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\section*{lobbyists. \\ Be it enacted by the General Assembly of Virginia:}

A BILL to amend and reenact §§ 2.1-639.15, 2.1-639.41, and 2.1-786 of the Code of Virginia, relating to disclosure reports filed by state and local officers and employees, General Assembly members, and
1. That §§ 2.1-639.15, 2.1-639.41, and 2.1-786 of the Code of Virginia are amended and reenacted as follows:
§ 2.1-639.15. Disclosure form.
The disclosure form to be used for filings required by § 2.1-639.13 A and D, and § 2.1-639.14 A and D shall be substantially as follows:

STATEMENT OF ECONOMIC INTERESTS.

Name
Office or position held or sought . ...............................................
Home 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" does not mean an association based on the receipt of retirement benefits or deferred compensation from a business by which the person filing this statement is no longer employed. "Close financial association" does not include an association based on 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.
"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.
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.

113
114
115
116
117
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    During the past }12\mathrm{ months did a business, government, or
    individual other than a relative or personal friend (i) furnish
    you with any gift or gifts the total value of which
    exceeded $50 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 / /.
......................................................................
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    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 any businesses before any state governmental
        agencies, excluding courts or judges, for which you received
        total compensation during the past }12\mathrm{ 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 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

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    association furnish services to businesses operating in
    Virginia for which total compensation in excess of $1,000
    was received during the past }12\mathrm{ 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.
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 interest, 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 welve 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 sSchedules 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................, 19.., by .............,
Notary Public
My commission expires................................
(Return only if needed to complete Statement.)
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SCHEDULES
TO
STATEMENT OF ECONOMIC INTERESTS.
NAME \(\qquad\)
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 Busines
                    Address of Business

Position Held

\section*{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
appropriate categories

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:

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(State principal business or
occupation of each creditor.)

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follows:
"Securities" INCLUDES stocks, bonds, "Securities" EXCLUDES
mutual funds, money market funds, certificates of deposit,
limited partnerships, and commodity money market funds, annuity
futures contracts. contracts, and insurance
policies.

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Check appropriate categories

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.)
. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . \(\quad\). . . . . . . . . \(\quad\). . . . . . . .


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SCHEDULE C - SECURITIES.

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SCHEDULE C - SECURITIES.

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

Do not list U.S. Bonds or other government securities not issued by the Commonwealth of Virginia or its authorities, agencies, or local governments. Do not list organizations that do not do business in this Commonwealth, but most major businesses conduct
business in Virginia. Account for securities held in trust.
If no reportable securities, check here / /.


Type of Security Check one
(stocks, bonds, mutual \(\$ 10,001\) More
Type of or money market funds, to than
Name of Issuer Entity etc.) \$50,000 \$50,000
............ ........ ............................................
............ ........ ............................................
............ ........ ..................... ....................
............ ........ ..........................................


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 pPayment (e.g., Hhonoraria, travel reimbursePayer Approximate Value Circumstances ment, etc.)
\begin{tabular}{|c|c|}
\hline \multicolumn{2}{|l|}{\multirow[t]{4}{*}{}} \\
\hline & \\
\hline & \\
\hline & \\
\hline
\end{tabular}
......... .................. .....................................
......... .................. .....................................


List each business, governmental entity, or individual that, during the past 12 months, (i) furnished you with any gift or gifts whose total value exceeded \(\$ 50\) during the past 12 months 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 from or other things of value given by a relative or from a personal friend given for reasons clearly unrelated to your public position. Do not list campaign contributions publicly reported as required by Chapter 9 ( \(\$ 24.2-900\) et seq.) of Title 24.2 of the Code of Virginia.

Name of Business, City or
Organization, or Gounty Gift or
Individual and State Event





                                    RETURN TO ITEM 6
SCHEDULE F - BUSINESS INTERESTS.
    Complete this Schedule for each self- 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 \(\$ 10,000\).
    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.
Business,
Corporation,
Partnership,
Farm; Address
of Rental County (farming, law, \(\$ 50,000\) More than
Property and State rental property, etc.) or less \(\$ 50,000\)

SCHEDULE G-1 - PAYMENTS FOR REPRESENTATION BY YOU.
    List the businesses you represented 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.
Busi- Busi- of Agen-
ness ness Repre- cy \(\$ 1,001\) \$10,001 \$50,001 \$100,001 \$250,001
        senta- to to to to and
        tion \(\quad \$ 10,000 \$ 50,000 \$ 100,000 \$ 250,000\) over
.... .... .... ..... ....... ....... ........ ......... ........
.... ... .... .... ....... ....... ..........................
... ... ... .... ...... ....... ..........................
.... ....... .... ...... ....... ...........................
SCHEDULE G-2 - PAYMENTS FOR REPRESENTATION BY ASSOCIATES.
    List the businesses that have been represented 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.
    Identify such businesses by type and also name the state
    governmental agencies before which such person appeared on
    behalf of such businesses.
    Only STATE officers and employees should complete this Schedule.
SCHEDULE G-3 - PAYMENTS FOR REPRESENTATION 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 and for which total compen-
    sation 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.

Electric
utilities
Gas util-
ities
Telephone
utilities
Water util-
ities

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Cable tele-
vision
companies
Interstate
transporta-
tion com-
panies
Intrastate
transporta-
tion com-
panies
Oil or gas
retail com-
panies ..... ..... ....... ....... ........ ......... ........
Banks
Savings
institutions
Loan or fi-
nance com-
panies
Manufactur-
ing com-
panies (state
type of pro-
duct, e.g.,
textile, fur-
niture, etc.)
Mining com-
panies
Life insur-
ance com-
panies
Casualty in-
panies
Other insur-

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    ```
\begin{tabular}{|c|c|c|c|}
\hline \[
\begin{aligned}
& 621 \\
& 622
\end{aligned}
\] & \multicolumn{3}{|l|}{Labor organizations} \\
\hline 623 & \multicolumn{3}{|l|}{Other} \\
\hline \multicolumn{4}{|l|}{624} \\
\hline \multicolumn{4}{|l|}{625} \\
\hline \multicolumn{4}{|l|}{626} \\
\hline \multicolumn{4}{|l|}{627 RETURN TO ITEM} \\
\hline \multicolumn{4}{|l|}{628} \\
\hline 629 & \multicolumn{3}{|l|}{SChedule h-1 - Real estate - State officers and employees.} \\
\hline \multicolumn{4}{|l|}{630 ( 630} \\
\hline 631 & \multicolumn{3}{|l|}{List real estate other than your principal residence in which} \\
\hline 632 & \multicolumn{3}{|l|}{you or a member of your immediate family holds an interest,} \\
\hline 633 & \multicolumn{3}{|l|}{\multirow[t]{2}{*}{including a partnership interest, option, easement, or land contract, valued at \(\$ 10,000\) or more. You may list each parcel}} \\
\hline 634 & & & \\
\hline 635 & \multicolumn{3}{|l|}{\multirow[t]{2}{*}{of real estate individually if you wish.}} \\
\hline 636 & & & \\
\hline \multicolumn{4}{|l|}{637} \\
\hline \multicolumn{4}{|l|}{638} \\
\hline 639 & \multicolumn{3}{|l|}{} \\
\hline 640 & List each location & Describe the type of & If the real estate \\
\hline 641 & \multirow[t]{2}{*}{(state, and county or city) where you} & real estate you own & is owned or recorded \\
\hline 642 & & in each location & in a name other than \\
\hline 643 & \multirow[t]{3}{*}{own real estate.} & (business, recreational, & your own, list that \\
\hline 644 & & apartment, commercial, & name. \\
\hline 645 & & open land, etc.). & \\
\hline 645 ( open land, etc.). & & & \\
\hline \multicolumn{4}{|l|}{647} \\
\hline \multicolumn{4}{|l|}{648} \\
\hline & \multicolumn{3}{|c|}{649} \\
\hline \multicolumn{4}{|l|}{650} \\
\hline \multicolumn{4}{|l|}{651} \\
\hline \multicolumn{4}{|l|}{652} \\
\hline \multicolumn{4}{|l|}{653} \\
\hline \multirow[t]{2}{*}{65} & \multicolumn{3}{|l|}{\multirow[t]{2}{*}{SChedule h-2 - Real estate - local officers and employees.}} \\
\hline & & & \\
\hline 656 & \multicolumn{3}{|l|}{\multirow[t]{2}{*}{List real estate located in your county, city, or town, and any}} \\
\hline \multirow[t]{2}{*}{65} & & & \\
\hline & \multicolumn{3}{|l|}{residence in which you or a member of your immediate family holds} \\
\hline 658 & \multicolumn{3}{|l|}{\multirow[t]{2}{*}{an interest, including a partnership interest, option, easement,}} \\
\hline 65 & & & \\
\hline 661 & \multicolumn{3}{|l|}{\multirow[t]{2}{*}{parcel of real estate individually if you wish.}} \\
\hline 662 & & & \\
\hline & & & \\
\hline 664 & & & \\
\hline 665 & \multirow[t]{5}{*}{List each location (state, and county or city) where you own real estate.} & Describe the type of & If the real estate \\
\hline 666 & & real estate you own & is owned or recorded \\
\hline 667 & & in each location & in a name other than \\
\hline \[
668
\] & & (business, recreational, & your own, list that name. \\
\hline 670 & & open land, etc.). & \\
\hline 671 & & & \\
\hline 672 & & & \\
\hline 673 & & & \\
\hline 674 & & & \\
\hline 675 & & & \\
\hline 676 & & & \\
\hline 677 & & & \\
\hline
\end{tabular}

SCHEDULE I - REAL ESTATE CONTRACTS WITH GOVERNMENTAL AGENCIES.
List all contracts, whether pending or completed within the past 12 months, with a governmental agency for the sale or exchange of real estate in which you or a member of your immediate family holds an interest, including a corporate, partnership or trust interest, option, easement, or land contract, valued at \(\$ 10,000\) or more. List all contracts with a governmental agency for the lease of real estate in which you or a member of your immediate family holds such an interest valued at \(\$ 1,000\) or more. 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.

State officers and employees report contracts with state agencies.
Local officers and employees report contracts with local agencies.
\(\qquad\)

List your real List each
estate interest governmental agency
and the person which is a party to
or entity,
including the
type of entity,
which is party
to the contract.
Describe any
management role
and the percentage
ownership interest
you or your
immediate family
member has in the
real estate or entity.
.......................... the contract and indicate the county or city where the real estate is located.

State the annual income from the contract, and the amount, if any, of income you or any immediate family member derives annually from the contract.
§ 2.1-639.41. Disclosure form.
A. The disclosure form to be used for filings required by \(\S 2.1-639.40 \mathrm{~A}\) and B shall be substantially as follows:

STATEMENT OF ECONOMIC INTERESTS.
Name
Office or position held or sought
Home 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 legislator, who is a dependent of the legislator or of whom the legislator is a dependent.
"Dependent" means any person, whether or not related by blood or marriage, who receives from the legislator, or provides to the legislator, 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" does not mean an association based on the receipt of retirement benefits or deferred compensation from a business by which the legislator is no longer employed. "Close financial association" does not include an association based on the receipt of compensation for work performed by the legislator as an independent contractor of a business that represents an entity before any state governmental agency when the legislator has had no communications with the state governmental agency.
"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．
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 a legislator？ 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 gifts the total value of which
exceded \(\$ 50\) 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／／．
\(\qquad\)
\(\qquad\)
\(\square\)
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 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?
EITHER check NO / / OR check YES / / and complete Schedule G-1.
8B. Subject to the same exceptions as in 8 A, did persons with whom you have a close financial association (partners, associates or others) represent any businesses before any state governmental agency for which total compensation was received during the past 12 months in excess of \(\$ 1,000\) ? 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 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.

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. EITHER check NO / / OR check YES / / and complete Schedule H.
10. Real Estate Contracts with State Governmental Agencies. Do you or a member of your immediate family hold an interest valued at more than \(\$ 10,000\) 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 state governmental agency? If the real estate contract provides for the leasing of the property to a state governmental agency, do you or a member of your immediate family hold an interest in the real estate, including a corporate, partnership, or trust interest, option, easement, or land contract valued at more than \(\$ 1,000\) ? Account for all such contracts whether or not your interest is reported in Schedules \(F\) or \(H\). This requirement to disclose an interest in a lease does not apply to an interest derived through an ownership interest in a business unless the ownership interest exceeds three percent of the total equity of the business.
EITHER check NO / / OR check YES / / and complete Schedule I.
Statements of Economic Interests are open for public inspection.

AFFIRMATION.

In accordance with the rules of the house in which \(I\) serve, if \(I\)
```

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

```
    I swear or affirm that the foregoing information is full, true and
correct to the best of my knowledge.
    Signature
    Commonwealth of Virginia
    ......... of .......... to wit:
    The foregoing disclosure form was acknowledged before me
    This ......... day of .........., 19. . ., 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
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
        appropriate
        categories
    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.)
\$10,001 to More than
\$50,000 \$50,000
.......... .........
.......... ..........
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Check one
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                            ........... ..........
                            .......... .........
    .......... .........
.......... .........
............................... .......... .........
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------------------------------------------------------------------------
2. The personal debts of the members of my immediate family are
as follows:
Check
appropriate
Check one
\$10,001 to More than
categories
\$50,000 \$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.)
......... .........
......................................... .......... .............

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

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<--------------------------------------------------------------
RETURN TO ITEM 3
SCHEDULE C - SECURITIES.
"Securities" INCLUDES stocks, bonds, "Securities" EXCLUDES

```
mutual funds, money market funds,
limited partnerships, and commodity futures contracts.

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

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

If no reportable securities, check here / /.

\begin{tabular}{|c|c|c|c|c|}
\hline Name of Issuer & Type of Entity & ```
Type of Security
    (stocks, bonds, mutual
or money market funds,
etc.)
``` & \[
\begin{gathered}
\text { Check } \\
\$ 10,001 \\
\text { to } \\
\$ 50,000
\end{gathered}
\] & \begin{tabular}{l}
one \\
More \\
than
\[
\$ 50,000
\]
\end{tabular} \\
\hline & & ...................... & . . . . . & \\
\hline & . . . . . . & - . . . . . . . . . . . . . . & . . . . . . & \\
\hline & & & & \\
\hline & & & & \\
\hline
\end{tabular}

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 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 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 / /.
\(\qquad\)


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Complete this Schedule for each self- 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 \(\$ 10,000\).

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


\(\qquad\)

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

List the businesses you represented 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.
\begin{tabular}{|c|c|c|c|c|c|c|c|c|}
\hline Name of & Type of & \[
\begin{aligned}
& \text { Pur- } \\
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\] & Name of & & & Amount & Receive & \\
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\$ 10,001 \\
\text { to }
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\$ 50,001 \\
\text { to }
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\] & \[
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\$ 100,001 \\
\text { to }
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\$ 250,001 \\
\text { and }
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\hline & & ion & & \$10,000 & \$50,000 & 100,000 & \$250,000 & \\
\hline
\end{tabular}

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SChEDULE G-3 - PAYMENTS FOR REPRESENTATION AND OTHER 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 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.

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vices vice
were ren- \(\$ 1,001\) \$10,001 \$50,001 \(\$ 100,001\) \$250,001
\begin{tabular}{|c|c|c|c|c|c|c|c|c|}
\hline 1243 & ren- & dered & to & to & to & to & and & \\
\hline 1244 & dered & & \$10,000 & \$50,000 & \$100,000 & \$250,000 & over & \\
\hline 1245 & Electric & & & & & & & \\
\hline 1246 & utilities & & & & & -•••• & & \\
\hline 1247 & Gas util- & & & & & & & \\
\hline 1248 & ities & & & & . . . . & . . . . . & . . . . & \\
\hline 1249 & Telephone & & & & & & & \\
\hline 1250 & utilities & & & & & & & \\
\hline 1251 & Water util- & & & & & & & \\
\hline 1252 & ities & & & & & & & \\
\hline 1253 & Cable tele- & & & & & & & \\
\hline 1254 & vision & & & & & & & \\
\hline 1255 & companies & & & & & & & \\
\hline 1256 & Interstate & & & & & & & \\
\hline 1257 & & & & & & & & 0 \\
\hline 1258 & transporta- & & & & & & & 0 \\
\hline 1259 & tion com- & & & & & & & 1 \\
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\hline 1261 & Intrastate & & & & & & & 7 \\
\hline 1262 & transporta- & & & & & & & 4 \\
\hline 1263 & tion com- & & & & & & & H \\
\hline 1264 & panies & & & & & & & \\
\hline 1265 & Oil or gas & & & & & & & H \\
\hline 1266 & retail com- & & & & & & & \\
\hline 1267 & panies .... & & & & & & & d \\
\hline 1268 & Banks & & & & & & . . . . & \\
\hline 1269 & Savings & & & & & & & \\
\hline 1270 & insti- & & & & & & & \\
\hline 1271 & tutions & & & & & & & 8 \\
\hline 1272 & Loan or fi- & & & & & & & \\
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\hline 1277 & panies & & & & & & & \\
\hline 1278 & (state type & & & & & & & \\
\hline 1279 & of product, & & & & & & & \\
\hline 1280 & e.g., tex- & & & & & & & \\
\hline 1281 & tile, furni- & & & & & & & \\
\hline 1282 & ture, etc.) & & & & & & & \\
\hline 1283 & Mining com- & & & & & & & \\
\hline 1284 & panies & & & & & & & 1 \\
\hline 1285 & Life insur- & & & & & & & - \\
\hline 1286 & ance com- & & & & & & & \\
\hline 1287 & panies & & & & & & & \\
\hline 1288 & Casualty in- & & & & & & & \\
\hline 1289 & surance com- & & & & & & & \\
\hline 1290 & panies & & & & & & & \\
\hline 1291 & Other insur- & & & & & & & \\
\hline 1292 & ance com- & & & & & & & 0 \\
\hline 1293 & panies & & & & & & & N \\
\hline 1294 & Retail com- & & & & & & & \(\sim\) \\
\hline 1295 & panies & & & & & & & \\
\hline 1296 & Beer, wine & & & & & & & \\
\hline 1297 & or liquor & & & & & & & \\
\hline 1298 & companies & & & & & & & \\
\hline
\end{tabular}
\begin{tabular}{|c|c|c|}
\hline List each location (state, and county or city) where you own real estate. & Describe the type of real estate you own in each location (business, recreational, apartment, commercial, open land, etc.). & If the real estate is owned or recorded in a name other than your own, list that name. \\
\hline . . . . . . . . . . . . . . \(\cdot\) & . . . . . . . . . . . . . . . . . . . & . . . . . . . . . . . . . . . \\
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    public em-
    public em-
    ployees or
    ployees or
    officials
    officials
    Counties,
    Counties,
    cities or
    cities or
    towns
    towns
    Labor or-
    Labor or-
    ganizations
    ganizations
    Other
    Other
SChEDULE H - REAL ESTATE.
SChEDULE H - REAL ESTATE.
    List real estate other than your principal residence in which
    List real estate other than your principal residence in which
    you or a member of your immediate family hold holds an interest,
    you or a member of your immediate family hold holds an interest,
    including a partnership interest, option, easement, or land
    including a partnership interest, option, easement, or land
    contract, valued at $10,000 or more. You may list each parcel
    contract, valued at $10,000 or more. You may list each parcel
    of real estate individually if you wish.
    of real estate individually if you wish.
SCHEDULE I - REAL ESTATE CONTRACTS WITH STATE GOVERNMENTAL AGENCIES.
SCHEDULE I - REAL ESTATE CONTRACTS WITH STATE GOVERNMENTAL AGENCIES.
    List all contracts, whether pending or completed within the past
    List all contracts, whether pending or completed within the past
    twelve 12 months, with a state governmental agency for the sale or
    twelve 12 months, with a state governmental agency for the sale or
    exchange of real estate in which you or a member of your
    exchange of real estate in which you or a member of your
    immediate family holds an interest, including a corporate,
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    immediate family holds an interest, including a corporate,
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    partnership or trust interest, option, easement, or land
    contract, valued at \(\$ 10,000\) or more. List all contracts with a
    state governmental agency for the lease of real estate in which
    you or a member of your immediate family holds such an interest
    valued at \(\$ 1,000\) or more. 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.

List your real
estate interest and
the person or entity,
including the type of
entity, which is
party to the contract.
Describe any
management role and
the percentage
ownership interest
you or your immediate
family member has in
the real estate
or entity.
.........................

\section*{List each}
governmental agency
which is a party to
the contract and indicate the county
or city where the
real estate is
located.

State the annual income from the contract, and the amount, if any, of income you or any immediate family member derives annually from the contract.
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B. Any legislator who makes a knowing misstatement of a material fact on the Statement of Economic Interests shall be subject to disciplinary action for such violations by the house in which the legislator sits.
C. In accordance with the rules of each house, the Statement of Economic Interests of all members of each house shall be reviewed. If a legislator's Statement is found to be inadequate as filed, the legislator shall be notified in writing, and directed to file an amended Statement correcting the indicated deficiencies, and a time shall be set within which such amendment shall be filed. If the Statement of Economic Interests, in either its original or amended form, is found to be adequate as filed, the legislator's filing shall be deemed in full compliance with this section as to the information disclosed thereon.
D. Ten percent of the membership of a house, on the basis of newly discovered facts, may in writing request the house in which those members sit, in accordance with the rules of that house, to review the Statement of Economic Interests of another member of that house in order to determine the adequacy of his filing. In accordance with the rules of each house, each Statement of Economic Interests shall be promptly reviewed, the adequacy of the filing determined, and notice given in writing to the legislator whose Statement is in issue. Should it be determined that the Statement requires correction, augmentation or revision, the legislator involved shall be directed to make the changes required within such time as shall be set under the rules of each house.

If a legislator, after having been notified in writing in accordance with the rules of the house in compliance within the time limit set, he shall be subject to disciplinary action by the house in which he sits. No legislator shall vote on any question relating to his own Statement.
§ 2.1-786. Lobbyist reporting.

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A. Each lobbyist shall file a separate annual report of expenditures, including gifts, for each principal for whom he lobbies by July 1 for the preceding twelve-month period ending May 4 complete through April 30.
B. Each principal who expends more than \(\$ 500\) to employ or compensate multiple lobbyists shall be responsible for filing a consolidated lobbyist report pursuant to this section in any case in which the lobbyists are each exempt under the provisions of subdivision 7 or 8 of § 2.1-781 from the reporting requirements of this section.
C. The report shall be on a form provided by the Secretary of the Commonwealth which shall be substantially as follows and shall be accompanied by instructions provided by the Secretary.

LOBBYIST'S DISCLOSURE STATEMENT

PART I:
(1) PRINCIPAL:
```

                                    In Part I, item 2a, provide the name of the individual
    ```
authorizing your employment as a lobbyist. The lobbyist
filing this statement MAY NOT list his name in item 2a. THE
INDIVIDUAL LISTED IN PART I, ITEM 2A, MUST SIGN THE
PRINCIPAL'S STATEMENT.
(2a) Name:
(2b) Permanent Business Address: .............................................
Business Telephone:
(3) Provide a list of executive and legislative actions (with as much specificity as possible) for which you lobbied and a description of activities conducted.
(4) INCORPORATED FILINGS: If you are filing an incorporated disclosure statement, please complete the following: Individual filing financial information: Individuals to be included in the filing:

Please indicate which schedules will be attached to your disclosure statement:
[ ] Schedule A: Entertainment Expenses
[ ] Schedule B: Gifts
[ ] Schedule C: Other Expenses
EXPENDITURE TOTALS:
a) ENTERTAINMENT. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
b) GIFTS.....................................................
c) OFFICE EXPENSES..........................................
d) COMMUNICATIONS
e) PERSONAL LIVING AND TRAVEL EXPENSES
. \$
f) COMPENSATION OF LOBBYISTS
. \$.
g) HONORARIA
\$.
h) REGISTRATION COSTS
. \(\$\).
i) OTHER
. \$ . . . . . . . . .
TOTAL
\$......... .
PART II:
(1a) NAME OF LOBBYIST:
(1b) Permanent Business Address:
(1c) Business Telephone:
(2) As a lobbyist, you are (check one)
[ ] EMPLOYED (on the payroll of the principal)
[ ] RETAINED (not on the payroll of the principal,

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however compensated)[ ] NOT COMPENSATED (not compensated; expenses may bereimbursed)
(3) List all lobbyists other than yourself who registered torepresent your principal.
\(\qquad\)
\(\qquad\)(4) If you selected "EMPLOYED" as your answer to Part II, item 2,provide your job title.
(5) If you selected "NOT COMPENSATED" as your answer to Part II,item 2, please indicate why you received no compensation.
PLEASE NOTE: Some lobbyists are not individually compensated forlobbying activities. This may occur when several members of a firmrepresent a single principal. The principal, in turn, makes asingle payment to the firm. If this describes your situation, donot answer Part II, items 6a and 6b. Instead, complete Part III,
items 1 and 2.
(6a) What was the DOLLAR AMOUNT OF YOUR COMPENSATION as a lobbyist?
            (If you have job responsibilities other than those involving
            lobbying, you may have to prorate to determine the those part
            of your salary attributable to your lobbying activities.)
            Transfer your answer to this item to Part I, item 6f.
(6b) Explain how you arrived at your answer to Part II, item 6a.
(2) Indicate the total amount paid to your firm, organization, association, corporation or other entity for services rendered. Transfer your answer to this item to Part I, item 6 f .
SCHEDULE A
ENTERTAINMENT EXPENSES
PLEASE NOTE: Any single entertainment event included in the expense totals of the principal, with a value greater than \(\$ 50\), should be itemized below. Transfer any totals from this schedule to Part I, item 6a. (Please duplicate as needed.) Date and Location of Event:
\(\qquad\)
Description of Event:

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Number of Legislative and Executive Officials Invited:

Number of Legislative and Executive Officials Attending:

Names of Legislative and Executive Officials Attending: (You are not required to list names for any event attended by more than 10
legislative and executive officials List names only if the average value for each person attending the event was greater the \$50.)
\(\qquad\)
\(\qquad\)
Food. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
Beverages.. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . \(\$\)
Transportation of Legislative and Executive
Officials..................................................... . . .
Lodging of Legislative and Executive Officials................
Performers, Speakers, Etc............................................
Displays..... . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Service Personnel.....................................................
Miscellaneous. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . \(\$\)
TOTAL. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
\$. . . . . . . .

\section*{SCHEDULE B GIFTS}

PLEASE NOTE: Any single gift reported in the expense totals of the principal, with a value greater than \(\$ 25\), should be itemized below. (Report meals, entertainment and travel under Schedule A.) Transfer any totals from this schedule to Part I, item 6b. (Please duplicate as needed.)
Date Description Name of each legislative or Cost of of gift: of gift: executive official who is a individual recipient of a gift: gift:
........ .................................................. \$
........ ...................................................
........ ............... .................................
....... . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . \$
. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . \$


TOTAL COST TO PRINCIPAL.................................... \$
\(\$\).

SCHEDULE C
OTHER EXPENSES
PLEASE NOTE: This section is provided for any lobbying-related expenses not covered in Part \(I\), items 6a - 6h. An example of an expenditure to be listed on Schedule \(C\) would be the rental of a bill box during the General Assembly session. Transfer the total from this schedule to Part I, item 6i. (Please duplicate as needed.)

DATE OF EXPENSE
DESCRIPTION OF EXPENSE
AMOUNT
\begin{tabular}{|c|c|c|c|c|c|}
\hline \multicolumn{6}{|c|}{.} \\
\hline \multicolumn{6}{|l|}{} \\
\hline \multicolumn{6}{|c|}{\$..........} \\
\hline \multicolumn{6}{|c|}{\$.......} \\
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\hline \multicolumn{6}{|c|}{\multirow[t]{2}{*}{\$..........}} \\
\hline \multicolumn{5}{|r|}{\multirow[t]{2}{*}{\$..........}} & \\
\hline & \multicolumn{5}{|c|}{\$.......} \\
\hline \multicolumn{6}{|l|}{TOTAL "OTHER" EXPENSES................................} \\
\hline \multicolumn{6}{|l|}{PART IV: STATEMENTS} \\
\hline \multicolumn{6}{|l|}{Both the lobbyist and principal officer must sign the disclosure statement, attesting to its completeness and accuracy. The following items are mandatory and if they are not properly completed, the entire filing will be rejected and returned to the lobbyist:} \\
\hline \multicolumn{6}{|l|}{(1) All signatures on the statement must be ORIGINAL. No facsimiles, stamps, or other reproductions of the individual's signature will be accepted.} \\
\hline \multicolumn{6}{|l|}{(2) An individual MAY NOT sign the disclosure statement as lobbyist and principal officer.} \\
\hline \multicolumn{6}{|c|}{Statement of lobbyist} \\
\hline \multicolumn{6}{|l|}{I, the undersigned registered lobbyist, do state that the information} \\
\hline \multicolumn{6}{|l|}{furnished on this disclosure statement and on all accompanying} \\
\hline \multicolumn{6}{|l|}{attachments required to be made thereto is, to the best of my} \\
\hline \multicolumn{6}{|l|}{knowledge and belief, complete and accurate.} \\
\hline \multicolumn{6}{|c|}{Signature of lobbyist} \\
\hline \multicolumn{6}{|l|}{} \\
\hline \multicolumn{6}{|c|}{StATEMENT OF PRINCIPAL} \\
\hline \multicolumn{6}{|l|}{I, the undersigned principal (or an authorized official thereof), do} \\
\hline \multicolumn{6}{|l|}{state that the information furnished on this disclosure statement and} \\
\hline \multicolumn{6}{|l|}{on all accompanying attachments required to be made thereto is, to} \\
\hline \multicolumn{6}{|l|}{the best of my knowledge and belief, complete and accurate.} \\
\hline \multicolumn{6}{|c|}{Signature of principal} \\
\hline \multicolumn{6}{|r|}{Date} \\
\hline \multicolumn{6}{|l|}{D. A person who signs the disclosure statement knowing it to contain a material misstatement of fact shall be guilty of a Class 5 felony.} \\
\hline
\end{tabular}
E. Each lobbyist shall send to each legislative and executive official who is required to be identified by name on Schedule A or B of the Lobbyist's Disclosure Form a copy of Schedule A or B or a summary of the information pertaining to that official. Copies or summaries shall be provided to the official twice a year: by July 4 for the preceding five-month period ending May 1 ; and by January 5 for the preceding seven-month twelve-month period ending complete through December 31.

1641 2. That the information required to be provided by subsection \(E\) of § 2.1-786 to certain officials by

1646 3. That an emergency exists and this act is in force from its passage.```

