



STATE ETHICS COMMISSION
2024 STATEMENT OF ECONOMIC INTEREST
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

FOR STAFF USE ONLY

Date Received:

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

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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@ethics.nc.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
2024 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 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 State boards or TACs on which you are serving or are being considered.)
Currently Serving as a Judicial Officer (Specify office.)	Currently Serving as a Legislator (Specify House or Senate.)
Are you a CANDIDATE for a covered elected office? (District, Supreme, or Superior Court; Court of Appeals; Clerk of Court; DA; Legislator; Member, Council of State) <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify office and district/county if applicable:

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

2024 Real Estate Disclosure Form

All MPO and RPO TAC Members and Alternates must file with the 2024 Statement of Economic Interest

For Staff Use Only

Date Received:

Name of Person Filing Real Estate Disclosure Form				
Prefix	First Name	Middle Name	Last 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, ⁱ or a business with which you are associated ⁱⁱ 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	

ⁱ“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.

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:

- 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 document and any attachments are a public record.

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

Printed Name

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

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

This document and any attachments are a public record.