1994 SESSION

ENGROSSED

	LD2187759
1	HOUSE BILL NO. 935
2	House Amendments in [] — February 9, 1994
3	A BILL to amend and reenact §§ 2.1-639.15 and 2.1-639.41 of the Code of Virginia, relating to the
4	conflict of interests laws; disclosure forms, including disclosure of certain real estate and lease
5	interests.
6	
7	Patrons-Purkey, Bloxom, Cox, Dillard, Giesen, Howell, Ingram, Kidd, Marshall, Martin, McClure,
8	Mims, Nelms, Reid, Rhodes, Rollison, Sherwood, Tata, Wagner and Wardrup; Senators: Earley and
9	Stolle
10	Deferred to Committee on Drivile cos and Elections
11 12	Referred to Committee on Privileges and Elections
12	Be it enacted by the General Assembly of Virginia:
14	1. That §§ 2.1-639.15 and 2.1-639.41 of the Code of Virginia are amended and reenacted as
15	follows:
16	§ 2.1-639.15. Disclosure form.
17	The disclosure form to be used for filings required by § 2.1-639.13 A and D, and § 2.1-639.14 A and
18	D shall be substantially as follows:
19	
20	STATEMENT OF ECONOMIC INTERESTS.
21	
22	Name
23	Office or position held or sought
24	Home address
25	Names of members of immediate family
26	
27	DEFINITIONS AND EXPLANATORY MATERIAL.
28	
29	"Immediate family" means (i) a spouse and (ii) any other person
30	residing in the same household as the officer or employee, who
31	is a dependent of the officer or employee or of whom the officer
32	or employee is a dependent.
33	
34	"Dependent" means any person, whether or not related by blood or
35	marriage, who receives from the officer or employee, or provides
36	to the officer or employee, more than one-half of his financial
37	support.
38	
39	"Business" means a corporation, partnership, sole proprietorship,
40	firm, enterprise, franchise, association, trust or foundation, or
41	any other individual or entity carrying on a business or
42	profession, whether or not for profit.
43	
44	TRUST. If you or your immediate family, separately or together,
45	are the only beneficiaries of a trust, treat the trust's assets
46	as if you own them directly. If you or your immediate family has
47	a proportional interest in a trust, treat that proportion of the
48	trust's assets as if you own them directly. For example, if you
49	and your immediate family have a one-third interest in a trust,
50	complete your Statement as if you own one-third of each of the
51 52	trust's assets. If you or a member of your immediate family
52 52	created a trust and can revoke it without the beneficiaries'
53	consent, treat its assets as if you own them directly.
54	
55	REPORT TO THE BEST OF INFORMATION AND BELIEF. Information

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56 required on this Statement must be provided on the basis of the
57 best knowledge, information and belief of the individual filing
58 the Statement as of the date of this report unless otherwise
59 stated.
60
61 COMPLETE ITEMS 1 THROUGH 9. REFER TO SCHEDULES ONLY IF DIRECTED.
62
63 You may attach additional explanatory information.
64
65 1. Offices and Directorships.
66
        Are you or a member of your immediate family a paid officer
67
        or paid director of a business?
68
        EITHER check NO / / OR check YES / / and complete
69
        Schedule A.
70 2. Personal Liabilities.
71
        Do you or a member of your immediate family owe more than
72
        $10,000 to any one creditor including contingent liabilities?
73
        (Exclude debts to any government and loans secured by recorded
74
        liens on property at least equal in value to the loan.)
75
        EITHER check NO / / OR check YES / / and complete
76
        Schedule B.
77 3. Securities.
78
        Do you or a member of your immediate family, directly or
79
        indirectly, separately or together, own securities valued
80
        in excess of $10,000 invested in one business? Account for
81
        mutual funds, limited partnerships and trusts.
82
        EITHER check NO / / OR check YES / / and complete
83
        Schedule C.
84 4. Payments for Talks, Meetings, and Publications.
85
        During the past 12 months did you receive lodging,
86
        transportation, money, or anything else of value with a
87
        combined value exceeding $200 for a single talk, meeting,
88
        or published work in your capacity as an officer or employee
89
        of your agency?
90
        EITHER check NO / / OR check YES / / and complete
91
        Schedule D.
92 5. Gifts, Travel, and Business Entertainment.
93
        During the past 12 months did a business, government, or
94
        individual other than a relative or personal friend furnish
95
        you with tickets to sporting events or shows, travel expenses,
96
        meals or lodging, favors, services, property, loans, money,
97
        gifts, or anything else of value
98
        the total value of which exceeded $200 and for which you
99
        neither paid nor rendered, services in exchange? Account for
100
        all business entertainment (except if related to your private
101
        profession or occupation) even if unrelated to your official
102
        duties.
103
        EITHER check NO / / OR check YES / / and complete
104
        Schedule E.
105 6. Salary and Wages.
106
        List each employer that pays you or a member of your immediate
107
        family salary or wages in excess of $10,000 annually. (Exclude
108
        state or local government or advisory agencies.)
109
        If no reportable salary or wages, check here / /.
110
111
112
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113 7. Business Interests. 114 Do you or a member of your immediate family separately or 115 together, operate your own business, or own or control an 116 interest in excess of \$10,000 in a business? 117 EITHER check NO / / OR check YES / / and complete 118 Schedule F. 119 8. Payments for Representation. 120 8A. Did you represent any businesses before any state governmental 121 agencies, excluding courts or judges, for which you received 122 total compensation during the past 12 months in excess of 123 \$1,000, excluding compensation for other services to such 124 businesses and representation consisting solely of the filing 125 of mandatory papers? (Officers and employees of local 126 governmental and advisory agencies do NOT need to answer this 127 question or complete Schedule G-1.) 128 EITHER check NO / / OR check YES / / and complete 129 Schedule G-1. 130 8B. Subject to the same exceptions as in 8A, did persons with whom 131 you have a close financial association (partners, associates or 132 others) represent any businesses before any state governmental 133 agency for which total compensation was received during the past 134 12 months in excess of \$1,000? (Officers and employees of local 135 governmental and advisory agencies do NOT need to answer this 136 question or complete Schedule G-2.) 137 EITHER check NO / / OR check YES / / and complete 138 Schedule G-2. 139 8C. Did you or persons with whom you have a close financial 140 association furnish services to businesses operating in 141 Virginia for which total compensation in excess of \$1,000 142 was received during the past 12 months? 143 EITHER check NO / / OR check YES / / and complete 144 Schedule G-3. 145 9. Real Estate. 146 9A. State Officers and Employees. 147 Do you or a member of your immediate family hold an interest, 148 including a partnership interest, valued at \$10,000 or more in 149 real property located in Virginia (other than your principal 150 residence) for which you have not already listed the full 151 address on Schedule F? Account for real estate held in trust. 152 EITHER check NO / / OR check YES / / and complete 153 Schedule H-1. 154 9B. Local Officers and Employees. 155 Do you or a member of your immediate family hold an interest, 156 including a partnership interest, valued at \$10,000 or more in 157 real property located in the county, city or town in which you 158 serve or in a county, city or town contiguous to the county, 159 city or town in which you serve (other than your principal 160 residence) for which you have not already listed the full 161 address on Schedule F? Account for real estate held in trust. 162 EITHER check NO / / OR check YES / / and complete 163 Schedule H-2. 164 10. Real Estate Contracts with Government Agencies. 165 Do you or a member of your immediate family hold an interest 166 valued at more than \$10,000 in real estate, including a 167 corporate, partnership, or trust interest, option,

169 170 171 172 173 174 175 176 177 178 179 180	subject of a contract [, whether pending or completed within the past twelve 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 schedules 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					
181 182	Schedule J.					
182 183	Statements of Economic Interests are open for public inspection.					
184						
185	AFFIRMATION BY ALL FILERS					
186 187	I swear or affirm that the foregoing information is full, true and					
188	correct to the best of my knowledge.					
189	Signature					
190 191	Commonwealth of Virginia					
192	The foregoing disclosure form was acknowledged before me					
193	Thisday of19 by					
194 195	Notary Public My commission expires					
196	(Return only if needed to complete Statement.)					
197						
198 199	SCHEDULES to					
200	STATEMENT OF ECONOMIC INTERESTS					
201						
202 203	NAME					
203 204	SCHEDULE A - OFFICES AND DIRECTORSHIPS.					
205						
206 207	Identify each business of which you or a member of your immediate family is a paid officer or paid director.					
207	immediate family is a paid officer of paid director.					
209	Name of Business Address of Business Position Held					
210 211						
211						
213						
214 215						
213 216	RETURN TO ITEM 2					
217						
218 219	SCHEDULE B - PERSONAL LIABILITIES.					
220 221 222 223 224	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.					

226 1. My personal debts are as follows: 227 228 Check Check one 229 appropriate \$10,001 to More than 230 \$50,000 \$50,000 categories 231 232 Banks 233 Savings and loan associations 234 Other loan or finance companies 235 Insurance companies 236 Stock, commodity or other brokerage 237 companies 238 Other businesses: 239 (State principal business activity for each 240 creditor.) 241 242 243 Individual creditors: 244 (State principal business or 245 occupation of each creditor.) 246 247 248 249 2. The personal debts of the members of my immediate family are as 250 follows: 251 252 Check Check one 253 appropriate \$10,001 to More than 254 categories \$50,000 \$50,000 255 Banks 256 Savings and loan associations Other loan or finance companies 257 258 Insurance companies 259 Stock, commodity or other brokerage 260 companies 261 Other businesses: 262 (State principal business activity 263 for each creditor.) 264 265 266 Individual creditors: 267 (State principal business or 268 occupation of each creditor.) 269 270 271 272 RETURN TO ITEM 3 273 274 SCHEDULE C - SECURITIES. 275 276 "Securities" INCLUDES stocks, bonds, "Securities" EXCLUDES 277 mutual funds, money market funds, certificates of deposit, 278 limited partnerships, and commodity annuity contracts, and 279 futures contracts. insurance policies. 280 281 Identify each business or Virginia governmental entity in which you

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282
    or a member of your immediate family, directly or indirectly,
283
    separately or together, own securities valued in excess of $10,000.
284
285
        Do not list U.S. Bonds or other government securities not issued
286
        by the Commonwealth of Virginia or its authorities, agencies, or
287
        local governments. Do not list organizations that do not do
288
        business in this Commonwealth, but most major businesses conduct
289
        business in Virginia. Account for securities held in trust.
290
291
        If no reportable securities, check here / /
292
293
                               Type of Security
                                                      Check one
                            (stocks, bonds, mutual
294
                                                      More
295
                   Type of or money market funds, $10,001 to than
296 Name of Issuer Entity
                                   etc.)
                                                $50,000 $50,000
297
                                               _ __
298
     _____
                   _____ ____
299
      _____ ____
300
      _____
301
302
303
                                                    RETURN TO ITEM 4
304
305 SCHEDULE D - PAYMENTS FOR TALKS, MEETINGS, AND PUBLICATIONS.
306
307
       List each source from which you received during the past 12 months
308
       lodging, transportation, money, or any other thing of value
309
       (excluding meals or drinks coincident with a meeting) with
310
       combined value exceeding $200 for your presentation of a single
311
       talk, participation in one meeting, or publication of a work in
312
      your capacity as an officer or employee of your agency.
313
314
       List payments or reimbursements by an advisory or governmental
315
       agency only for meetings or travel outside the Commonwealth.
316
317
       List a payment even if you donated it to charity.
318
319
       Do not list information about a payment if you returned it within
320
       60 days or if you received it from an employer already listed
321
       under Item 6 or from a source of income listed on Schedule F.
322
323
       If no payment must be listed, check here / /
324
325
                                                     Type of payment
326
                                                     (e.g. honoraria,
327
                                                     travel reimburse-
328 Payer Approximate Value Circumstances ment, etc.)
329
330
331
               _____
332
333
334
                                                    RETURN TO ITEM 5
335
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336 SCHEDULE E - GIFTS, TRAVEL, AND BUSINESS ENTERTAINMENT. 337

338 List each business, governmental entity, or individual that

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339 340 341 342 343 344	expenses, m money, gift whose total	eals or lodg s, or other value excee	ets to sporting even ging, favors, service thing of pecuniary eded \$200 during the mer paid nor rendere	es, property, value, e past 12 month	loans, s
345 346 347 348 349 350	profession value given reasons cle	or occupatio by a relati arly unrelat	tertainment related on. Do not list gift ve or personal frie ed to your public p you need not consi	s or other thi end for position.	
351 352 353 354 355	at his own unrelated t	expense and o your publi	vitality that an ind not as a business e c position, or publicly reported a	expense if clea	rly
356 357 358 359	9 of Title "R ne	24.1 24.2 of elative" mea phew, or per	the Code of Virgin ins: your spouse, ch son to whom you are	iia. iild, uncle, au e engaged to be	nt, niece, married;
360 361 362			pouse's parent, gra ster; or your broth		
363 364 365 366 367	Name of Busine Organization, Individual	or	City or County and State	Approxi 	mate Value
368 369					
370 371 372				RETURN	TO ITEM 6
373 374	SCHEDULE F - B	USINESS INTE	RESTS.		
 374 375 376 377 378 379 380 381 382 383 	(including partnership immediate f a value in If the ente or corporat	rental prope , or corpora amily, separ excess of \$1 rprise is ow e name, list	for each self or fa erty, a farm, or con- ation in which you of ately or together, 0,000. med or operated und that name; otherwi- se. If rental proper	sulting work), or a member of own an interes ler a trade, pa se merely expl	your t having rtnership, ain the
384 385 386	under a tra otherwise,	de, partners	hip, or corporate n lress of each proper	ame, list the	name only;
387 388 389 390 391	Name of Business, Corporation, Partnership,			Gross	income
392 393 394	Farm; Address of Rental Property	City or County and State	Nature of Enterpri (farming, law, rental property, e	\$50,000	More than \$50,000

				RETURN	I TO ITEM
SCHEDULE	G-1 - PAYMEI	NTS FOR REPRESENT.	ATION BY Y	JU.	
agency total exclud	, excluding compensation ing compensa entation com	es you represented any court or judy n during the past ation for other so nsisting solely of	ge, for wh: 12 months ervices to	ich you rece in excess c such busine	eived of \$1,000 esses and
		iness, the nature y category from ea			n and the
Only S	TATE office	rs and employees a	should com	plete this S	Schedule.
Name of Business	Type of Business	Purpose of Representation	Name of Agency	Amount \$1,001 to \$10,000	
SCHEDILE		NTS FOR REPRESENT.	ATTON BY A	SSOCIATES	
govern are yo financ excess	nental ageno ur partners ial associat of \$1,000 f , excluding datory paper	inesses by type a	court or thers with ived total tation dur onsisting a nd also nam	judge, by pe whom you ha compensatic ing the past solely of th ne the state	ersons wh ave a clo on in : 12 ne filing
of man Identi govern	-	cies before which s.	such perso	on appeared	
of man Identi govern of suc	mental ageno n businesses				
of man Identi governi of suc Only S Type of b	nental ageno n businesse: TATE officen usiness	s. rs and employees a Name of state	should com	plete this S	
of man Identi governi of suc Only S Type of b	nental ageno h businesses FATE officer	s. rs and employees : Name of state 	should com governmen	plete this S	Schedule.
of man Identi govern of suc Only S Type of b	nental ageno n businesses IATE officen usiness	s. rs and employees : Name of state 	should comp government	plete this S t agency	Schedule.

type of business, (ii) the type of service rendered and (iii) the value of the compensation received for all businesses falling within each category. Value of Compensation Check if Type of \$1,001 More services service to than were rendered rendered \$10,000 \$10,000 Electric utilities Gas utilities Telephone utilities Water utilities Cable television companies Interstate transportation companies 469 Intrastate transportation

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506

507

companies

companies

associations

(state type of

e.g., textile,

Loan or finance

companies

Manufacturing

companies

product,

etc.)

furniture,

Mining companies

Casualty insurance

Life insurance

companies

companies

companies

Beer, wine or

Professional

towns

Other insurance

Retail companies

liquor companies

public employees

Counties, cities or

Labor organizations

or distributors

Trade associations

associations

or officials

Associations of

Oil or gas

retail

Savings and

loan

Banks

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		RETURN TO ITEM
SCHEDULE H-1 - REAL	ESTATE - STATE OFFICERS AND	EMPLOYEES.
residence in whic an interest, incl or land contract,	located in Virginia other th th you or a member of your in uding a partnership interest valued at \$10,000 or more. tate individually if you wis	nmediate family hold , option, easement, You may list each
List the counties and cities in which you own real estate	Describe the type of real estate you own in each county or city (business, recreational, apartment, commercial, open land, etc.)	If the real estate is owned or recorde in a name other tha your own, list that name
SCHEDULE H-2 - PEAL	ESTATE - LOCAL OFFICERS AND	FMDLOVFFS
parcel of real es	tate individually if you wis	sh.
List the counties and cities in which you own real estate	Describe the type of real estate you own in each county or city (business, recreational, apartment, commercial, open land, etc.)	If the real estate is owned or recorde in a name other tha your own, list that name

565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584	State officers and e Local officers and e List your real estate interest and the person or entity, including the	or city where the real	with state agencies. with local agencies. State the annual income from the contract, and the amount, if any, of income you or any
584 585			
585 586			
587			
588			
589			
590 591	§ 2.1-639.41. Disclosu	re form.	
592 593 594 595	as follows:	MENT OF ECONOMIC INTERESTS	2.1-639.40 A and B shall be substantially
596 597	Nama		
597 598		d or sought	
599		· · · · · · · · · · · · · · · · · · ·	
600	Names of members of imm	nediate family	•••••
601		IONS AND EXPLANATORY MATER	
602		ns (i) a spouse and (ii) an	
603		pusehold as the [officer (
604 605	-	a dependent of the [office	
605 606	a dependent.	n the [officer or employed	e registator 18
607	-	person, whether or not rela	ated by blood or
608		from the [officer or emp	
609		officer or employee legis	
610	one-half of his finance		
611	-	poration, partnership, sole	
612 613	-	chise, association, trust o	
613 614	profession, whether or	r entity carrying on a bus: not for profit	iness or
615		immediate family, separate	ly or together.
616		ries of a trust, treat the	
617		ectly. If you or your immed	
618		t in a trust, treat that p	
619 620		ou own them directly. For each own them directly for each one-third intereated intereated and the set of the s	

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621 complete your Statement as if you own one-third of each of the 622 trust's assets. If you or a member of your immediate family 623 created a trust and can revoke it without the beneficiaries' 624 consent, treat its assets as if you own them directly. 625 REPORT TO THE BEST OF INFORMATION AND BELIEF. Information 626 required on this Statement must be provided on the basis of the 627 best knowledge, information and belief of the individual filing 628 the Statement as of the date of this report unless otherwise 629 stated. 630 COMPLETE ITEMS 1 THROUGH 9. REFER TO SCHEDULES ONLY IF DIRECTED. 631 You may attach additional explanatory information. 632 1. Offices and Directorships. 633 Are you or a member of your immediate family a paid officer 634 or paid director of a business? 635 EITHER check NO / / OR check YES / / and complete 636 Schedule A. 637 2. Personal Liabilities. 638 Do you or a member of your immediate family owe more than 639 \$10,000 to any one creditor including contingent liabilities? 640 (Exclude debts to any government and loans secured by recorded 641 liens on property at least equal in value to the loan.) 642 EITHER check NO / / OR check YES / / and complete 643 Schedule B. 644 3. Securities. 645 Do you or a member of your immediate family, directly or 646 indirectly, separately or together, own securities valued 647 in excess of \$10,000 invested in one business? Account for 648 mutual funds, limited partnerships and trusts. 649 EITHER check NO / / OR check YES / / and complete 650 Schedule C. 651 4. Payments for Talks, Meetings, and Publications. 652 During the past 12 months did you receive lodging, 653 transportation, money, or anything else of value with a combined 654 value exceeding \$200 for a single talk, meeting, or published 655 work in your capacity as a legislator? 656 EITHER check NO / / OR check YES / / and complete 657 Schedule D. 658 5. Gifts, Travel, and Business Entertainment. 659 During the past 12 months did a business, government, or 660 individual other than a relative or personal friend furnish you 661 with tickets to sporting events or shows, travel expenses, meals 662 or lodging, favors, services, property, loans, money, gifts, or 663 anything else of value the total value of 664 which exceeded \$200 and for which you neither paid 665 nor rendered, services in exchange? Account for all business 666 entertainment (except if related to your private profession or 667 occupation) even if unrelated to your official duties. 668 EITHER check NO / / OR check YES / / and complete 669 Schedule E. 670 6. Salary and Wages. 671 List each employer that pays you or a member of your immediate 672 family salary or wages in excess of \$10,000 annually. (Exclude 673 state or local government or advisory agencies.) 674 If no reportable salary or wages, check here / /. 675 676 677

678 7. Business Interests. 679 Do you or a member of your immediate family separately or 680 together, operate your own business, or own or control an 681 interest in excess of \$10,000 in a business? 682 EITHER check NO / $\,$ / OR check YES / $\,$ / and complete **683** Schedule F. **684** 8. Payments for Representation. 685 8A. Did you represent any businesses before any state governmental 686 agencies, excluding courts or judges, for which you received 687 total compensation during the past 12 months in excess of \$1,000, 688 excluding compensation for other services to such businesses and 689 representation consisting solely of the filing of mandatory 690 papers? 691 EITHER check NO / / OR check YES / / and complete 692 Schedule G-1. 693 8B. Subject to the same exceptions as in 8A, did persons with whom 694 you have a close financial association (partners, associates or 695 others) represent any businesses before any state governmental 696 agency for which total compensation was received during the past **697** 12 months in excess of \$1,000? **698** EITHER check NO / / OR check YES / / and complete 699 Schedule G-2. 700 8C. Did you or persons with whom you have a close financial 701 association furnish services to businesses operating in Virginia 702 for which total compensation in excess of \$1,000 was received 703 during the past 12 months? 704 EITHER check NO / / OR check YES / / and complete 705 Schedule G-3. 706 9. Real Estate. 707 Do you or a member of your immediate family hold an interest, 708 including a partnership interest, valued at \$10,000 or more in 709 real property located in Virginia (other than your principal 710 residence) for which you have not already listed the full address 711 on Schedule F? Account for real estate held in trust. 712 EITHER check NO / / OR check YES / / and complete 713 Schedule H. 714 10. Real Estate Contracts with State Agencies. 715 Do you or a member of your immediate family hold an interest 716 valued at more than \$10,000 in real estate, including a 717 corporate, partnership, or trust interest, option, 718 easement, or land contract, which real estate is the 719 subject of a contract [, whether pending or completed within 720 the past twelve months,] with a state governmental agency? 721 [If the real estate contract provides for the leasing of the 722 property to a state governmental agency, do you or a member or 723 your immediate family hold an interest in the real estate 724 valued at more that \$1,000?] Account for all such contracts 725 whether or not your interest is reported in Schedules F or H. 726 [This requirement to disclose an interest in a lease does not 727 apply to an interest derived through an ownership interest in a 728 business unless the ownership interest exceeds three percent 729 of the total equity of the business.] 730 EITHER check NO / / OR check YES / / and complete 731 Schedule J. 732

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733 Statements of Economic Interests are open for public inspection.

	AFFIRMATION	
In accordance with	n the rules of the house :	in which I serve if I
	this disclosure statemer	-
	in any respect, I hereby	
	ne request. I understand t	
	ement is insufficient, I v	
	ed to disciplinary action	
I swear or affirm th	nat the foregoing informat	tion is full, true and
correct to the best of	my knowledge.	
Signature		
Commonwealth of Virg		
ofto		
	osure form was acknowledge	
	19 by	
Notary Public		
	es	
(RECUTH ONLY II NEEDEC	d to complete Statement.)	
	SCHEDULES	
	to	
STA	ATEMENT OF ECONOMIC INTERN	ESTS
	NAME	
immediate famil	ly is a paid officer or pa	aid director.
Name of Business	Address of Business	Position Held
		RETURN TO ITEM 2
	LIABILITIES.	RETURN TO ITEM 2
SCHEDULE B - PERSONAL		
SCHEDULE B - PERSONAL Report personal liabil	lity by checking each cate	egory. Report only
SCHEDULE B - PERSONAL Report personal liabil debts in excess of \$10	Lity by checking each cate),000. Do not report debts	egory. Report only s to any government.
SCHEDULE B - PERSONAL Report personal liabil debts in excess of \$10 Do not report loans se	Lity by checking each cate),000. Do not report debts ecured by recorded liens of	egory. Report only s to any government.
SCHEDULE B - PERSONAL Report personal liabil debts in excess of \$10 Do not report loans se equal in value to the	lity by checking each cate),000. Do not report debts ecured by recorded liens o loan.	egory. Report only s to any government. on property at least
SCHEDULE B - PERSONAL Report personal liabil debts in excess of \$10 Do not report loans se equal in value to the	Lity by checking each cate),000. Do not report debts ecured by recorded liens of	egory. Report only s to any government. on property at least
SCHEDULE B - PERSONAL Report personal liabil debts in excess of \$10 Do not report loans se equal in value to the	Lity by checking each cate 0,000. Do not report debts ecured by recorded liens of loan. pilities below and indicat	egory. Report only s to any government. on property at least
SCHEDULE B - PERSONAL Report personal liabil debts in excess of \$10 Do not report loans se equal in value to the Report contingent liak	Lity by checking each cate 0,000. Do not report debts ecured by recorded liens of loan. pilities below and indicat	egory. Report only s to any government. on property at least
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Other loan or finance companies		
Insurance companies		
Stock, commodity or other brokerage		
companies		
Other businesses:		
(State principal business activity for ea	ich	
creditor.)		
Individual creditors:		
(State principal business or		
occupation of each creditor.)		
2. The personal debts of the members of	my immediate fam-	ilv are av
follows:	my innediate iam.	LLY ALC AS
	-1 1	
Check	Check	
appropriate	\$10,001 to	More that
categories	\$50,000	\$50,000
Banks		
Savings and loan associations		
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.)		
	RETURI	N TO ITEM
SCHEDULE C - SECURITIES.		
"Securities" INCLUDES stocks, bonds,	"Securities" H	
mutual funds, money market funds,	certificates o	-
limited partnerships, and commodity	annuity contra	-
futures contracts.	insurance pol:	icies.
Identify each business or Virginia govern	mental entity in w	which you
or a member of your immediate family, dir		
separately or together, own securities va	lued in excess of	\$10,000.
Do not list U.S. Bonds or other gove	ernment securities	not issue
by the Commonwealth of Virginia or i		
local governments. Do not list organ		
business in this Commonwealth, but m		
business in Virginia. Account for se		

SCHEDULE D - PAYMENTS FOR TALKS, MEETINGS, AND PUBLICATIONS. List each source from which you received during the past 12 mont 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 a legislator. List payments or reimbursements by the Commonwealth 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 withi 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 ment, etc.)	RETURN TO ITEM SCHEDULE D - PAYMENTS FOR TALKS, MEETINGS, AND PUBLICATIONS. List each source from which you received during the past 12 mont 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 a legislator. List payments or reimbursements by the Commonwealth 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 withi 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 payme Payer Approximate Value Circumstances ment, etc.)	Name of Issuer	-	(stocks, or money	of Security bonds, mutual market funds, etc.)		More
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	SCHEDULE E - GIFTS, TRAVEL, AND BUSINESS ENTERTAINMENT.	60 days or under Item If no payme	if you recei 6 or from a ent must be l approximate V	ved it fr source of isted, ch alue	om an employer income listed weck here / /	already lis on Schedule Type of (e.g. h travel	ted F. payme: onorar reimbu:
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List each business, governmental entity, or individual that furnished you with tickets to sporting events or shows, travel expenses meals or lodging favors services property loans	furnished you with tickets to sporting events or shows, travel	60 days or under Item If no payme Payer A A A SCHEDULE E - G List each b furnished y	if you recei 6 or from a ent must be 1 approximate V U U U U U SIFTS, TRAVEL D U SIFTS, TRAVEL D U SIFTS, GOV	ved it fr source of isted, ch Talue , AND BUS rernmental sets to sp	Circumstances	already lis on Schedule Type of (e.g. h travel ment, e 	ted F. payme onorar reimbu tc.) O ITEM
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furnished you with tickets to sporting events or shows, travel expenses, meals or lodging, favors, services, property, loans,	furnished you with tickets to sporting events or shows, travel expenses, meals or lodging, favors, services, property, loans, money, gifts, or other thing of pecuniary value, whose total value exceeded \$200 during the past 12 months	60 days or under Item If no payme Payer A _ A	if you recei 6 or from a ent must be 1 approximate V GIFTS, TRAVEL ousiness, gov rou with tick weals or lodg ss, or other value excee	ved it fr source of isted, ch alue 	Circumstances	already lis on Schedule Type of (e.g. h travel ment, e RETURN T NMENT. dividual tha or shows, tr property, lo e, t 12 months	ted F. payme onorar reimbu tc.) O ITEM t avel ans,
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904 905 When calculating value, you need not consider: 906 907 Meals, lodging, or hospitality that an individual furnished you 908 at his own expense and not as a business expense if clearly 909 unrelated to your public position, or 910 911 Campaign contributions publicly reported as required by Chapter 912 9 of Title 24.1 24.2 of the Code of Virginia. 913 914 "Relative" means: your spouse, child, uncle, aunt, niece, 915 nephew, or person to whom you are engaged to be married; 916 your or your spouse's parent, grandparent, grandchild, 917 brother, or sister; or your brother's or sister's spouse. 918 919 Name of Business, 920 Organization, or City or County 921 Individual and State Approximate Value 922 923 924 925 926 927 RETURN TO ITEM 6 928 929 SCHEDULE F - BUSINESS INTERESTS. 930 931 Complete this Schedule for each self or family owned business 932 (including rental property, a farm, or consulting work), 933 partnership, or corporation in which you or a member of your 934 immediate family, separately or together, own an interest having 935 a value in excess of \$10,000. 936 937 If the enterprise is owned or operated under a trade, partnership, 938 or corporate name, list that name; otherwise merely explain the 939 nature of the enterprise. If rental property is owned or operated 940 under a trade, partnership, or corporate name, list the name only; 941 otherwise, give the address of each property. Account for business 942 interests held in trust. 943 944 Name of Gross income 945 Business, 946 Corporation, 947 Partnership, 948 Farm; Address City or Nature of Enterprise 949 of Rental County (farming, law, \$50,000 More than 950 Property and State rental property, etc.) or less \$50,000 951 952 _____ 953 954 955 RETURN TO ITEM 8 956 957 SCHEDULE G-1 - PAYMENTS FOR REPRESENTATION BY YOU. 958 959 List the businesses you represented before any state governmental

siness Business Representation Age	f 21		
amount received by category from each a me of Type of Purpose of Nam siness Business Representation Age 	months in e ces to such	xcess o busine	f \$1,0 sses a
siness Business Representation Age	_		and t
siness Business Representation Age		Amount :	Receiv
List the businesses that have been repr governmental agency, excluding any cour are your partners, associates or others financial association and who received excess of \$1,000 for such representation months, excluding representation consist of mandatory papers. Identify such businesses by type and all governmental agencies before which such of such businesses. pe of business Name of state gove HEDULE G-3 - PAYMENTS FOR REPRESENTATION Indicate below types of businesses that which services were furnished by you or a close financial association and for w excess of \$1,000 was received during the Identify opposite each category of busines type of business, (ii) the type of services within each category. Check if Type services services services services were rendered rend	me of \$1,	001 to	More \$10,0
List the businesses that have been repr governmental agency, excluding any cour are your partners, associates or others financial association and who received excess of \$1,000 for such representation months, excluding representation consist of mandatory papers. Identify such businesses by type and all governmental agencies before which such of such businesses. pe of business Name of state gove HEDULE G-3 - PAYMENTS FOR REPRESENTATION Indicate below types of businesses that which services were furnished by you or a close financial association and for w excess of \$1,000 was received during the Identify opposite each category of busines type of business, (ii) the type of services within each category. Check if Type services services services services were rendered rend			
<pre>governmental agency, excluding any cour are your partners, associates or others financial association and who received excess of \$1,000 for such representation months, excluding representation consist of mandatory papers. Identify such businesses by type and all governmental agencies before which such of such businesses. pe of business Name of state gove HEDULE G-3 - PAYMENTS FOR REPRESENTATION Indicate below types of businesses that which services were furnished by you or a close financial association and for w excess of \$1,000 was received during the Identify opposite each category of busines type of business, (ii) the type of services walue of the compensation received for within each category. Check if Type services services services services were rendered rend Check if Type services services servic</pre>	N BY ASSOCI.	ATES.	
Indicate below types of businesses that which services were furnished by you or a close financial association and for w excess of \$1,000 was received during th Identify opposite each category of busines type of business, (ii) the type of service value of the compensation received for within each category. Check if Type services service were rendered rend	n person ap	peared	
Indicate below types of businesses that which services were furnished by you or a close financial association and for w excess of \$1,000 was received during th Identify opposite each category of busines type of business, (ii) the type of service value of the compensation received for within each category. Check if Type services service were rendered rend			
which services were furnished by you or a close financial association and for we excess of \$1,000 was received during the Identify opposite each category of busines type of business, (ii) the type of service value of the compensation received for within each category. Check if Type services service were rendered rend	N GENERALLY		
type of business, (ii) the type of service value of the compensation received for within each category. Check if Type services service vere rendered rendere	r persons w which total	ith whom compen	m you
services services services	vice render	ed and	(iii)
were rendered rend	e of \$1	,	More
ectric utilities			than \$10,00
s utilities			
lephone utilities			
ter utilities			

1017	companies				
1018	Interstate				
1019	transportation				
1020	companies				
1021 1022	Intrastate				
1022 1023	transportation				
1023	companies Oil or gas			_	
1024	retail				
1025	companies				
1020	Banks				
1028	Savings and				
1029	loan				
1030	associations				
1031	Loan or finance				
1032	companies		<u> </u>		
1033	Manufacturing				
1034	companies				
1035	(state type of				
1036	product,				
1037	e.g., textile,				
1038	furniture				
1039	etc.)				
1040	Mining companies				
1041 1042	Life insurance				
1042	companies Casualty insurance				
1043	companies				
1044	Other insurance				
1040	companies				
1047	Retail companies				
1048	Beer, wine or				
1049	liquor companies				
1050	or distributors				
1051	Trade associations		<u> </u>		
1052	Professional				
1053	associations				
1054	Associations of				
1055	public employees				
1056	or officials				
1057	Counties, cities or				
1058	towns				
1059 1060	Labor organizations Other				
1000	other				
1061				ਗ਼ਗ਼੶ਸ਼ਗ਼ੑ	N TO ITEM 9
1062				KEI OK	
1064	SCHEDULE H - REAL ESTA	ATE.			
1065					
1066	List real estate lo	ocated in Virg	inia other t	han your pr	incipal
1067	residence in which				
1068	an interest, includ				
1069	or land contract, w	valued at \$10,	000 or more.	. You may li	st each
1070	parcel of real esta	ate individual	ly if you wi	ish.	
1071					
1072	List the counties	Describe the	type of	If the re	al estate

and cities in which you own real estate	real estate you own in each county or city (business, recreational, apartment, commercial, open land, etc.)	is owned or reco in a name other your own, list t name
SCHEDULE J - REAL ES	TATE CONTRACTS WITH GOVERNM	MENT AGENCIES.
past twelve month sale [, lease]	s [, whether pending or co s,] with a state governmen or exchange of real estate	ntal agency for the in which you or a
	mediate family holds an int	
	rship or trust interest, or	
	lued at \$10,000 or more. [rnmental agency for the lea	
	mber of your immediate fami	
	t \$1,000 or more. This req	
	lease does not apply to an	
	hip interest in a business	
	three percent of the total	
	officers and employees rep	
with local agenci	ocal officers and employees	s report contracts
List your real	List each	State the annual
estate interest	governmental agency	income from the
and the person	which is a party to	contract, and th
or entity,	the contract.and in-	amount, if any,
including the	dicate the county	income you or an
type of entity,	or city where the real	immediate family
which is party to the contract.	estate is located	member derives
Describe any		annually from th contract.
management role		concrace.
and the percentage		
ownership interest		
you or your		
immediate family		
member has in the		
real estate or entit	-	

1124 B. Any legislator who makes a knowing misstatement of a material fact on the Statement of 1125 Economic Interests shall be subject to disciplinary action for such violations by the house in which the 1126 legislator sits.

1127 C. In accordance with the rules of each house, the Statement of Economic Interests of all members 1128 of each house shall be reviewed. If a legislator's Statement is found to be inadequate as filed, the 1129 legislator shall be notified in writing, directed to file an amended Statement correcting the indicated

deficiencies, and a time set within which such amendment shall be filed. If the Statement of EconomicInterests, in either its original or amended form, is found to be adequate as filed, the legislator's filingshall be deemed in full compliance with this section as to the information disclosed thereon.

1133 D. Ten percent of the membership of a house, on the basis of newly discovered facts, may in writing 1134 request the house in which those members sit, in accordance with the rules of that house, to review the 1135 Statement of Economic Interests of another member of that house in order to determine the adequacy of 1136 his filing. In accordance with the rules of each house, each Statement of Economic Interests shall be 1137 promptly reviewed, the adequacy of the filing determined, and notice given in writing to the legislator 1138 whose Statement is in issue. Should it be determined that the Statement requires correction, 1139 augmentation or revision, the legislator involved shall be directed to make the changes required within 1140 such time as shall be set under the rules of each house.

1141 If a legislator, after having been notified in writing in accordance with the rules of the house in 1142 which he sits that his Statement is inadequate as filed, fails to amend his Statement so as to come into 1143 compliance within the time limit set, he shall be subject to disciplinary action by the house in which he 1144 sits. No legislator shall vote on any question relating to his own Statement.

1145 2. That the provisions of this act shall become effective on January 1, 1995.