



STATE ETHICS COMMISSION
2025 STATEMENT OF ECONOMIC INTEREST

For Staff Use Only
 Date Received:

Contact Information

This contact information page will not be available on the Commission's website, but it is a public record.

919-814-3600

<https://ethics.nc.gov>

SEND YOUR SIGNED ORIGINAL TO:

BY MAIL:
 State Ethics Commission
 Post Office Box 27685
 Raleigh, NC 27611

HAND DELIVERY:
 State Ethics Commission
 424 N. Blount Street
 Raleigh, NC 27601

Please review and confirm that all questions are answered before mailing. Incomplete SEIs will not be accepted.

Filer's Name (First, Middle, Last)				
Prefix	First Name	Middle Name	Last Name	Suffix
Mailing Address (Required)				
Address			City	State
Daytime Phone Number (Required)			Alternate Phone Number	
E-Mail Address (Required)			Date of Birth (MM/DD/YYYY)	
Important notifications will be sent to the email address provided above, not by regular mail. To receive Commission notifications in a timely manner, please add SEI@ethics.nc.gov to your e-mail contacts.				
Home Address (Only required if holding, being appointed to, or seeking an elected office with a residency requirement)				
Home address not required if filing as a Judicial Officer (Justice or Judge of the General Court of Justice, District Attorney, or Clerk of Court), a candidate for that office, or if elected or appointed to that office prior to taking office.				
<input type="checkbox"/> Same as mailing address				
Address			City	State



**STATE ETHICS COMMISSION
2025 STATEMENT OF ECONOMIC INTEREST**

MPO/RPO TAC Long Form

For Staff Use Only

Date Received:

**Please review carefully and confirm that all questions
are answered. Incomplete SEIs will not be accepted**

Filer's Name (First, Middle, Last)

Prefix	First Name	Middle Name	Last Name	Suffix

Current Employer	Job Title

Nature or Type of Business

Reason for Filing (Complete all that apply.)

State Government Job Specify agency and position:	List name(s) of all State boards or TACs on which you are serving or to which you are being appointed
Agency:	
Position:	Who appointed You?
Currently Serving as a Judicial Officer (Specify office)	Currently Serving as a Legislator (Specify House or Senate)

A. Do any immediate family members** currently reside in your household?

Yes No

"Immediate family" includes your spouse (unless legally separated) and unemancipated minor children (under 18). It also includes members of your extended family (your and your spouse's children, grandchildren, parents, grandparents, and siblings, and the spouses of each of those persons) **who reside in your household.

If yes, list the full name of **all immediate family members** residing in your household.

**List only initials of unemancipated minors (under 18) in section 'B' below
and full names on "Confidential Form" at the end of SEI.**

Immediate Family Member	Relationship	Employer	Job Title	Nature of Business

B. List **only the initials** of all unemancipated minors in your household below. A minor is a child under 18 years old.

List the full name of each minor child on the Confidential Form at the end of SEI.

Initials of Unemancipated Minors	Relationship	Employer	Job Title	Nature of Business

Property Interests

1. As of December 31, 2024, did you or any members of your immediate family:

A. have an ownership interest in North Carolina real estate (including your residence) with a market value of \$10,000 or more?

Yes No

Owner of Real Estate	% Ownership Interest	Location by City	Location by County

B. lease or rent real estate or personal property to or from the State of North Carolina with a market value of \$10,000 or more?

Yes No

Name of Lessor	Name of Lessee (Renter)	If Real Estate, Location by City & County	If Personal Property, Describe

2. At any time during 2023 or 2024, did you or any members of your immediate family sell or buy personal property to or from the State of North Carolina with a market value of \$10,000 or more?

Yes No

Name of Purchaser	Name of Seller	Type of Property

Financial Interests

3. As of December 31, 2024, did you or any members of your immediate family own any of the following financial interests valued at \$10,000 or more?
A. Stock in a publicly owned company?
 Yes No

List the *name* of each company in which you own holdings of \$10,000 or more. Do not list the number of shares/options, or the value of your holdings.

- ▶ Include stocks held individually or in a portfolio managed by a financial services company.
- ▶ Do not list interests in a widely held investment fund (including mutual funds, regulated investment companies, or pension or deferred compensation plans) if:
 1. the fund is publicly traded, or its assets are widely diversified; **and**
 2. neither you nor an immediate family member are able to control the fund's assets.

Owner of Interest	Full Name of Company or ticker symbol

B. Stock options in a company or business?
 Yes No

Owner of Stock Option	Full Name of Company or ticker symbol

C. Interests in a non-publicly owned company or business entity. These include interests in sole partnerships, limited partnerships, joint ventures, limited liability companies, limited liability partnerships, and closely held corporations.

Yes No - If "No," proceed to question 4.

Owner of Interest	Name of Company or Business Entity

C (1). For each company or business entity identified in question 3.C. (the "primary company"), please list the names of *any other* companies or business entities in which the primary company owns securities or equity interests valued at over \$10,000, if known.

Non-Publicly Owned Company or Business Entity (the Primary Company listed in 3.C.)	Other Companies in which the Primary Company Owns Security or Equity Interests
<input type="checkbox"/> None or not known	

C (2). If you know that any entity listed in 3.C or 3.C(1) above has any material business dealings or business contracts with the State of North Carolina, or is regulated by the State, briefly describe that business activity.

Name of Company or Business Entity	Description of Business Activity with the State
<input type="checkbox"/> None or Not Known	

4. As of December 31, 2024, were you or any members of your immediate family the beneficiaries of a vested trust with a value of \$10,000 or more that you created, established, or controlled?
 ► Do not list assets held in blind trusts. Definitions for "Vested Trust" and "Blind Trust" can be found on our website under "SEIs / SEI Helpful Tips": <https://ethics.nc.gov/seis/sei-helpful-tips>
 Yes No

Name and Address of Trustee	Description of the Trust	Your Relationship to the Trust

5. As of December 31, 2024, did you any members of your immediate family have liabilities of \$10,000 or more, excluding the mortgage on your primary personal residence? Examples include credit card debts, auto loans, student loans, personal loans, and intra-family debt.
 Yes No

Name of Debtor	List Type of Creditor (e.g., "commercial bank," "credit union," "individual," etc.)

6. List each source of income (**not specific monetary amounts**) of more than \$5,000 received by you or any members of your immediate family during 2024. Include salary, wages, state/local government retirement income, professional fees, honoraria, interest, dividends, rental income, business income, and any other types of income required to be reported on your State *and/or* federal income tax returns.

- **Attention! You must disclose salary or wages received from any governmental or private entity, including employers that you may have already listed in response to other SEI questions.**
- **Do not attach tax returns.**
- **Do not** include income received from the following sources: capital gains; federal government or military retirement benefits; or Social Security retirement, survivors, or disability benefits.

Recipient of Income	Name of Person or Entity from Which Income Was Received	Type of Business/ Industry	Type of Income
<input type="checkbox"/> I had no reportable income over \$5,000 in 2024.			

Professional and Civic Relationships

7(a). During 2024, were you or any members of your immediate family a director, officer, governing board member, employee, independent contractor, or registered lobbyist of a **nonprofit corporation or organization** operating in North Carolina primarily for religious, charitable, scientific, literary, public health and safety, or educational purposes?

Yes No - If "No," proceed to question 8.

- ▶ Do not list State boards or entities.
- ▶ Do not list organizations of which you are a mere member.

Name of Person	Position	Name of Nonprofit Corporation or Organization	Nature or Purpose of Organization

7(b). If the nonprofit corporations or organizations listed above do business with the State of North Carolina or receive State funds, briefly describe the nature of that business, if known or with due diligence could reasonably be known.

Name of Nonprofit Corporation or Organization	Describe State Business
<input type="checkbox"/> None or Not Known	

8. During 2024, were you or any members of your immediate family a director, officer, or governing board member of any society, organization, or advocacy group with an interest in matters over which your agency or board may jurisdiction?

Yes No Legislator/Judicial Officer - You are not required to complete this question if you are filing *solely* because you are a legislator or judicial officer or as a candidate or appointee to those offices. However, if you are also filing this SEI as a member of a State board or as a State employee, answer "yes" or "no" to this question. If your response is "yes," provide additional information.

- ▶ Do not list organizations of which you are only a member and do not serve in a leadership role.

Name of Person	Name of Society, Organization, or Advocacy Group	Leadership Position (Director, Officer, Board Member)

9(a). As of December 31, 2024, were you or a member of your immediate family an employee, director, partner, officer, proprietor, or member or manager of a for profit business?

Name of Person	Relationship to Filer	Name of Company	Role of Person
<input type="checkbox"/> Yes <input type="checkbox"/> No - If "No," proceed to question 10.			

9(b). If you know that any entity listed in 9(a) above had any material business dealings or business contracts with the State of North Carolina or was regulated by the State as of December 31, 2024, briefly describe that activity.

Name of Company or Business Entity	Description of Business Activity with the State
<input type="checkbox"/> None or Not Known	

10. Are you a practicing attorney?
 Yes No Judicial Officer/State Attorney In House Attorney

If "Yes", check each category of legal representation in which you or the law firm with which you are affiliated has earned legal fees of more than \$10,000 during 2024.

<input type="checkbox"/> Administrative	<input type="checkbox"/> Admiralty	<input type="checkbox"/> Corporate	<input type="checkbox"/> Criminal
<input type="checkbox"/> Decedent's Estates	<input type="checkbox"/> Environmental	<input type="checkbox"/> Insurance	<input type="checkbox"/> Labor
<input type="checkbox"/> Local Government	<input type="checkbox"/> Real Property	<input type="checkbox"/> Securities	<input type="checkbox"/> Tax
<input type="checkbox"/> Tort litigation (including negligence)	<input type="checkbox"/> Utilities Regulator	<input type="checkbox"/> Other Category	

11. During 2024, were you a licensed professional (other than an attorney) or did you provide consulting services individually or as a member of a professional association for which you charged or were paid over \$10,000?
 Yes No

Type of Business	Nature of Services Rendered

12. Are you or your employer, or any members of your immediate family, or their employers currently:

- licensed by the State board or agency with which you are or will be associated **or**
- regulated by the State board or agency with which you are or will be associated **or**
- in a business relationship with the State board or agency with which you are or will be associated?

Yes No Legislator/Judicial Officer - You are not required to complete this question if you are filing because you are a legislator or a judicial officer or as a candidate or appointee to those offices. However, if you are also filing as a member of a State board or as a State employee, please answer "yes" or "no" to this question.

If "yes," provide the following information.

Name of Person	Name of Employer (if applicable)	Type of Relationship (Licensing, Regulatory, Business)

13. Have you or a member of your immediate family been registered as a lobbyist within the 12 months preceding your filing of this SEI? Yes No

If "yes," provide the following information.

Name of Lobbyist	Lobbyist's Principal	Date of Registration	Registration Expiration

Other Disclosures

14. During 2024, after you were appointed, employed, or filed or were nominated as a candidate, did you

- receive any "gift(s)" exceeding \$200 per quarter from a person or group of persons acting together,
- when both you and those person(s) were outside North Carolina,
- under circumstances that would lead a reasonable person to conclude the gifts were given for lobbying?

To answer Yes, all three conditions must apply.

Yes No

- ▶ Do not report gifts given by members of your extended family.
- ▶ Do not report gifts you have previously reported on the "Expense Report for Exempted Persons."

Date Item Received	Name and Address of Donor(s)	Describe Item Received	Estimated Market Value

15. During 2024, after you were appointed, employed, or filed or were nominated as a candidate, did you

- accept a "scholarship" exceeding \$200 related to your public position from a person or group of persons acting together
- when those person(s) were outside North Carolina?

To answer Yes, both conditions must apply.

A "scholarship" is a grant-in-aid, either direct or indirect, to attend a conference, meeting, or similar event, including travel, lodging, meals, and other similar expenses.

Yes No Judicial Officer - You are not required to complete this question if you are filing solely as a judicial officer or a judicial officer candidate or appointee.

- ▶ Do not report gifts you have previously reported on the "Reportable Expenditure Made by Person Exempted."
- ▶ Legislators are not required to report scholarships paid by a nonpartisan legislative organization of which the legislator or the Assembly is a member, participant, or affiliate.

Date of Scholarship	Name and Address of Donor(s)	Describe Event	Estimated Market Value

16. Have you been appointed or are you being considered for appointment to a covered board by the Governor or a member of the Council of State?

Council of State members include:

- ▶ Governor
- ▶ State Auditor
- ▶ Attorney General
- ▶ Commissioner of Insurance
- ▶ Lt. Governor
- ▶ State Treasurer
- ▶ Commissioner of Agriculture
- ▶ Secretary of State
- ▶ Superintendent of Public Instruction
- ▶ Commissioner of Labor

Yes No

If "Yes," list all contributions you made in 2024 with a cumulative total of more than \$1,000 to the Council of State member who appointed you. Do not include contributions from immediate family members.

- ▶ "Contributions" are defined broadly in N.C.G.S. 163-278.6(6) and include "any advance, conveyance, deposit, distribution, transfer of funds, loan, payment, gift, pledge or subscription of money or anything of value whatsoever."

Date	Amount	Contributed to
<input type="checkbox"/> No contribution(s) with a cumulative total of more than \$1,000		

17. Are you an appointee or prospective appointee as:			
<p>a. the head of a principal state department (e.g., cabinet secretary) appointed by the Governor; or</p> <p>b. a North Carolina Supreme Court Justice; or a Court of Appeals, Superior, or District Court Judge; or</p> <p>c. a member of any of the following boards:</p> <ul style="list-style-type: none"> • ABC Commission • Coastal Resources Commission • State Board of Education • State Board of Elections • Division of Employment Security • Environmental Management Commission • Industrial Commission • Human Resources Commission • Rules Review Commission • Board of Transportation • Utilities Commission • Wildlife Resources Commission 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If "No," proceed to question 18.</p>		
<p>d. If yes, were you appointed or are you being considered for appointment to that position by a Council of State member?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If "No," proceed to question 18.</p>		
<p>e. If yes, you must indicate whether during 2024 you engaged in any of the following activities with respect to or on behalf of the candidate or campaign committee of the Council of State member who appointed you:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>i. Collected contributions from multiple contributors, took possession of such multiple contributions, and transferred or delivered those collected contributions to the candidate or committee?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>ii. Hosted a fundraiser at your residence or place of business?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>iii. Volunteered for campaign-related activities, including phone banks, event assistance, mailings, canvassing, surveying, or any other activity that advances the campaign of a candidate?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>18. Have you ever been convicted of a felony for which you have not received either: (i) a pardon; or (ii) an order of expungement?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
Offense	Date of Conviction	County of Conviction	State of Conviction
<p>19. Are you aware of any other information that <i>you believe</i> may assist the Ethics Commission in advising you concerning your compliance with the State Government Ethics Act?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide that information below.</p>			

Affirmation

The information provided in this Statement of Economic Interest and any attachments are true, complete, and accurate to the best of my knowledge and belief.

I have not transferred, and will not transfer, any asset, interest, or property for the purpose of concealing it from disclosure while retaining an equitable interest.

I understand that my Statement of Economic Interest and any attachments except for the Confidential Form regarding Unemancipated Children are public records.

I have read and understand the following statutes:

N.C.G.S. § 138A-26. Concealing or failing to disclose material information.

A filing person who knowingly conceals or knowingly fails to disclose information that is required to be disclosed on a statement of economic interest . . . shall be guilty of a Class 1 misdemeanor and subject to disciplinary action under G.S. 138A-45.

N.C.G.S. § 138A-27. Penalty for false information.

A filing person who provides false information on a statement of economic interest . . . knowing that the information is false is guilty of a Class H felony and shall be subject to disciplinary action under G.S. 138A-45.

I affirm under penalty of perjury that the foregoing is true and correct.

Signature

Date

Printed Name

Submit signed, original documents only. Do not fax or e-mail this form.

Confidential Form Unemancipated Children 2025 Statement of Economic Interest

Confidential: Not a public record under N.C.G.S. § 138A-24(a)(1)

Name of Person Filing SEI _____

Agency or Board _____

Please list the full names of those children who were identified by initials on your Statement of Economic Interest.

Initials	Child's Full Name

Signature of Person Filing Supplement

Date



STATE ETHICS COMMISSION

2025 Real Estate Disclosure Form

For Staff Use Only

Date Received:

All MPO and RPO TAC Members and Alternates must file with the 2025 Statement of Economic Interest

Name of Person Filing Real Estate Disclosure Form				
Prefix	First Name	Middle Name	Last Name	Suffix
Name of Board (Metropolitan Planning Organization or Rural Planning Organization)				
Please list all real estate (including real estate listed on Question 1 of the Statement of Economic Interest) owned wholly or in part by you, a member of your extended family, ⁱ or a business with which you are associated ⁱⁱ within the jurisdiction of the MPO or RPO on which you are serving.				
Name of Owner of Real Estate	Location by City		Location by County	

ⁱ“Extended family” includes your spouse, lineal descendants, lineal ascendants, siblings, spouse’s lineal descendants, spouse’s lineal ascendants, spouse’s siblings, and the spouse of any of these individuals.

ⁱⁱ“Business with which associated” includes any for-profit business in which or for which you or your immediate family member (see definition on Statement of Economic Interest) are:

- an employee, director, officer, partner, proprietor; or
- a member or manager of a limited liability company; or an owner of an interest of \$10,000 or more in the business or 5% of the business, whichever is less; or a registered lobbyist.

This document and any attachments are a public record.

The information provided in this Real Estate Disclosure Form and any attachments are true, complete, and accurate to the best of my knowledge and belief.

I have not transferred, and will not transfer, any asset, interest, or property for the purpose of concealing it from disclosure while retaining an equitable interest.

I understand that my Real Estate Disclosure Form and any attachments are public record.

I have read and understand the applicable provision set out below:

(MPO) N.C.G.S. § 136-200.2(j). Violations

An MPO member who knowingly conceals or knowingly fails to disclose information that is required to be disclosed on a required filing . . . shall be guilty of a Class 1 misdemeanor. An MPO member who provides false information on a required filing knowing that the information is false is guilty of a Class H felony.

(RPO) N.C.G.S. § 136-211(j). Violations

[An RPO] member who knowingly conceals or knowingly fails to disclose information that is required to be disclosed on a required filing . . . shall be guilty of a Class 1 misdemeanor. [An RPO] member who provides false information on a required filing . . . knowing that the information is false is guilty of a Class H felony.

I affirm under penalty of perjury that the foregoing is true and correct.

Signature

Date

Printed Name

Submit signed, original documents only. Do not fax or email this form

For assistance please call: 919-814-3600 or e-mail: SEI@ethics.nc.gov

This document and any attachments are a public record.