

082378240

SENATE BILL NO. 533

Offered January 9, 2008

Prefiled January 9, 2008

A BILL to amend and reenact § 2.2-3117 of the Code of Virginia, relating to the State and Local Government Conflict of Interest Act; disclosure of real estate interests.

Patron—Herring

Referred to Committee on General Laws and Technology

Be it enacted by the General Assembly of Virginia:**1. That § 2.2-3117 of the Code of Virginia is amended and reenacted as follows:**

§ 2.2-3117. Disclosure form.

The disclosure form to be used for filings required by § 2.2-3114 A and D, and § 2.2-3115 A and D shall be substantially as follows:

STATEMENT OF ECONOMIC INTERESTS.

Name

Office or position held or sought

Address

Names of members of immediate family

DEFINITIONS AND EXPLANATORY MATERIAL.

"Immediate family" means (i) a spouse and (ii) any other person residing in the same household as the officer or employee, who is a dependent of the officer or employee or of whom the officer or employee is a dependent.

"Dependent" means any person, whether or not related by blood or marriage, who receives from the officer or employee, or provides to the officer or employee, more than one-half of his financial support.

"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 person filing 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 person filing this statement is no longer employed, or (ii) the receipt of compensation for work performed by the person filing as an independent contractor of a business that represents an entity before any state governmental agency when the person filing 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, local travel, lodgings and meals, whether provided in-kind, by purchase of a ticket, payment in advance or reimbursement after the expense has been incurred. "Gift" shall not include any offer of a ticket or other admission or pass unless the ticket, admission, or pass is used. "Gift" shall not include honorary degrees and presents from relatives. "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.

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 has 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.

COMPLETE ITEMS 1 THROUGH 10. REFER TO SCHEDULES ONLY IF DIRECTED.

You may attach additional explanatory information.

INTRODUCED

SB533

58 1. Offices and Directorships.

59 Are you or a member of your immediate family a paid officer or paid director of a business?

60 EITHER check NO // OR check YES // and complete Schedule A.

61 2. Personal Liabilities.

62 Do you or a member of your immediate family owe more than \$10,000 to any one creditor including
63 contingent liabilities? (Exclude debts to any government and loans secured by recorded liens on property
64 at least equal in value to the loan.)

65 EITHER check NO // OR check YES // and complete Schedule B.

66 3. Securities.

67 Do you or a member of your immediate family, directly or indirectly, separately or together, own
68 securities valued in excess of \$10,000 invested in one business? Account for mutual funds, limited
69 partnerships and trusts.

70 EITHER check NO // OR check YES // and complete Schedule C.

71 4. Payments for Talks, Meetings, and Publications.

72 During the past 12 months did you receive lodging, transportation, money, or anything else of value
73 with a combined value exceeding \$200 for a single talk, meeting, or published work in your capacity as
74 an officer or employee of your agency?

75 EITHER check NO // OR check YES // and complete Schedule D.

76 5. Gifts.

77 During the past 12 months did a business, government, or individual other than a relative or personal
78 friend (i) furnish you with any gift or entertainment at a single event, and the value received by you
79 exceeded \$50 in value or (ii) furnish you with gifts or entertainment in any combination and the value
80 received by you exceeded \$100 in total value; and for which you neither paid nor rendered services in
81 exchange? Account for entertainment events only if the average value per person attending the event
82 exceeded \$50 in value. Account for all business entertainment (except if related to your private
83 profession or occupation) even if unrelated to your official duties.

84 EITHER check NO // OR check YES // and complete Schedule E.

85 6. Salary and Wages.

86 List each employer that pays you or a member of your immediate family salary or wages in excess
87 of \$10,000 annually. (Exclude state or local government or advisory agencies.)

88 If no reportable salary or wages, check here //.

89

90

91

92 7. Business Interests.

93 Do you or a member of your immediate family, separately or together, operate your own business, or
94 own or control an interest in excess of \$10,000 in a business?

95 EITHER check NO // OR check YES // and complete Schedule F.

96 8. Payments for Representation and Other Services.

97 8A. Did you represent, excluding activity defined as lobbying in § 2.2-419, any businesses before any
98 state governmental agencies, excluding courts or judges, for which you received total compensation
99 during the past 12 months in excess of \$1,000, excluding compensation for other services to such
100 businesses and representation consisting solely of the filing of mandatory papers and subsequent
101 representation regarding the mandatory papers? (Officers and employees of local governmental and
102 advisory agencies do NOT need to answer this question or complete Schedule G-1.)

103 EITHER check NO // OR check YES // and complete Schedule G-1.

104 8B. Subject to the same exceptions as in 8A, did persons with whom you have a close financial
105 association (partners, associates or others) represent, excluding activity defined as lobbying in § 2.2-419,
106 any businesses before any state governmental agency for which total compensation was received during
107 the past 12 months in excess of \$1,000? (Officers and employees of local governmental and advisory
108 agencies do NOT need to answer this question or complete Schedule G-2.)

109 EITHER check NO // OR check YES // and complete Schedule G-2.

110 8C. Did you or persons with whom you have a close financial association furnish services to
111 businesses operating in Virginia pursuant to an agreement between you and such businesses, or between
112 persons with whom you have a close financial association and such businesses for which total
113 compensation in excess of \$1,000 was received during the past 12 months?

114 EITHER check NO // OR check YES // and complete Schedule G-3.

115 9. Real Estate.

116 9A. State Officers and Employees.

117 Do you or a member of your immediate family hold an interest, including a partnership interest,
118 valued at \$10,000 or more in real property (other than your principal residence) for which you have not
119 already listed the full address on Schedule F? Account for real estate held in trust.

EITHER check NO // OR check YES // and complete Schedule H-1.

9B. Local Officers and Employees.

Do you or a member of your immediate family hold an interest, including a ~~partnership~~ *an interest in a corporation, limited liability company, limited partnership, trust or any other business entity, or option, easement, or land contract*, valued at \$10,000 or more in real property located in the county, city or town in which you serve or in a county, city or town contiguous to the county, city or town in which you serve (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.

EITHER check NO // OR check YES // and complete Schedule H-2.

10. Real Estate Contracts with Governmental Agencies.

Do you or a member of your immediate family hold an interest valued at more than \$10,000 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 12 months, with a governmental agency? If the real estate contract provides for the leasing of the property to a governmental agency, do you or a member of your immediate family hold an interest in the real estate valued at more than \$1,000? Account for all such contracts whether or not your interest is reported in Schedule F, H-1, or H-2. 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.

EITHER check NO // OR check YES // and complete Schedule I.

Statements of Economic Interests are open for public inspection. AFFIRMATION BY ALL FILERS.

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

Signature

Commonwealth of Virginia

..... of to wit:

The foregoing disclosure form was acknowledged before me

This day of, 20. . . , by

Notary Public

My commission expires

(Return only if needed to complete Statement.)

SCHEDULES

to

STATEMENT OF ECONOMIC INTERESTS.

NAME

SCHEDULE A - OFFICES AND DIRECTORSHIPS.

Identify each business of which you or a member of your immediate family is a paid officer or paid director.

-----	-----	-----
-----	-----	-----
Name of Business	Address of Business	Position Held
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

RETURN TO ITEM 2

SCHEDULE B - PERSONAL LIABILITIES.

Report personal liability by checking each category. Report only debts in excess of \$10,000. 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	Check one
appropriate	\$10,001 to More than
categories	\$50,000 \$50,000

Banks

179 Savings institutions
 180 Other loan or finance companies
 181 Insurance companies
 182 Stock, commodity or other brokerage
 183 companies
 184 Other businesses:
 185 (State principal business activity for each
 186 creditor.)

187 _____
 188 _____

189 Individual creditors:
 190 (State principal business or
 191 occupation of each creditor.)

192 _____
 193 _____

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

195 -----
 196 -----

197	Check	Check one
198	appropriate	\$10,001 to More than
199	categories	\$50,000 \$50,000

200 Banks
 201 Savings institutions
 202 Other loan or finance companies
 203 Insurance companies
 204 Stock, commodity or other brokerage
 205 companies
 206 Other businesses:
 207 (State principal business activity
 208 for each creditor.)

209 _____
 210 _____

211 Individual creditors:
 212 (State principal business or
 213 occupation of each creditor.)

214 _____
 215 _____

216 RETURN TO ITEM 3

217 SCHEDULE C - SECURITIES.

218 "Securities" INCLUDES stocks, bonds,
 219 mutual funds, limited partnerships,
 220 and commodity futures contracts.
 221 contracts, and insurance policies.

"Securities" EXCLUDES
 certificates of deposit,
 money market funds, annuity

222 Identify each business or Virginia governmental entity in which you or a
 223 member of your immediate family, directly or indirectly, separately or
 224 together, own securities valued in excess of \$10,000.

225 Name each entity and type of security individually.

226 Do not list U.S. Bonds or other government securities not issued by the
 227 Commonwealth of Virginia or its authorities, agencies, or local governments.
 228 Do not list organizations that do not do business in this Commonwealth, but
 229 most major businesses conduct business in Virginia. Account for securities
 230 held in trust.

231 If no reportable securities, check here / /.

232 -----
 233 -----

234	Type of Security	Check one
235		\$10,001 \$50,001 More

236	Type of	stocks, bonds,	to	to	than
237	Name of Issuer Entity	mutual funds, etc.)	\$50,000	\$250,000	\$250,000
238	-----	-----	-----	-----	-----
239	-----	-----	-----	-----	-----
240	-----	-----	-----	-----	-----
241	-----	-----	-----	-----	-----
242	-----	-----	-----	-----	-----
243	-----	-----	-----	-----	-----

RETURN TO ITEM 4

SCHEDULE D - PAYMENTS FOR TALKS, MEETINGS, AND PUBLICATIONS.

List each source from which you received during the past 12 months lodging, transportation, money, or any other thing of value (excluding meals or drinks coincident with a meeting) with combined value exceeding \$200 for your presentation of a single talk, participation in one meeting, or publication of a work in your capacity as an officer or employee of your agency.

List payments or reimbursements by an advisory or governmental agency only for meetings or travel outside the Commonwealth.

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 / /.

256	-----	-----	-----	-----
257	-----	-----	-----	-----
258			Type of payment	
259			(e.g. honoraria,	
260			travel reimburse-	
261	Payer	Approximate Value	Circumstances	ment, etc.)
262	-----	-----	-----	-----
263	-----	-----	-----	-----
264	-----	-----	-----	-----
265	-----	-----	-----	-----
266	-----	-----	-----	-----
267	-----	-----	-----	-----

RETURN TO ITEM 5

SCHEDULE E - GIFTS.

List each business, governmental entity, or individual that, during the past 12 months, (i) furnished you with any gift or entertainment at a single event and the value received by you exceeded \$50 in value, or (ii) furnished you with gifts or entertainment in any combination and the value received by you exceeded \$100 in total value; and for which you neither paid nor rendered services in exchange. List each such gift or event. Do not list entertainment events unless the average value per person attending the event exceeded \$50 in value. Do not list business entertainment related to your private profession or occupation. Do not list gifts or other things of value given by a relative or personal friend for reasons clearly unrelated to your public position. Do not list campaign contributions publicly reported as required by Chapter 9.3 (§ 24.2-945 et seq.) of Title 24.2 of the Code of Virginia.

279	-----	-----	-----	-----
280	-----	-----	-----	-----
281	Name of Business,	City or		
282	Organization, or	County	Gift or	
283	Individual	and State	Event	Approximate Value
284	-----	-----	-----	-----
285	-----	-----	-----	-----
286	-----	-----	-----	-----
287	-----	-----	-----	-----
288	-----	-----	-----	-----
289	-----	-----	-----	-----

RETURN TO ITEM 6

SCHEDULE F - BUSINESS INTERESTS.

Complete this Schedule for each self-owned or family-owned business (including rental property, a farm, or consulting work), partnership, or corporation in which you or a member of your immediate

294 family, separately or together, own an interest having a value in excess of \$10,000.

295 If the enterprise is owned or operated under a trade, partnership, or corporate name, list that name;
 296 otherwise, merely explain the nature of the enterprise. If rental property is owned or operated under a
 297 trade, partnership, or corporate name, list the name only; otherwise, give the address of each property.
 298 Account for business interests held in trust.

299 -----
 300 -----

301	Name of Business,		Nature of		Gross Income	
302	Corporation,		Enterprise			
303	Partnership,	City or	(farming, law	\$50,001	More	
304	Farm; Address of	County	rental	\$50,000	to	than
305	Rental Property	and State	property, etc.)	or less	\$250,000	\$250,000
306	-----	-----	-----	-----	-----	-----
307	-----	-----	-----	-----	-----	-----
308	-----	-----	-----	-----	-----	-----
309	-----	-----	-----	-----	-----	-----
310	-----	-----	-----	-----	-----	-----
311	-----	-----	-----	-----	-----	-----

312 RETURN TO ITEM 8

313 SCHEDULE G-1 - PAYMENTS FOR REPRESENTATION BY YOU.

314 List the businesses you represented, excluding activity defined as lobbying in § 2.2-419, before any
 315 state governmental agency, excluding any court or judge, for which you received total compensation
 316 during the past 12 months in excess of \$1,000, excluding compensation for other services to such
 317 businesses and representation consisting solely of the filing of mandatory papers and subsequent
 318 representation regarding the mandatory papers filed by you.

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

322 Only STATE officers and employees should complete this Schedule.

323 -----
 324 -----

325								Amount Received
326	Name	Type	Pur-	Name				
327	of	of	pose	of				
328	Busi-	Busi-	of	Agen-				
329	ness	ness	Repre-	cy	\$1,001	\$10,001	\$50,001	\$100,001 \$250,001
330			senta-		to	to	to	to and
331			tion		\$10,000	\$50,000	\$100,000	\$250,000 over
332	-----	-----	-----	-----	-----	-----	-----	-----
333	-----	-----	-----	-----	-----	-----	-----	-----
334	-----	-----	-----	-----	-----	-----	-----	-----
335	-----	-----	-----	-----	-----	-----	-----	-----
336	-----	-----	-----	-----	-----	-----	-----	-----
337	-----	-----	-----	-----	-----	-----	-----	-----

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

340 Amount Received: _____.

341 SCHEDULE G-2 - PAYMENTS FOR REPRESENTATION BY ASSOCIATES.

342 List the businesses that have been represented, excluding activity defined as lobbying in § 2.2-419,
 343 before any state governmental agency, excluding any court or judge, by persons who are your partners,
 344 associates or others with whom you have a close financial association and who received total
 345 compensation in excess of \$1,000 for such representation during the past 12 months, excluding
 346 representation consisting solely of the filing of mandatory papers and subsequent representation
 347 regarding the mandatory papers filed by your partners, associates or others with whom you have a close
 348 financial association.

349 Identify such businesses by type and also name the state governmental agencies before which such
 350 person appeared on behalf of such businesses.

351 Only STATE officers and employees should complete this Schedule.

352 -----

 Type of business Name of state governmental agency

SCHEDULE G-3 - PAYMENTS FOR SERVICES GENERALLY.

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 12 months.

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.

	Check if Type ser- of vices ser- were vice ren- ren- dered dered	\$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	_____	_____	_____	_____	_____	_____
Gas utilities	_____	_____	_____	_____	_____	_____
Telephone utilities	_____	_____	_____	_____	_____	_____
Water utilities	_____	_____	_____	_____	_____	_____
Cable television	_____	_____	_____	_____	_____	_____
companies	_____	_____	_____	_____	_____	_____
Interstate	_____	_____	_____	_____	_____	_____
transportation	_____	_____	_____	_____	_____	_____
companies	_____	_____	_____	_____	_____	_____
Intrastate	_____	_____	_____	_____	_____	_____
transportation	_____	_____	_____	_____	_____	_____
companies	_____	_____	_____	_____	_____	_____
Oil or gas retail	_____	_____	_____	_____	_____	_____
companies	_____	_____	_____	_____	_____	_____
Banks	_____	_____	_____	_____	_____	_____
Savings	_____	_____	_____	_____	_____	_____
institutions	_____	_____	_____	_____	_____	_____
Loan or finance	_____	_____	_____	_____	_____	_____
companies	_____	_____	_____	_____	_____	_____
Manufacturing	_____	_____	_____	_____	_____	_____
companies (state	_____	_____	_____	_____	_____	_____
type of product,	_____	_____	_____	_____	_____	_____
e.g., textile, _____	_____	_____	_____	_____	_____	_____
furniture, etc.)	_____	_____	_____	_____	_____	_____
Mining companies	_____	_____	_____	_____	_____	_____
Life insurance	_____	_____	_____	_____	_____	_____
companies	_____	_____	_____	_____	_____	_____
Casualty insurance	_____	_____	_____	_____	_____	_____

410 companies _____
 411 Other insurance _____
 412 companies _____
 413 Retail companies _____
 414 Beer, wine or liquor _____
 415 companies or _____
 416 distributors _____
 417 Trade associations _____
 418 Professional _____
 419 associations _____
 420 Associations of _____
 421 public employees or _____
 422 officials _____
 423 Counties, cities or _____
 424 towns _____
 425 Labor _____
 426 organizations _____
 427 Other _____
 428 _____
 429 _____

430 RETURN TO ITEM 9

431 SCHEDULE H-1 - REAL ESTATE - STATE OFFICERS AND EMPLOYEES.

432 List real estate other than your principal residence in which you or a member of your immediate
 433 family holds an interest, including a partnership interest, option, easement, or land contract, valued at
 434 \$10,000 or more. You may list each parcel of real estate individually if you wish.

435 _____
 436 _____
 437 List each location Describe the type of real If the real estate is
 438 (state, and county estate you own in each owned or recorded in
 439 or city) where you location (business, recre- a name other than your
 440 own real estate. ational, apartment, com- own, list that name.
 441 mercial, open land, etc.).
 442 _____
 443 _____
 444 _____
 445 _____
 446 _____
 447 _____

448
449 SCHEDULE H-2 - REAL ESTATE - LOCAL OFFICERS AND EMPLOYEES.

450 List real estate ~~located in your county, city, or town, and any contiguous county, city, or town~~ other
 451 than your principal residence in which you or a member of your immediate family holds an interest,
 452 including ~~a partnership~~ *an interest in a corporation, limited liability company, limited partnership, trust*
 453 *or any other business entity, or* option, easement, or land contract, valued at \$10,000 or more. You may
 454 list each parcel of real estate individually if you wish. *Also list the names of any co-owners of such*
 455 *property, if applicable.*

456 _____
 457 _____
 458 List each Describe the type If the real estate List
 459 location (state, of real estate is owned or the names
 460 and county you own in each recorded in a name of any
 461 or city) where location (business, other than your co-owners,
 462 you own recreational, own, list that if
 463 real estate apartment, name. applicable
 464 commercial, open
 465 land, etc.).
 466 _____

467 -----
 468 -----
 469 -----
 470 -----

471 -----
 472 SCHEDULE I - REAL ESTATE CONTRACTS WITH GOVERNMENTAL AGENCIES.

473 List all contracts, whether pending or completed within the past 12 months, with a governmental
 474 agency for the sale or exchange of real estate in which you or a member of your immediate family
 475 holds an interest, including a corporate, partnership or trust interest, option, easement, or land contract,
 476 valued at \$10,000 or more. List all contracts with a governmental agency for the lease of real estate in
 477 which you or a member of your immediate family holds such an interest valued at \$1,000 or more. This
 478 requirement to disclose an interest in a lease does not apply to an interest derived through an ownership
 479 interest in a business unless the ownership interest exceeds three percent of the total equity of the
 480 business.

481 State officers and employees report contracts with state agencies.

482 Local officers and employees report contracts with local agencies.

483 -----
 484 -----

485	List your real estate	List each governmental	State the annual
486	interest and the	agency which is a	income from the
487	person or entity,	party to the contract	contract, and the
488	including the type	and indicate the	amount, if any, of
489	of entity, which	county or city where	income you or any
490	is party to	the real estate	immediate family
491	the contract.	is located.	member derives
492	Describe any		annually from the
493	management role and		contract.
494	the percentage		
495	ownership		
496	interest you or your		
497	immediate family		
498	member has in the real		
499	estate or entity.		

500 -----
 501 -----
 502 -----
 503 -----
 504 -----
 505 -----
 506 -----