

STATEMENT OF ECONOMIC INTERESTS

for the General Assembly of Virginia



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Instructions

Members of the General Assembly and candidates for such office are **REQUIRED** to complete and file the Statement of Economic Interests.

Schedules A through I are to be completed **ONLY** if you answer “Yes” to any of items 1 through 11 on the Statement of Economic Interests. The schedules in this book are removable. Complete and return only those schedules that are applicable to you.

Filing deadlines for members of the General Assembly are December 15 for the preceding six-month period complete through the last day of October and June 15 for the preceding six-month period complete through the last day of April . Candidates for the General Assembly must comply with §§ 24.2-500 through 24.2-503 and 30-110 of the Code of Virginia.

DEFINITIONS AND EXPLANATORY MATERIAL

"IMMEDIATE FAMILY" means (i) a spouse and (ii) any child who resides in the same household as the legislator and who is a dependent of the legislator.

"BUSINESS" means a corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, trust or foundation, or any other individual or entity carrying on a business or profession, whether or not for profit.

"CLOSE FINANCIAL ASSOCIATION" means an association in which the filer shares significant financial involvement with an individual and the filer would reasonably be expected to be aware of the individual's business activities and would have access to the necessary records either directly or through the individual. "Close financial association" does not mean an association based on (i) the receipt of retirement benefits or deferred compensation from a business by which the legislator is no longer employed, or (ii) the receipt of compensation for work performed by the legislator as an independent contractor of a business that represents an entity before any state governmental agency when the legislator has had no communications with the state governmental agency.

"CONTINGENT LIABILITY" means a liability that is not presently fixed or determined, but may become fixed or determined in the future with the occurrence of some certain event.

"GIFT" means any gratuity, favor, discount, entertainment, hospitality, loan, forbearance, or other item having monetary value. It includes services as well as gifts of transportation, lodgings and meals, whether provided in-kind, by purchase of a ticket, payment in advance or reimbursement after the expense has been incurred. "Gift" does not include (i) any offer of a ticket, coupon, or other admission or pass unless the ticket, coupon, admission, or pass is used; (ii) honorary degrees; (iii) any athletic, merit, or need-based scholarship or any other financial aid awarded by a public or private school, institution of higher education, or other educational program pursuant to such school, institution, or program's financial aid standards and procedures applicable to the general public; (iv) a campaign contribution properly received and reported pursuant to Chapter 9.3 (§ 24.2-945 et. seq.) of Title 24.2; (v) any gift related to the private profession or occupation of a legislator or of a member of his immediate family; or (vi) gifts from relatives or personal friends. "Relative" means the donee's spouse, child, uncle, aunt, niece, or nephew; a person to whom the donee is engaged to be married; the donee's or his spouse's parent, grandparent, grandchild, brother, or sister; or the donee's brother's or sister's spouse. "Personal friend" does not include any person that the filer knows or has reason to know is (a) a lobbyist registered pursuant to Article 3 (§ 2.2-418 et. seq.) or Chapter 4 of Title 2.2; (b) a lobbyist's principal as defined in § 2.2-419; or (c) a person, organization, or business who is a party to or is seeking to become a party to a contract with the Commonwealth. "Person, organization, or business" includes individuals who are officers, directors, or owners of or who have a controlling ownership interest in such organization or business.

"LOBBYIST RELATIONSHIP" means (i) an engagement, agreement, or representation that relates to legal services, consulting services, or public relations services, whether gratuitous or for compensation, between a member or member-elect and any person who is, or has been within the prior calendar year, registered as a lobbyist with the Secretary of the Commonwealth or (ii) a greater than three percent ownership interest by a member or member-elect in a business that employs, or engages as an independent contractor, any person who is, or has been within the prior calendar year, registered as a lobbyist with the Secretary of the Commonwealth. The disclosure of a lobbyist relationship shall not (a) constitute a waiver of any attorney-client or other privilege, (b) require a waiver of any attorney-client or other privilege for a third party, or (c) be required where a member or member-

elect is employed or engaged by a person and such person also employs or engages a person in a lobbyist relationship so long as the member or member-elect has no financial interest in the lobbyist relationship.

TRUST. If you or your immediate family, separately or together, are the only beneficiaries of a trust, treat the trust's assets as if you own them directly. If you or your immediate family have a proportional interest in a trust, treat that proportion of the trust's assets as if you own them directly. For example, if you and your immediate family have a one-third interest in a trust, complete your Statement as if you own one-third of each of the trust's assets. If you or a member of your immediate family created a trust and can revoke it without the beneficiaries' consent, treat its assets as if you own them directly.

REPORT TO THE BEST OF INFORMATION AND BELIEF. Information required on this Statement must be provided on the basis of the best knowledge, information, and belief of the individual filing the Statement as of the date of this report unless otherwise stated.

GENERAL ASSEMBLY CANDIDATES SHOULD RETURN COMPLETED FORMS TO THE VIRGINIA CONFLICT OF INTEREST AND ETHICS ADVISORY COUNCIL.

Virginia Conflict of Interest and Ethics Advisory Council
General Assembly Building
201 North 9th Street, 2nd Floor
Richmond, Virginia 23219

325062807

6. SALARY AND WAGES

List each employer that pays you or a member of your immediate family salary or wages in excess of \$5,000 annually. (Exclude any salary received as a member of the General Assembly pursuant to § 30-19.11.)

If no reportable salary or wages, check here.

7. BUSINESS INTERESTS AND LOBBYIST RELATIONSHIPS

7A. Do you or a member of your immediate family, separately or together, operate your own business, or own or control an interest in excess of \$5,000 in a business? YES NO

If yes is checked, complete **Schedule F-1**.

7B. Do you have a lobbyist relationship as that term is defined above? YES NO
If yes is checked, complete **Schedule F-2**.

8. PAYMENTS FOR REPRESENTATION AND OTHER SERVICES

8A. Did you represent any businesses before any state governmental agencies, excluding courts or judges, for which you received total compensation during the past six months in excess of \$1,000, excluding compensation for other services to such businesses and representation consisting solely of the filing of mandatory papers and subsequent representation regarding the mandatory papers? YES NO

If yes is checked, complete **Schedule G-1**.

8B. Subject to the same exceptions as in 8A, did persons with whom you have a close financial association (partners, associates or others) represent any businesses before any state governmental agency for which total compensation was received during the past six months in excess of \$1,000? YES NO

If yes is checked, complete **Schedule G-2**.

8C. Did you or persons with whom you have a close financial association furnish services to businesses operating in Virginia, pursuant to an agreement between you and such businesses, or between persons with whom you have a close financial association and such businesses for which total compensation in excess of \$1,000 was received during the past six months? Services reported under this provision shall not include services involving the representation of businesses that are reported under question 8A or 8B above. YES NO

If yes is checked, complete **Schedule G-3**.

9. REAL ESTATE

Do you or a member of your immediate family hold an interest, including a partnership interest, valued at more than \$5,000 in real property (other than your principal residence) for which you have not already listed the full address on Schedule F? Account for real estate held in trust. YES NO

If yes is checked, complete **Schedule H**.

10. REAL ESTATE CONTRACTS WITH STATE GOVERNMENTAL AGENCIES

Do you or a member of your immediate family hold an interest valued at more than \$5,000 in real estate, including a corporate, partnership, or trust interest, option, easement, or land contract, which real estate is the subject of a contract, whether pending or completed within the past six months, with a state governmental agency? If the real estate contract provides for the leasing of the property to a state governmental agency, do you or a member of your immediate family hold an interest in the real estate, including a corporate, partnership, or trust interest, option, easement, or land contract valued at more than \$1,000? Account for all such contracts whether or not your interest is reported in Schedule F or H. This requirement to disclose an interest in a lease does not apply to an interest derived through an ownership interest in a business unless the ownership interest exceeds three percent of the total equity of the business. YES NO

If yes is checked, complete **Schedule I**.

11. PAYMENTS BY THE COMMONWEALTH FOR MEETINGS

During the past six months did you receive lodging, transportation, money, or anything else of value with a combined value exceeding \$200 from the Commonwealth for a single meeting attended out-of-state in your capacity as a legislator? Do not include reimbursements from the Commonwealth for meetings attended in the Commonwealth. YES NO

If yes is checked, complete **Schedule D-2**.

For Statements filed in January 2016 and each two years thereafter, complete the following statement indicating whether you completed the ethics orientation session provided pursuant to law: YES NO
I certify that I completed ethics training as required by § 30-129.1.

This Statement of Economic Interests is open for public inspection.

6 VIRGINIA CONFLICT OF INTEREST AND ETHICS ADVISORY COUNCIL

AFFIRMATION

In accordance with the rules of the house in which I [shall] serve, if I receive a request that this disclosure statement be corrected, augmented, or revised in any respect, I hereby pledge that I shall respond promptly to the request. I understand that if a determination is made that the statement is insufficient, I will satisfy such request or be subjected to disciplinary action of my house.

I swear or affirm that the foregoing information is full, true and correct to the best of my knowledge.

Signature of Member/Member elect/Candidate

Date

(Such signature shall be deemed to constitute a valid notarization and shall have the same effect as if performed by a notary public.)

**SCHEDULE B
PERSONAL LIABILITIES**

NAME: _____

Report personal liability by checking each category. Report only debts in excess of \$5,000. Do not report debts to any government. Do not report loans secured by recorded liens on property at least equal in value to the loan.

Report contingent liabilities below and indicate which debts are contingent.

1. My personal debts are as follows:

CHECK APPROPRIATE CATEGORIES	CHECK ONE	
	\$5,001 to \$50,000	MORE THAN \$50,000
Banks	<input type="checkbox"/>	<input type="checkbox"/>
Savings institutions	<input type="checkbox"/>	<input type="checkbox"/>
Other loan or finance companies	<input type="checkbox"/>	<input type="checkbox"/>
Insurance companies	<input type="checkbox"/>	<input type="checkbox"/>
Stock, commodity or other brokerage companies	<input type="checkbox"/>	<input type="checkbox"/>
Other businesses: (State principal business activity for each creditor and its name.)		
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
Individual creditors: (State principal business or occupation of each creditor and its name.)		
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

2. The personal debts of the members of my immediate family are as follows:

CHECK APPROPRIATE CATEGORIES	CHECK ONE	
	\$5,001 to \$50,000	MORE THAN \$50,000
Banks	<input type="checkbox"/>	<input type="checkbox"/>
Savings institutions	<input type="checkbox"/>	<input type="checkbox"/>
Other loan or finance companies	<input type="checkbox"/>	<input type="checkbox"/>
Insurance companies	<input type="checkbox"/>	<input type="checkbox"/>
Stock, commodity or other brokerage companies	<input type="checkbox"/>	<input type="checkbox"/>

(Continued on next page)

SCHEDULE B
PERSONAL LIABILITIES (continued)

CHECK APPROPRIATE CATEGORIES	CHECK ONE	
	\$10,001 to \$50,000	MORE THAN \$50,000
Other businesses: (State principal business activity for each creditor and its name.)		
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
Individual creditors: (State principal business or occupation of each creditor and its name.)		
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
(Return only if needed to complete Statement.)	RETURN TO ITEM 3	

SCHEDULE C

SECURITIES

NAME:

"SECURITIES" INCLUDES stocks, bonds, mutual funds, limited partnerships, and commodity futures contracts.

"SECURITIES" EXCLUDES certificates of deposit, money market funds, annuity contracts, and insurance policies.

Identify each business or Virginia governmental entity in which you or a member of your immediate family, directly or indirectly, separately or together, own securities valued in excess of \$5,000. Name each issuer and type of security individually.

Do not list organizations that do not do business in this Commonwealth, but most major businesses conduct business in Virginia. Account for securities held in trust.

Do not list U.S. Bonds or other government securities not issued by the Commonwealth of Virginia or its authorities, agencies, or local governments.

If no reportable securities, check here.

NAME OF ISSUER	TYPE OF SECURITY (STOCKS, BONDS, MUTUAL FUNDS, ETC.)	CHECK ONE		
		\$5,001 to \$50,000	\$50,001 to \$250,000	MORE THAN \$250,000
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Return only if needed to complete Statement.)

RETURN TO ITEM 4

Statement of Economic Interests

**SCHEDULE D-1
PAYMENTS FOR TALKS, MEETINGS, AND PUBLICATIONS**

NAME:

List each source from which you received during the past six months in your capacity as a legislator lodging, transportation, money, or any other thing of value with a combined value exceeding \$200 (i) for your presentation of a single talk, participation in one meeting, or publication of a work or (ii) for your attendance at a meeting, conference, or event where your attendance at the meeting, conference, or event was designed to (a) educate you on issues relevant to your duties as a legislator, including issues faced by your constituents, or (b) enhance your knowledge and skills relative to your duties as a legislator. **Any lodging, transportation, money, or other thing of value received by a legislator that does not satisfy the criteria of clause (i), (ii)(a), or (ii)(b) shall be listed as a gift on Schedule E.**

Do not list payments or reimbursements by the Commonwealth. (See Schedule D-2 for such payments or reimbursements.)

List a payment even if you donated it to charity.

Do not list information about a payment:

- if you returned it within 60 days or
- if you received it from an employer already listed under Item 6 or from a source of income listed on Schedule F.

If no payment must be listed, check here.

PAYER	APPROXIMATE VALUE	CIRCUMSTANCES	TYPE OF PAYMENT (e.g., HONORARIA, TRAVEL REIMBURSEMENT, ETC.)

(Return only if needed to complete Statement.)

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**SCHEDULE G-1
PAYMENTS FOR REPRESENTATION BY YOU**

NAME: _____

List the businesses you represented before any state governmental agency, excluding any court or judge, for which you received total compensation during the past six months in excess of \$1,000, excluding compensation for other services to such businesses and representation consisting solely of the filing of mandatory papers and subsequent representation regarding the mandatory papers filed by you.

Identify each business, the nature of the representation and the amount received by dollar category from each such business. You may state the type, rather than name, of the business if you are required by law not to reveal the name of the business represented by you.

NAME OF BUSINESS	TYPE OF BUSINESS	PURPOSE OF REPRESENTATION	NAME OF AGENCY	AMOUNT RECEIVED				
				\$1,001 to \$10,000	\$10,001 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$250,000	\$250,001 and over
				<input type="checkbox"/>				
				<input type="checkbox"/>				
				<input type="checkbox"/>				
				<input type="checkbox"/>				
				<input type="checkbox"/>				
				<input type="checkbox"/>				
				<input type="checkbox"/>				
				<input type="checkbox"/>				
				<input type="checkbox"/>				
				<input type="checkbox"/>				
				<input type="checkbox"/>				
				<input type="checkbox"/>				
				<input type="checkbox"/>				
				<input type="checkbox"/>				
				<input type="checkbox"/>				

If you have received \$250,001 or more from a single business within the reporting period, indicate the amount received, rounded to the nearest \$10,000.

Amount Received: _____

(Return only if needed to complete Statement.)

SCHEDULE G-3 PAYMENTS FOR OTHER SERVICES GENERALLY

NAME: _____

Indicate below types of businesses that operate in Virginia to which services were furnished by you or persons with whom you have a close financial association pursuant to an agreement between you and such businesses, or between persons with whom you have a close financial association and such businesses and for which total compensation in excess of \$1,000 was received during the past six months. Services reported in this Schedule shall not include services involving the representation of businesses that are reported in Schedule G-1 or G-2 above.

Identify opposite each category of businesses listed below (i) the type of business, (ii) the type of service rendered and (iii) the value by dollar category of the compensation received for all businesses falling within each category.

BUSINESS CATEGORY	CHECK IF SERVICES WERE RENDERED	TYPE OF SERVICE RENDERED	VALUE OF COMPENSATION				
			\$1,001 to \$10,000	\$10,001 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$250,000	\$250,001 and over
Electric utilities	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Gas utilities	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Telephone utilities	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Water utilities	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Cable television companies	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Interstate transportation companies	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Intrastate transportation companies	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Oil or gas retail companies	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Banks	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Savings institutions	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Loan or finance companies	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Manufacturing companies (state type of product, e.g., textile, furniture, etc.)	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Mining companies	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Life insurance companies	<input type="checkbox"/>	_____	<input type="checkbox"/>				

(Continued on next page)

SCHEDULE G-3

PAYMENTS FOR OTHER SERVICES GENERALLY (continued)

BUSINESS CATEGORY	CHECK IF SERVICES WERE RENDERED	TYPE OF SERVICE RENDERED	VALUE OF COMPENSATION				
			\$1,001 to \$10,000	\$10,001 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$250,000	\$250,001 and over
Casualty insurance companies	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Other insurance companies	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Retail companies	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Beer, wine or liquor companies or distributors	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Trade associations	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Professional associations	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Associations of public employees or officials	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Counties, cities or towns	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Labor organizations	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Other	<input type="checkbox"/>	_____	<input type="checkbox"/>				

(Return only if needed to complete Statement.)

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