

# STATEMENT OF ECONOMIC INTERESTS

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## Instructions

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

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. The schedules in this book are removable. Complete and return only those schedules which are applicable to you.

Filing deadline for members of the General Assembly is January 8th of each year. Candidates for the General Assembly must comply with § 30-110 of the Code of Virginia.

**NOTE:** The "Affirmation" on the Statement of Economic Interests **MUST** be completed in the presence of a Notary Public.

## **DEFINITIONS AND EXPLANATORY MATERIAL**

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

"DEPENDENT" means any person, whether or not related by blood or marriage, who receives from the legislator, or provides to the legislator, more than one-half of his financial support.

"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" does not mean an association based on the receipt of retirement benefits or deferred compensation from a business by which the legislator is no longer employed. "Close financial association" does not include an association based on 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.

"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, local travel, lodgings and meals, whether provided in-kind, by purchase of a ticket, payment in advance or reimbursement after the expense has been incurred. "Gift" shall not include any offer of a ticket or other admission or pass unless the ticket, admission, or pass is used. "Gift" shall not include honorary degrees and presents from relatives. "Relative" means the donee's spouse, child, uncle, aunt, niece, or nephew; a person to whom the donee is engaged to be married; the donee's or his spouse's parent, grandparent, grandchild, brother, or sister; or the donee's brother's or sister's spouse.

"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 (i) constitute a waiver of any attorney-client or other privilege, (ii) require a waiver of any attorney-client or other privilege for a third party, or (iii) 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 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.

**GENERAL ASSEMBLY MEMBERS AND CANDIDATES SHOULD RETURN COMPLETED FORMS TO THE CLERK OF THE APPROPRIATE HOUSE.**

Senate Clerk's Office  
P.O. Box 396  
Richmond, Virginia 23218

House Clerk's Office  
P.O. Box 406  
Richmond, Virginia 23218

325050103

# General Assembly of Virginia

<b>STATEMENT OF ECONOMIC INTERESTS</b>	CHECK SCHEDULES ATTACHED: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F-1 <input type="checkbox"/> F-2 <input type="checkbox"/> G-1 <input type="checkbox"/> G-2 <input type="checkbox"/> G-3 <input type="checkbox"/> H <input type="checkbox"/> I	For Office Use Only
NAME _____		
OFFICE 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
HOME ADDRESS	STREET _____ CITY _____ STATE _____ ZIP _____	TELEPHONE OFFICE _____ HOME _____
NAMES OF MEMBERS OF IMMEDIATE FAMILY _____		

Complete Items 1 through 10. 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 \$10,000 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 \$10,000 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 12 months did you receive lodging, transportation, money, or anything else of value with a combined value exceeding \$200 for a single talk, meeting, or published work in your capacity as a legislator?  YES     NO

Complete Schedule D.

### 5. GIFTS

During the past 12 months did a business, government, or individual other than a relative or personal friend (i) furnish you with any gift or entertainment at a single event, and the value received by you exceeded \$50 in value or (ii) furnish you with gifts or entertainment in any combination and the value received by you exceeded \$100 in total value; and for which you neither paid nor rendered services in exchange? Account for entertainment events only if the average value per person attending the event exceeded \$50 in value. Account for all business entertainment (except if related to your private profession or occupation) 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 \$10,000 annually. (Exclude state or local government or advisory agencies.)

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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 \$10,000 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.

**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 12 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 12 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 for which total compensation in excess of \$1,000 was received during the past 12 months?  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 \$10,000 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 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 \$10,000 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 12 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.

**This Statement of Economic Interests is open for public inspection.**

**NOTE:** You **MUST** sign the following "Affirmation" in the presence of a Notary Public. The Notary is to complete the acknowledgment portion of the "Affirmation."

**AFFIRMATION**

In accordance with the rules of the house in which I [may] 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

**COMMONWEALTH OF VIRGINIA**

\_\_\_\_\_ of \_\_\_\_\_ to wit:  
(City/County) (Name of City/County)

The foregoing disclosure form was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

by \_\_\_\_\_  
(Name of Member/Member-elect/Candidate)

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_



# General Assembly of Virginia

Statement of Economic Interests

## SCHEDULE B PERSONAL LIABILITIES

NAME: \_\_\_\_\_

Report personal liability by checking each category. Report only debts in excess of \$10,000. 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.

	\$10,001 to \$50,000	CHECK ONE 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.)		
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

Individual creditors:

(State principal business or occupation of each creditor.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

CHECK APPROPRIATE CATEGORIES.

	\$10,001 to \$50,000	CHECK ONE 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"/>

**SCHEDULE B  
PERSONAL LIABILITIES (continued)**

CHECK APPROPRIATE CATEGORIES.	\$10,001 to \$50,000	CHECK ONE	MORE THAN \$50,000
Other businesses: (State principal business activity for each creditor.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual creditors: (State principal business or occupation of each creditor.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**(Return only if needed to complete Statement.)**

















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# General Assembly of Virginia

Statement of Economic Interests

## SCHEDULE G-3

### PAYMENTS FOR REPRESENTATION AND 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 and for which total compensation in excess of \$1,000 was received during the past 12 months.

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"/>	<input type="checkbox"/>
Gas utilities	<input type="checkbox"/>	_____	<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"/>	<input type="checkbox"/>
Water utilities	<input type="checkbox"/>	_____	<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"/>	<input type="checkbox"/>
Interstate transportation companies	<input type="checkbox"/>	_____	<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"/>	<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"/>	<input type="checkbox"/>
Banks	<input type="checkbox"/>	_____	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>
Mining companies	<input type="checkbox"/>	_____	<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"/>	<input type="checkbox"/>
Casualty insurance companies	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SCHEDULE G-3  
PAYMENTS FOR REPRESENTATION AND 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
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.)**





