

## STATE ETHICS COMMISSION

#### **2026 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
Date Received:

919-814-3600	https://ethics.nc.gov
JIJ 014 3000	nitips://etines.ne.ge

#### **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	Mailing Address (Required)							
Address			City	State	Zip			
Daytime Phone Number (Required)			Alternate Phone Number					
E-Mail Address (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 <u>only</u> 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			
					l			



# STATE ETHICS COMMISSION 2026 STATEMENT OF ECONOMIC INTEREST

FOR STAFF USE ONLY
Date Received:

### **No Change Form**

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

Filer's Na	ame (First, Middle, Last)					
Prefix	First Name	Middle Name	Last Name	Suffix		
	I	Reason for Filing (Co	omplete all that apply.)			
State Government Employee or Filing Post-Service (Specify agency and position.)			Board/Commission (List complete names of all State boards on which you are serving)			
Serving as Judicial Officer or Filing Post-Service (Specify office.)			Serving as Legislator or Filing Post-Service (Specify House/Senate.)			
Are you a 2026 <b>CANDIDATE</b> for these elected offices: (District, Supreme, or Superior Court; Court of Appeals; Clerk of Court; District Attorney; Legislator)			If yes, specify office and district/county if a	ipplicable:		
AFFIRM	_					
I have co	arefully reviewed my most rie, correct, and complete to	the best of my knowled				
	ot transferred, and will not re while retaining an equital		erest, or property for the purpose of concealing it	: from		
I unders	tand that my No Change Fo	rm is a public record.				
I have re	ead and understand the follo	owing statutes:				
1	N.C.G.S. § 138A-26. Concea	aling or failing to disclos	se material information.			
(			y fails to disclose information that is required to uilty of a Class 1 misdemeanor and subject to			
ı	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	$\prime$ that the foregoing is	s true and correct.			
Signatu	re		Date	_		
Printed	Name					