



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

**Contact Information**

For Staff Use Only  
 Date Received:

\_\_\_\_ Checked for completion  
 \_\_\_\_ Scanned \_\_\_\_ Date  
 Incomplete Qs \_\_\_\_  
 Supp. sent date \_\_\_\_ by \_\_\_\_  
 Supp. received date \_\_\_\_  
 Entered in database \_\_\_\_ by \_\_\_\_

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

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 [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.

A "Judicial Officer" is a Justice or Judge of the General Court of Justice, District Attorney, or 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

**This contact information page is a public record.**



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

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Date Received:

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 your ethics filing obligation.**

Filer's Name (First, Middle, Last)				
<b>Prefix</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	<b>Suffix</b>
Current Employer			Job Title	
Nature or Type of Business				
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.)	
<p><b>A.</b> Do other immediate family members reside in your household?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>On this form, "immediate family" includes your spouse (unless legally separated). 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) <b>who reside in your household.</b></p>				
List the full name of <b>all adults</b> and <b>emancipated minors</b> in your household. Minors are children under 18. They are emancipated by marriage, enlistment in the US military, or court order for emancipation.				
<b>Full names of Adults and Emancipated Minors</b>	<b>Relationship</b>	<b>Employer</b>	<b>Job Title</b>	<b>Nature of Business</b>

**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.

<b>Initials of Unemancipated Minors</b>	<b>Relationship</b>	<b>Employer</b>	<b>Job Title</b>	<b>Nature of Business</b>

**Property Interests**

1. As of December 31, 2020, 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

<b>Owner of Real Estate</b>	<b>% Ownership Interest</b>	<b>Location by City</b>	<b>Location by County</b>

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

<b>Name of Lessor</b>	<b>Name of Lessee (Renter)</b>	<b>If Real Estate, Location by City &amp; County</b>	<b>If Personal Property, Describe</b>

2. At any time during 2019 or 2020, did you or any members of your immediate family sell to or buy from the State of North Carolina personal property worth \$10,000 or more?

Yes  No

<b>Name of Purchaser</b>	<b>Name of Seller</b>	<b>Type of Property</b>

**Financial Interests**

3. As of December 31, 2020, did you or any members of your immediate family own any of the following financial interests valued at \$10,000 or more? **List each company individually.**

A. Stock in a publicly owned company?

Yes     No

▶ 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 underlying assets.

<b>Owner of Interest</b>	<b>Full Name of Company or ticker symbol</b>

B. Stock options in a company or business?

Yes     No

<b>Owner of Stock Option</b>	<b>Full Name of Company (Do not use a ticker symbol)</b>

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

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

<b>Owner of Interest</b>	<b>Name of Company or Business Entity</b>

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.

<b>Non-Publicly Owned Company or Business Entity (the Primary Company)</b>	<b>Other Companies in which the Primary Company Owns Security or Equity Interests</b>
<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, 2020, 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. See SEI Helpful Tips for the definition of "Vested Trust" and "Blind Trust" <https://ethics.nc.gov>

Yes  No

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

5. As of December 31, 2020, 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	Type of Creditor (commercial Bank, credit union, individual, etc.)

6. List each source of income (**not** specific amounts) of more than \$5,000 received by you or any members of your immediate family during 2020. Include salary, wages, state/local government retirement income, professional fees, honoraria, interest, dividends, rental income, business income, and other types required to be reported on State and federal tax returns. **Please remember to disclose your receipt of salary or wages from any governmental or private entity.**

Do **not** include income received from the following sources:

- Capital gains
- Federal government retirement
- Military retirement
- Social security income/SSDI

Recipient of Income	Name of Source	Type of Business/Industry	Type of Income
---------------------	----------------	---------------------------	----------------

I had no reportable income over \$5,000 in 2020.


**Professional and Civic Relationships**

7(a). During 2020, 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 2020, 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 have jurisdiction?

Yes  No  Legislator/Judicial Officer - You are not required to complete this question if you are filing because you are a legislator or judicial officer or you are filing as an appointee to one of those offices.

- ▶ 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). List the name of each business with which you were associated where you or a member of your immediate family was an employee, director, officer, partner, proprietor, or member or manager as of December 31, 2020.

Name of Person	Relationship to Filer	Name of Company	Role of Person
<input type="checkbox"/> No Business Associations			

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, 2020, briefly describe that activity.

Name of Company or Business Entity	Description of Business Activity with the State
<input type="checkbox"/> Not applicable (No entities listed on #9a)	

10. Are you a practicing attorney?

Yes    No    Judicial Officer/State 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 2020.

- |   |   |  |                                   |
|---|---|--|-----------------------------------|
| <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 Regulation | <input type="checkbox"/> Other category not listed |                                   |

11. During 2020, 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 you are filing as an appointee to one of those offices.

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 or lobbyist principal within the 12 months preceding your filing of this form?

Yes    No

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

**Other Disclosures**

14. During 2020, 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 2020, 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 tuition, travel, lodging, meals, and other similar expenses.**

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

- ▶ Do not report gifts you have previously reported on the "Expense Report for Exempted Persons."
- ▶ Legislators are not required to report scholarships paid by a nonpartisan legislative organization of which the legislator or the General 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 considered for appointment to a covered board by the Governor or another Council of State member?

**Council of State members are:**

- ▶ 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 2020 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:

- a. the head of a principal state department (e.g., cabinet secretary) appointed by the Governor; or
- b. a North Carolina Supreme Court Justice, Court of Appeals, Superior or District Court Judge; or
- c. a member of any of the following boards:
  - 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

**Yes**    **No**  
 If "No," proceed to question 18.

- d. If so, were you appointed or are you being considered for appointment to that position by a Council of State member?

**Yes**    **No**  
 If "No," proceed to question 18.

- e. If so, you must indicate whether during 2020 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:

- i. Collected contributions from multiple contributors, took possession of such multiple contributions, and transferred or delivered those collected contributions to the candidate or committee?

**Yes**    **No**

- ii. Hosted a fundraiser at your residence or place of business?

**Yes**    **No**

- 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?

**Yes**    **No**

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?

Yes    No

Offense	Date of Conviction	County of Conviction	State of Conviction

19. Are you aware of any other information that *you believe* may assist the Ethics Commission in advising you concerning your compliance with the State Government Ethics Act?

Yes    No   If yes, please provide that information below.

**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  
2021 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.**

<b>Initials</b>	<b>Child's Full Name</b>

\_\_\_\_\_  
**Signature of Person Filing Supplement**

\_\_\_\_\_  
**Date**



# STATE ETHICS COMMISSION

## 2021 Real Estate Disclosure Form

For Staff Use Only	
Date Received: _____	
_____	Checked for completion
_____	Scanned _____ Date
_____	Entered in DB _____ by _____

**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.

**This Confidential Form is not a public record; the Board will not make it available on the Board’s website.**

**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 Confidential Form is not a public record; the Board will not make it available on the Board's website.**