

STATE ETHICS COMMISSION 2024 STATEMENT OF ECONOMIC INTEREST

For Staff Use Only Date Received:

Contact Information

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

919-814-3600 <u>https://ethics.nc.gov</u>

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

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

Filer's Name (First, Middle, Last)							
Prefix	First Name	Middle Name		Last Name	ast Name		
Mailing A	Address (Required)						
	Addre	ss		City	State	Zip	
Daytime	Phone Number (Require	d)	Alte	ernate Phone Number			
E-Mail A	ddress (Required)		Dat	te of Birth (MM/DD/YYYY)			
				lress provided above, not by i e add <u>SEI@ethics.nc.gov</u> to yo			
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.							
Same as mailing address							
	Addre	ess		City	State	Zip	



STATE ETHICS COMMISSION 2024 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 N	ame (First, Middle, La	st)								
Prefix	First Name	Middle Name	L	.ast Name			Suffix			
	_									
Current	Employer		J	lob Title						
Nature o	or Type of Business									
Reason for Filing (Complete all that apply.)										
	overnment Job agency and position:				s) of all State boards or o which you are being ap		ou are			
Agency:										
Position	:			Who appo	inted You?					
Current	ly Serving as a Judicia	al Officer (Specify of	fice)	Currently	Serving as a Legislator (Specify House o	r Senate)			
Supreme	Are you a candidate for a covered office? (District, Supreme, Superior Court; Court of Appeals; Clerk of Court; DA; Legislator; Councilof State)									
A D					1.10					
A. Do an	y immediate family m s	nembers** currently	reside in y	your nousend	old?					
**"Imme	ediate family" include	ir extended family ((your and	your spouse	and unemancipated mine 's children, grandchildre ourhousehold.					
If yes, list	t the full name of all i	immediate family	members	residing in y	our household.					
	List				er 18) in section `B' belo the end of SEI.	w				
Immedia	ate Family Member	Relationship	Emp	loyer	Job Title	Nature of Bu	siness			

B. List only the initial	als of all un	emancipate	d minors in your	household b	elow. A mind	r is a chi	ld under 18 years old.	
List the full nan	ne of each	minor chil	d on the Confide	ential Form	at the end	of SEI.		
Initials of Unemancipated Minors	Relationship		Employer		Job Title		Nature of Business	
Property Interest	ts		•				•	
1 As of December 3	31, 2023, di	d you or an	y members of you	ur immediate	efamily:			
A have an owne or more?	rship interes	st in North C	arolina real estate	(including y	our residence	e) with a n	narket value of \$10,000	
☐ Yes ☐ No								
Owner of Real I	Estate	% Owne	rship Interest	Loca	tion by City		Location by County	
B. lease or rent re or more?	eal estate or	personal pr	operty to or from t	he State of N	North Carolina	with a m	narket value of \$10,000	
☐ Yes ☐ No								
Name of Les	sor		e of Lessee Renter)	If Real Estate, Location by City & County			If Personal Property, Describe	
At any time during property to or fro							buy personal	
☐ Yes ☐ No								
Name of Pu	ırchaser		Name o	f Seller		Type of Property		

Financial Interests	
3. As of December 31, 2023, did you or any members of your valued at \$10,000 or more?	immediate family own any of the following financial interests
A. Stock in a publicly owned company?	
List the <i>name</i> of each company in which you own ho of shares/options, or the value of your holdings.	oldings of \$10,000 or more. Do not list the number
► Include stocks held individually or in a portfolio managed	by a financial services company.
Do <u>not</u> list interests in a widely held investment fund (inc or pension or deferred compensation plans) if:	luding mutual funds, regulated investment companies,
 the fund is publicly traded, or its assets are widely div neither you nor an immediate family member are able 	
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
	usiness entity. These include interests in sole partnerships, companies, limited liability partnerships, and closely held
Yes No - If "No," proceed to question 4.	
Owner of Interest	Name of Company or Business Entity
	n question 3.C. (the "primary company"), please list the names which the primary company owns securities or equity interests
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
□ None or not known	

contracts with the S					escribe that business activity.	
Name of Company o	or Busine	ess Entity	Description of Business Activity with the State			
☐ None or Not Known						
 4. As of December 31, 2023, trust with a value of \$10,0 ▶ Do not list assets held in I under "SEIs / SEIHelpful Ti ☐ Yes ☐ No 	000 or mo	ore that you created,	established, orcontr sted Trust" and "Blind	olled?		
Name and Address of Tru	ustee	Description	of the Trust	Your F	Relationship to the Trust	
5. As of December 31, 2023, 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.)			
List each source of income members of your immediat professional fees, honoraria required to be reported on	te family a, interes	during 2023. Include t, dividends, rental ir	salary, wages, state ncome, business inco	/local gove	ernment retirement income,	
 Attention! You must including employers 						
Do not attach tax re						
 Do not include income retirement benefits; or 	ne receive or Social S	d from the following Security retirement, s	sources: capital gain urvivors, or disability	s; federal o benefits.	government or military	
		erson or Entity fro come Was Receive			Type of Income	
☐ I had no reportable income	over \$5,0	00 in 2023.				
					<u> </u>	

Professional and Civic Relati	onships					
employee, independent contr	7(a). During 2023, 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," pr	roceed to question 8.					
Do not list State boards or ent						
Do not list organizations of wh	nich you are a mere m					
Name of Person	Position	Name of Non Corporation or Or		Nature or Purpose of Organization		
7(b). If the nonprofit corporations State funds, briefly describe t						
Name of Nonprofit Corporatio	n or Organization	D	escribe State	Business		
☐ None or Not Known						
8. During 2023, were you or any any society, organization, or a 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 whi	ch you are only a men	nber and do not serve	in a leadersh	ip role.		
Name of Person	Name of Society, Organization, or Advocacy Group			adership Position , Officer, Board Member)		

9(a). As of December 31, 202 proprietor, or member 0			our immediate family an employee ness?	, director, partner, officer,		
Name of Person	Relationship to	Filer	Name of Company	Role of Person		
☐ Yes ☐ No - If "No," p	roceed to question10	•				
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, 2023, briefly describe that activity.						
Name of Company	or Business Entity		Description of Business Ac	tivity with the State		
□ None or Not Known						
10. Are you a practicing atto	orney?					
Yes No	Judicial Officer/State	Attorney	☐ In House Attorney			
If "Yes", check each category legal fees of more than \$10,0		on in wh	ich you or the law firm with which y	ou are affiliated has earned		
☐ Administrative	☐ Admiralty	/	☐ Corporate	☐ Criminal		
☐ Decedent's Estates	☐ Environm	nental	☐ Insurance	Labor		
☐ Local Government	☐ Real Prop	erty	Securities	□Tax		
☐ Tort litigation (including ☐ Utilities Regulation negligence)		egulation	Other Category			
			han an attorney) or did you provide on for which you charged or were pa			
☐Yes ☐ No						
Type of Busi	ness		Nature of Services Re	endered		

12. Are you or your employer, or an	y members of your immed	iate family, or t	heir employers c	urrently:			
licensed by the State board	or agency with which you a	are or will be as	sociated o r				
regulated by the State board							
 in a business relationship wit 	• , , ,			associated?			
•	_						
Yes No Legislator/Judicial	officer - You are not requer or or a judicial officer or a						
if you are also fil	ing as a member of a State	board or as a	State employee,	please answer "yes"			
or "no" to this qu	estion.						
If "yes," provide the following in	formation.						
Name of Person	Name of Emp	oloyer	Туре	of Relationship			
	(if applical	ole)	(Licensing,	Regulatory, Business	5)		
13. Have you or a member of your in	 mmediate family been regi	stered as a lobb	vist within the 1	12 months preceding vo	ur		
filing of this SEI? Yes No	,,,		,	····· , · · · · · · · · · · · · · · · · · · ·			
If "yes," provide the following in	formation						
1. Yes, provide the following in							
Name of Lobbyist	Lobbyist's Pri	ncipal	Date of	Registration	1		
		Registration Expiration					
Other Disclosures							
	-:			-k- did			
14. During 2023, after you were app	ointea, employea, or filea	or were nomina	ateu as a candida	ate, ala you			
 receive any "gift(s)" exceedi 	ng \$200 per quarter from	a person or gro	up of persons ac	ting together,			
 when both you and those pe 	rson(s) were outside North	Carolina,					
 under circumstances that wo 	uld lead a reasonable perso	on to conclude t	he gifts were giv	en for lobbying?			
To answer Yes, all three conditions must apply.							
☐ Yes ☐ No							
Do not report gifts given by men							
Do not report gifts you have pre	viously reported on the "E	kpense Report f	or ExemptedPer	sons."			
Date Item Received Name and	d Address of Donor(s)	Describe It	em Received	Estimated Market Value	t		

15. During	2023, aft	er you we	re appoint	ed, employed, or filed	or were nominated	as a candidate, did you		
tog	together							
				de North Carolina?				
		oth condi		,				
				ither direct or indire and other similare		erence, meeting, or similar event,		
☐ Yes	□No			You are not required to ial officer candidate o		ion if you are filing solely as a judicial		
▶ Do not	report gif	ts you hav	e previou	sly reported on the "R	Reportable Expenditu	re Made by PersonExempted."		
				scholarships paid by a ipant, oraffiliate.	nonpartisan legislativ	ve organization of which the legislator		
Date o Scholars	_	Name a	nd Addre	ss of Donor(s)	Describe Event	Estimated Market Value		
		ppointed o		being considered for	appointment to a co	vered board by the Governor or		
Council of	State me	embers in	clude:					
► Govern	nor		•	Lt. Governor	•	Secretary of State		
▶ State A	Auditor		•	State Treasurer	•	Superintendent of PublicInstruction		
► Attorne	ey Genera	I	•	Commissioner of Ag	griculture	Commissioner of Labor		
► Comm	issioner o	f Insuranc	e					
□Yes	□No							
If "Yes," list all contributions you made in 2023 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		
☐ No contr	ibution(s)	with a cu	mulative t	otal of more than \$1,	000			

17. Are you an appointee or prospect	ive appointee as:						
a. the head of a principal state department (e.g., cabinet secretary) appointed by the Governor; or							
 b. a North Carolina Supreme Count District Court Judge; or 	rt Justice; or a Court of	Appeals, Superior, or					
c. a member of any of the followi	ng boards:		☐ Yes	□ No			
 ABC Commission 			If "No,	" proceed to question 18.			
 Coastal Resources Commit 	ission						
 State Board of Education 							
State Board of Elections							
Division of Employment S	•						
Environmental Manageme	ent Commission						
Industrial Commission							
Human Resources Commi Bulas Review Commission							
Rules Review Commission Reput of Transportation							
 Board of Transportation Utilities Commission 							
Wildlife Resources Commit	ission						
• Wildlife Resources Commi	331011						
d. If yes, were you appointed or a	are you being considere	ed for appointment to that	☐ Yes	□No			
position by a Council of State r	member?		If "No,	" proceed to question 18.			
multiple contributions, a	spect to or on behalf of ouncil of State member om multiple contributor and transferred or o	the candidate or	□Yes	□No			
contributions to the candic		ousiness?	∏Yes	∏No			
iii. Volunteered for campaign-							
event assistance, mailings activity that advances the	s, canvassing, surveying	g, or any other	☐ Yes	□No			
18. Have you ever been convicted of expungement?	a felony for which you	have not received either: (i)) a pardo	on; or (ii) an order of			
☐ Yes ☐ No							
Offense	Date of Conviction	County of Conviction	n	State of Conviction			
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?							

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 no	ot fax or e-mail this form.	

Confidential Form Unemancipated Children 2024 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 2024 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 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	oy City	Location by Co	ounty	

This document and any attachments are a public record.

[&]quot;Extended family" includes your spouse, lineal descendants, lineal ascendants, siblings, spouse's lineal descendants, spouse's linea

[&]quot;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.

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: <u>SEI@ethics.nc.gov</u>

This document and any attachments are a public record.