

### STATE ETHICS COMMISSION

#### **2025 STATEMENT OF ECONOMIC INTEREST**

#### **Contact Information**

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

FOR STAFF USE ONLY	ı
Date Received:	l
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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:

**By Appointment Only** 

This entire form must be completed to fulfill your SEI filing obligation.

Filer's Name (First, Middle, Last)						
Prefix	First Name	Middle Name	Last Name		Suffix	
Mailing	Address (Required)		•			
	Address		City	State	Zip	
Daytime Phone Number (Required)			Alternate Phone Number			
E-Mail A	ddress (Required)		Date of Birth (MM/DD/YYYY)			
Please Note: Important notifications will be sent to the email address provided above. They will not be sent by regular mail. To receive Commission notifications in a timely manner, please add <a href="SEI@ethics.nc.gov">SEI@ethics.nc.gov</a> to your list of email contacts.						
Home Address:						
Provide your home address only if you are holding or seeking an elected office with a residency requirement. This requirement does not apply to Judicial Officers.						
"Judicial Officer" means Justice or Judge of the General Court of Justice, District Attorney, Clerk of Court, or any individual elected or appointed to any of these positions prior to taking office.						
☐ Same as mailing address						
Address		City	State	Zip		



# STATE ETHICS COMMISSION 2025 STATEMENT OF ECONOMIC INTEREST MPO/RPO TAC No Change Form

FOR STAFF USE ONLY	
Date Received:	

This entire form must be completed to fulfill your SEI filing obligation.

Filer's Na	me (First, Middle, Last)			
Prefix	First Name	Middle Name	Last Name	Suffix
		Reason for Filing (	Complete all that apply.)	
State Co	vornment leh (Checify age		Board/Commission (List the complete nam	acc of State boards
State Go	vernment Job (Specify age	ericy and position.)	or TACs on which you are serving.)	les of State Doalds
·				
AFFIRM	ATION			
I have carefully reviewed my most recently filed Statement of Economic Interest Long Form and my responses continue to be true, correct, and complete 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 underst	I understand that my No Change Form is a public record.			
I have re	ad and understand the fol	lowing statutes:		
N	I.C.G.S. § 138A-26. Conce	aling or failing to discl	ose 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 perjur	v that the foregoing	is true and correct.	
	, , , , , , , , , , , , , , , , , , ,	,		
Signature Date			Date	•
Printed	Name			
Submit	signed original docume	nts only. Do not fav	or a-mail this form	



## 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 2024 Statement of Economic Interest

Name of Person Filing Real Estate Disclosure Form					
Prefix	First Name	Middle Name	Las	t Name	Suffix
Name o	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, or a business with which you are associated within the jurisdiction of the MPO or RPO on which you are serving.					
Name	of Owner of Real Estate	Location b	by City	Location by Co	ounty

This document and any attachments are a public record.

<sup>&</sup>lt;sup>1</sup> "Extended family" includes your spouse, lineal descendants, lineal ascendants, siblings, spouse's lineal descendants, spouse's l

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:

<sup>•</sup> an employee, director, officer, partner, proprietor; or

<sup>•</sup> 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.

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 an	d 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:  $\underline{\text{SEI@ethics.nc.gov}}$ 

This document and any attachments are a public record.