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SENATE BILL NO. 430

Offered January 13, 2010 Prefiled January 13, 2010

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 parcels.

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. Office or position held or sought Address Names of members of immediate family

DEFINITIONS AND EXPLANATORY MATERIAL.

"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.

"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.

"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.

"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.

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.

SB430 2 of 9

1. Offices and Directorships.

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

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

2. Personal Liabilities.

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

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

3 Securities

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

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

4. Payments for Talks, Meetings, and Publications.

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

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

5. Gifts.

During the past 12 months did a business, government, or individual other than a relative or personal friend (i) furnish you with any gift or entertainment at a single event, and the value received by you exceeded \$50 in value or (ii) furnish 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? Account for entertainment events only if the average value per person attending the event exceeded \$50 in value. Account for all business entertainment (except if related to your private profession or occupation) even if unrelated to your official duties.

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

6. Salary and Wages.

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

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

7. Business Interests.

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 \$10,000 in a business?

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

8. Payments for Representation and Other Services.

8A. Did you represent, excluding activity defined as lobbying in § 2.2-419, any businesses before any state governmental agencies, excluding courts or judges, for which you received total compensation during the past 12 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? (Officers and employees of local governmental and advisory agencies do NOT need to answer this question or complete Schedule G-1.)

EITHER check NO / / OR check YES / / and 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, excluding activity defined as lobbying in § 2.2-419, any businesses before any state governmental agency for which total compensation was received during the past 12 months in excess of \$1,000? (Officers and employees of local governmental and advisory agencies do NOT need to answer this question or complete Schedule G-2.)

EITHER check NO / / OR check YES / / and 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 12 months?

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

9. Real Estate.

9A. State Officers and Employees.

Do you or a member of your immediate family hold an interest, including a partnership interest, valued at \$10,000 or more 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.

120 EITHER check NO / / OR check YES / / and complete Schedule H-1. 121

9B. Local Officers and Employees.

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director.

Do you or a member of your immediate family hold an interest, including a partnership interest, or option, easement, or land contract, valued at \$10,000 or more 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.

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.

134 135 136 137 EITHER check NO / / OR check YES / / and complete Schedule I. 138 Statements of Economic Interests are open for public inspection. AFFIRMATION BY ALL FILERS. 139 I swear or affirm that the foregoing information is full, true and correct to the best of my knowledge. 140 141 Commonwealth of Virginia 142 of to wit: 143 The foregoing disclosure form was acknowledged before me 144 This day of 20. . . , by 145 Notary Public 146 My commission expires 147 (Return only if needed to complete Statement.) 148 SCHEDULES 149 tο 150 STATEMENT OF ECONOMIC INTERESTS. 151 152 SCHEDULE A - OFFICES AND DIRECTORSHIPS.

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

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

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.

RETURN TO ITEM 2

nt lightlities helevy and indicate which debts are contingent

1. My personal debts are as follows:	are contingent.	
Check	Check	 one
appropriate	\$10,001 to	More than
categories	\$50,000	\$50,000
Banks		
Savings institutions		
Other loan or finance companies		

SB430 4 of 9

Insurance companies				
Stock, commodity or other brokerage				
companies Other businesses:				
(State principal business activity for each				
creditor.)				
Individual creditors:				
(State principal business or				
occupation of each creditor.)				
2. The personal debts of the members of my immediate fa	•			
Check				 c one
appropriate		\$10,	001 to	More tha
categories				\$50,000
Banks		. ,		
Savings institutions				
Other loan or finance companies				
Insurance companies				
Stock, commodity or other brokerage				
companies				
Other businesses:				
(State principal business activity for each creditor.)				
Individual creditors:				
(State principal business or				
occupation of each creditor.)				
		 RN TO I	——— ТЕМ 3	
SCHEDULE C - SECURITIES.	KEIO	KN IO I	IEM J	
"Securities" INCLUDES stocks, bonds, "Securities"	ies" EX	CLUDES		
mutual funds, limited partnerships, certifi			sit,	
			annuity	
contracts, and insurance policies.				
Identify each business or Virginia governmenta	al enti	ty in w	hich you	ı or a
member of your immediate family, directly or			parately	y or
together, own securities valued in excess of S		•		
Name each entity and type of security individu	_			
Do not list U.S. Bonds or other government sec			_	
Commonwealth of Virginia or its authorities, a				
Do not list organizations that do not do busin				
most major businesses conduct business in Virgheld in trust.	ginia.	account	ior sec	curities
neid in trust. If no reportable securities, check here / /.				
		 Check		
Type of Security	у \$	10,001	\$50,001	l More
Type of (stocks, bonds, mut	tual t	0	to	
				than

Name of Issuer	Entity	funds, etc.)	\$50,000	\$250,000	\$250,000
		_			
		_			
		-			

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 / /.

			Type of payment (e.g. honoraria, travel reimburse-
Payer	Approximate Value	Circumstances	ment, etc.)

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.

	(0	1 /	8
Name of Business,	City or		
•	-		
Organization, or	County	Gift or	
Individual	and State	Event	Approximate Value
IIIdIVIddaI	and State	Evenc	Approximate value

RETURN TO ITEM 6

RETURN TO ITEM 5

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

SB430 6 of 9

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

Name of Business, Corporation,	,				Gross	Income
Partnership,		Nature of	Enterprise		\$50,001	More
Farm; Address of	City or County	(farming,	law, rental	\$50,000	to	than
Rental Property	and State	property,	etc.)	or less	\$250,000	\$250,000

RETURN TO ITEM 8 SCHEDULE G-1 - PAYMENTS FOR REPRESENTATION BY YOU.

List the businesses you represented, excluding activity defined as lobbying in § 2.2-419, before any state governmental agency, excluding any court or judge, for which you received total compensation during the past 12 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.

Only STATE officers and employees should complete this Schedule.

						Amo	ount Receive	ed
Name	Type	Pur-	Name					
of	of	pose	of					
Busi-	Busi-	of	Agen-					
ness	ness	Repre-	су	\$1,001	\$10,001	\$50,001	\$100,001	\$250,001
		senta-		to	to	to	to	and
		tion		\$10,000	\$50,000	\$100,000	\$250,000	over

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:____.

SCHEDULE G-2 - PAYMENTS FOR REPRESENTATION BY ASSOCIATES.

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

		ployees shou				
Type of business						
SCHEDULE G-3 - PA						
Indicate below types or persons with whom ye	of busin ou have	esses that of a close final	perate in Vi ncial associa	rginia to v ition pursu	vhich servic ant to an ag	greement between ye
such businesses, or bet businesses and for which						
months. Identify opposite each	h catego	rv of busine	esses listed	below (i)	the type of	business. (ii) the t
service rendered and (iii falling within each category) the va	lue by dolla	r category	of the com	pensation r	eceived for all bus
						of Compensatio
	Check	Type			varue	or compensacio
	if	of				
	ser-	ser-				
	vices	vice				
	were	ren-				
	ren-	dered				
	dered		\$1,001	\$10,001	\$50,001	\$100,001 \$250,
			to			to an
						\$250,000 ove
Electric utilities						_
Gas utilities						
Telephone utilitie	s					
Water utilities						
Cable television						
companies					_	
Interstate						
transportation						
companies					_	
transportation						
companies						
Oil or gas retail						
companies					_	
Banks	na					
	nis					
Savings institutio						
Loan or finance						
Loan or finance companies					_	
Loan or finance companies					_	
Loan or finance companies					_	
Loan or finance companies					_	
Loan or finance companies						

SB430 8 of 9

companies			
Casualty insurance			
Other insurance			
companies			
Beer, wine or liqu	ior		
companies or			
distributors			
Trade associations Professional	3		
Associations of			
public employees o			
Counties, cities o			
Lowns			
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	y estate you location (b ational, ap	own in each ousiness, recre- oartment, com-	If the real estate is owned or recorded in a name other than your own, list that name.
	mercial, op	en land, etc.).	
	 	en land, etc.).	
SCHEDULE H-2 - Ri List real estate other family holds an interest, \$10,000 or more. You wand with the state of the state	EAL ESTATE - LOCAL (than your principal residincluding a partnership in the partnership	OFFICERS AND EM tence in which you of terest or option, ease the state individually in the state in the state individually in the state individually in the state	PLOYEES. or a member of your immediat ment, or land contract, valued a f you wish Each parcel must b y, if applicable.
SCHEDULE H-2 - RI List real estate other Family holds an interest, \$10,000 or more. You was a street individually. Also be a street individually. List each location	EAL ESTATE - LOCAL (than your principal resid including a partnership in nay list each parcel of rea list the names of any co-or	OFFICERS AND EM lence in which you of terest or option, easest lestate individually in which you of terest or option, easest lestate individually in which you of the real est	PLOYEES. or a member of your immediate ment, or land contract, valued at a specific fraction of the second
SCHEDULE H-2 - R List real estate other family holds an interest, \$10,000 or more. You H listed individually. Also l	EAL ESTATE - LOCAL (than your principal resid including a partnership in nay list each parcel of rea list the names of any co-over-	OFFICERS AND EM lence in which you of terest or option, ease: I estate individually if where of such propert If the real est is owned or re	PLOYEES. or a member of your immediatement, or land contract, valued at f you wish Each parcel must by, if applicable. ate List the names c- of any co-owners,
SCHEDULE H-2 - Ri List real estate other family holds an interest, \$10,000 or more. You H listed individually. Also l	EAL ESTATE - LOCAL (than your principal residincluding a partnership in the names of any co-ordinate the names of any co-ordinate the type of real estate you own in each	OFFICERS AND EM dence in which you of terest or option, ease. I estate individually in the wners of such propert. If the real est is owned or reorded in a na	PLOYEES. or a member of your immedianment, or land contract, valued at fyou wish Each parcel must by, if applicable. ate List the names c- of any co-owners, me if applicable.
SCHEDULE H-2 - RI List real estate other family holds an interest, S10,000 or more. You was isted individually. Also I List each location (state, and county or city) where you own real	EAL ESTATE - LOCAL (than your principal residincluding a partnership in the parcel of real list the names of any co-ordinate the type of real estate you own in each location,	OFFICERS AND EM lence in which you of terest or option, ease: I estate individually if where of such propert If the real est is owned or re	PLOYEES. or a member of your immedia ment, or land contract, valued f you wish Each parcel must b y, if applicable. ate List the names c- of any co-owners, me if applicable.
SCHEDULE H-2 - RI List real estate other family holds an interest, \$10,000 or more. You was listed individually. Also I List each location (state, and county or city) where you own real	EAL ESTATE - LOCAL (than your principal reside including a partnership in the parcel of real list the names of any co-order of real estate you own in each location, (business,	OFFICERS AND EM ence in which you of terest or option, eased estate individually if where of such propert If the real est is owned or re orded in a na other than yo own, list tha name.	PLOYEES. or a member of your immedia ment, or land contract, valued f you wish Each parcel must by, if applicable. ate List the names coof any coowners, me if applicable.

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	ESTATE CONTRACTS		
	ether pending or complete		
	schange of real estate in		
holds an interest, including	g a corporate, partnership	or trust interest, opti	on, easement, or land co
valued at \$10,000 or mor	e. List all contracts with a	governmental agency	y for the lease of real es
which you or a member of	f your immediate family h	olds such an interest	valued at \$1,000 or more
requirement to disclose ar	interest in a lease does no	ot apply to an interes	t derived through an owr
	less the ownership interes		
	iess the ownership interes	a exceeds tiffee perc	ent of the total equity
business.			
State officers and emp	loyees report contracts with	n state agencies.	
T 1 CC 1	1	h local acamaica	
Local officers and emr	Movees report contracts wit	n local avencies	
	ployees report contracts wit	n local agencies.	
List your real esta	te List each go	vernmental	State the annual
List your real esta	te List each go	vernmental	State the annual income from the
List your real esta interest and the person or entity,	te List each go agency which party to the	vernmental is a contract	State the annual income from the contract, and the
List your real esta interest and the person or entity, including the type	te List each go agency which party to the and indicate	vernmental is a contract the	State the annual income from the contract, and the amount, if any, of
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