



**STATE ETHICS COMMISSION**  
**2021 STATEMENT OF ECONOMIC INTEREST**

FOR STAFF USE ONLY  
 Date Received: \_\_\_\_\_

Checked for completion \_\_\_\_\_  
 Scanned \_\_\_\_\_ Date \_\_\_\_\_  
 Entered in DB \_\_\_\_ by \_\_\_\_\_

**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:*

**By Appointment Only**

**This entire form must be completed to fulfill your ethics 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

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E-Mail Address (Required)      Date of Birth (MM/DD/YYYY)

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**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 [SEI@ncsbe.gov](mailto:SEI@ncsbe.gov) to your list of e-mail 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**  
**2021 STATEMENT OF ECONOMIC INTEREST**  
**NO CHANGE FORM**

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

For Staff Use Only
Date Received:

Filer's Name (First, Middle, Last)

Prefix	First Name	Middle Name	Last Name	Suffix

Reason for Filing (Complete all that apply.)

State Government Job (Specify agency and position.)	Board/Commission (List the complete names of all State boards on which you are serving or are being considered.)
Judicial Officer (Specify office.)	Legislator (Specify House or Senate.)

**AFFIRMATION**

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 understand that my No Change Form is a public record.

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.**



# STATE ETHICS COMMISSION

## 2021 Real Estate Disclosure Form

For Staff Use Only  
Date Received:

**All MPO and RPO TAC Members must file this form with the 2021 Statement of Economic Interest form.**

Name of Person Filing Real Estate Disclosure Form

Prefix	First Name	Middle Name	Last Name	Suffix

Name of MPO or RPO

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,<sup>i</sup> or a business with which you are associated<sup>ii</sup> **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

<sup>i</sup> “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.

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

- 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.

**Affirmation**

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**

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

\_\_\_\_\_  
**Printed Name**

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

**This entire document and any attachments are public records.**

**This entire document is a public record.**