1.

2. Do you or a member of your immediate family own, separately or together, a rental property which has a value in excess of \$5,000?

OR

Do you or a member of your immediate family have an interest in a rental property and the interest owned by you or a member of your immediate family has a value in excess of \$5,000?

Yes No

If yes, complete Table 2.

State and Local Statement of Economic Interests

SCHEDULE D
BUSINESS INTERESTS AND RENTAL PROPERTY

NAME:

Table 1: Business Interests

Disclose each business owned by you or a member of your immediate family with a value in excess of \$5,000 and each interest in a business owned by you or a member of your immediate family with a value in excess of \$5,000. DO NOT REPORT any securities disclosed on Schedule C.

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.

Table with 5 columns: NAME OF BUSINESS OR NATURE OF BUSINESS, LOCATION OF BUSINESS (CITY OR COUNTY AND STATE), and GROSS INCOME (CHECK ONE) with sub-columns for \$50,000 or LESS, \$50,001 to \$250,000, and MORE THAN \$250,000.

Table 2: Rental Property

Disclose each rental property owned by you or a member of your immediate family with a value in excess of \$5,000 and each interest in rental property owned by you or a member of your immediate family with a value in excess of \$5,000.

List each rental property individually.

If the rental property is owned or recorded under a trade, partnership, or corporate name, list that name. DO NOT LIST the street address for any rental property. No address will be redacted from this table.

Table with 6 columns: NAME IN WHICH RENTAL PROPERTY IS OWNED OR RECORDED, LOCATION OF RENTAL PROPERTY (CITY OR COUNTY, STATE AND COUNTRY), TYPE OF RENTAL PROPERTY (RESIDENTIAL, COMMERCIAL OR ETC), and GROSS INCOME (CHECK ONE) with sub-columns for \$50,000 or LESS, \$50,001 to \$250,000, and MORE THAN \$250,000.

State and Local Statement of Economic Interests

SCHEDULE E
REAL ESTATE

NAME:

QUESTION:

Do you or a member of your immediate family hold an interest valued at more than \$5,000 in real property? DO NOT INCLUDE your principal residence or any real estate disclosed on Schedule D. INCLUDE real estate held in trust.

Yes [] No []

If yes, complete the table below.

INSTRUCTIONS:

Disclose all real estate 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 REPORT:

- Your principal residence
Any real estate disclosed on Schedule D

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.

List 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.

Table with 3 columns: TYPE OF REAL ESTATE, LOCATION OF REAL ESTATE (CITY OR COUNTY, STATE, AND COUNTRY), NAME OR NAMES IN WHICH REAL ESTATE IS OWNED OR RECORDED

State and Local Statement of Economic Interests

SCHEDULE F PAYMENTS FOR TALKS, MEETINGS, AND CONFERENCES

NAME:

QUESTION:

Did you receive in your capacity as an officer or employee of your agency any lodging, transportation, money, or other thing of value with a combined value exceeding \$100 during the prior calendar year for:

- your presentation of a talk or series of talks at the same event or participation in a meeting

OR

- your attendance at a meeting, conference, or event where your attendance at the meeting, conference, or event was designed to educate you on issues relevant to your duties as an officer or employee of your agency, or enhance your knowledge and skills relative to your duties as an officer or employee of your agency?

DO NOT INCLUDE:

- Payments and reimbursements from the Commonwealth or its political subdivisions for meetings attended in your capacity as an officer or employee of your agency
- Payments and reimbursements from an employer already listed on Schedule A or from a source of income listed on Schedule D
- Payments and reimbursements if you returned the payment or reimbursement within 60 days

INCLUDE a payment if you donated it to a charity and claimed or plan to claim it as a charitable deduction on your taxes.

Disclose any lodging, transportation, money, or other thing of value received that does not satisfy the criteria listed above as a gift on Schedule G.

Yes [] No []

If yes, complete the table below.

State and Local Statement of Economic Interests

SCHEDULE F
PAYMENTS FOR TALKS, MEETINGS, AND CONFERENCES

NAME:

INSTRUCTIONS:

Disclose each source from which you received in your capacity as an officer or employee of your agency lodging, transportation, money, or any other thing of value with a combined value exceeding \$100 for:

- your presentation of a talk or series of talks at the same event, or participation in a meeting
OR
your attendance at a meeting, conference, or event where your attendance at the meeting, conference, or event was designed to educate you on issues relevant to your duties as an officer or employee of your agency, or enhance your knowledge and skills relative to your duties as an officer or employee of your agency.

Table with 6 columns: SOURCE, DESCRIPTION OF EVENT, LOCATION OF EVENT (CITY OR COUNTY, STATE, AND COUNTRY), DATE(S) OF EVENT, TOTAL VALUE, CHECK IF YOU RECEIVED A TRAVEL WAIVER FROM THE COUNCIL FOR THIS EVENT

State and Local Statement of Economic Interests**SCHEDULE G
GIFTS****NAME:**

QUESTION:

Did you or a member of your immediate family receive from any (i) lobbyist, (ii) lobbyist's principal, (iii) for local officers and employees, a person, organization, or business who is or is seeking to become a party to a contract with the local agency of which you an officer or an employee, or (iv) for state officers and employees, a person, organization, or business who is or is seeking to become a party to a contract with the state governmental or advisory agency of which you are an officer or an employee or over which you has the authority to direct such agency's activities ("contractor") any gift or combination of gifts with a value exceeding \$50 during the prior calendar year?

DO NOT INCLUDE gifts with a value of less than \$20.

Yes No

If yes, complete the table below.

State and Local Statement of Economic Interests

SCHEDULE G

GIFTS

NAME:

INSTRUCTIONS:

Disclose each lobbyist, lobbyist's principal, or contractor that, during the prior calendar year, gave you or a member of your immediate family any gift or combination of gifts with a value exceeding \$50.

Identify the recipient and donor of each such gift. Disclose the exact gift or event, the date on which you accepted it, and the value of the gift. If an exemption from the \$100 gift cap established in § 2.2-3103.1 applies, mark the applicable exemption.

NAME OF RECIPIENT	NAME OF DONOR	EXACT GIFT OR EVENT	DATE ACCEPTED	VALUE	GIFT CAP EXEMPTION
					<input type="checkbox"/> Widely attended event <input type="checkbox"/> Personal friend <input type="checkbox"/> Archived gift from a foreign dignitary
					<input type="checkbox"/> Widely attended event <input type="checkbox"/> Personal friend <input type="checkbox"/> Archived gift from a foreign dignitary
					<input type="checkbox"/> Widely attended event <input type="checkbox"/> Personal friend <input type="checkbox"/> Archived gift from a foreign dignitary

State and Local Statement of Economic Interests

SCHEDULE H

PAYMENTS FOR REPRESENTATIONS AND OTHER SERVICES GENERALLY

NAME: _____

QUESTIONS:

DO NOT COMPLETE Questions 1 and 2 if you are completing this disclosure statement in your capacity as an officer or employee of a LOCAL governmental or advisory agency.

PAYMENTS FOR REPRESENTATIONS BY YOU

1. Did you represent any business before any state governmental agency during the prior calendar year for which you received compensation in excess of \$5,000 for such representation?

DO NOT INCLUDE compensation for the performance of other services unrelated to the representation before the state governmental agency when calculating the amount of compensation received from a business.

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

Yes No

If yes, complete Table 1.

PAYMENTS FOR REPRESENTATIONS BY ASSOCIATES

2. Did persons with whom you have a close financial association represent any business before any state governmental agency during the prior calendar year for which compensation was received in excess of \$5,000 for such representation?

DO NOT INCLUDE compensation for the performance of other services unrelated to the representation when calculating the amount of compensation received from a business.

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

Yes No

If yes, complete Table 2.

PAYMENTS FOR OTHER SERVICES GENERALLY

3. Did you or persons with whom you have a close financial association furnish services to any business operating in Virginia during the prior calendar year for which compensation was received in excess of \$5,000 for such services?

DO NOT INCLUDE compensation reported Schedule A or income reported on Schedule F.

Yes No

If yes, complete Table 3.

State and Local Statement of Economic Interests

SCHEDULE H
PAYMENTS FOR REPRESENTATIONS AND OTHER SERVICES GENERALLY

NAME:

TABLE 1
PAYMENTS FOR REPRESENTATIONS BY YOU

DO NOT COMPLETE this table if you are completing this disclosure statement in your capacity as an officer or employee of a local governmental or advisory agency.

INSTRUCTIONS:

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, list 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.

DO NOT INCLUDE compensation for the performance of other services unrelated to the representation before the state governmental agency when calculating the amount of compensation received from a business.

DO NOT REPORT:

- Any business that you represented before a court or judicial officer
Any business where the representation consisted solely of the filing of mandatory papers and any subsequent representation regarding the mandatory papers

Table with 6 columns: TYPE OF BUSINESS, NAME OF AGENCY, PURPOSE OF REPRESENTATION, and three columns under AMOUNT OF COMPENSATION RECEIVED (\$5,001 to \$50,000, \$50,001 to \$250,000, MORE THAN \$250,001). The table contains five empty rows for data entry.

State and Local Statement of Economic Interests

SCHEDULE H
PAYMENTS FOR REPRESENTATIONS AND OTHER SERVICES GENERALLY

NAME:

TABLE 2
PAYMENTS FOR REPRESENTATIONS BY ASSOCIATES

DO NOT COMPLETE this table if you are completing this disclosure statement in your capacity as an officer or employee of a local governmental or advisory agency.

INSTRUCTIONS:

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

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

DO NOT INCLUDE compensation for the performance of other services unrelated to the representation when calculating the amount of compensation received from a business.

DO NOT REPORT:

- Any business that such persons represented before a court or judicial officer
Any business where the representation consisted solely of the filing of mandatory papers and any subsequent representation regarding the mandatory papers

Table with 6 columns: TYPE OF BUSINESS, NAME OF AGENCY, PURPOSE OF REPRESENTATION, and three columns under AMOUNT OF COMPENSATION RECEIVED (\$5,001 to \$50,000, \$50,001 to \$250,000, MORE THAN \$250,001). The table contains five empty rows for data entry.

State and Local Statement of Economic Interests

SCHEDULE H
PAYMENTS FOR REPRESENTATIONS AND OTHER SERVICES GENERALLY

NAME: _____

TABLE 3
PAYMENTS FOR OTHER SERVICES GENERALLY

INSTRUCTIONS:

Disclose each business operating in Virginia to which you or persons with whom you have a close financial association furnished services during the prior calendar year for which compensation was received in excess of \$5,000 for such services.

Identify the businesses, by category, for which services were furnished and the type of service rendered to such businesses. To calculate the amount of compensation to report for each business category, include compensation received from all businesses within each category.

DO NOT INCLUDE compensation reported on Table 1 or Table 2 of this schedule.

Table with 5 columns: BUSINESS CATEGORY, TYPE OF SERVICE RENDERED, and three columns under AMOUNT OF COMPENSATION RECEIVED (\$5,001 to \$50,000, \$50,001 to \$250,000, MORE THAN \$250,001). The table contains 7 rows with empty cells for data entry.

State and Local Statement of Economic Interests

SCHEDULE I REAL ESTATE CONTRACTS WITH GOVERNMENTAL AGENCIES

NAME: _____

QUESTION:

Do you or a member of your immediate family hold an interest in real estate that is the subject of a contract valued in excess of \$5,000 with a governmental agency?

State officers and employees report only contracts with state governmental agencies. Local officers and employees report only contracts with local governmental agencies. Constitutional officers report only contracts with local governmental agencies.

Yes [] No []

If yes, complete the table below.

INSTRUCTIONS:

Disclose each contract with the applicable governmental agency for the sale, exchange, or leasing of real estate in which you or a member of your immediate family holds an interest valued in excess of \$5,000.

"Interest" INCLUDES:

- Options
- Land contracts
- Easements
- Corporate, partnership, or trust interests

Disclose all contracts that are currently pending or that have been completed within the prior calendar year. Disclose all contracts regardless of the disclosure of the interest or the real estate on another schedule.

You do not need to disclose a contract for the leasing of real estate if your interest is derived through an ownership interest in a business and your ownership interest does not exceed three percent of the total equity of that business.

DESCRIBE THE CONTRACT (SALE, EXCHANGE, LEASE, ETC.)	PARTIES TO THE CONTRACT		LOCATION OF REAL ESTATE (CITY OR COUNTY, AND STATE)	VALUE OF CONTRACT (CHECK ONE)		
	STATE GOVERNMENTAL AGENCY	OTHER PARTY		\$5,001- \$50,000	\$50,001- \$250,000	MORE THAN \$250,001
				<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"/>