

12102079D

**HOUSE BILL NO. 481**

Offered January 11, 2012

Prefiled January 10, 2012

*A BILL to amend and reenact § 2.2-3117 of the Code of Virginia, relating to the State and Local Government Conflict of Interests Act; disclosure forms.*

Patron—Iaquinto

Referred to Committee on General Laws

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

§ 2.2-3117. Disclosure form.

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

**STATEMENT OF ECONOMIC INTERESTS.**

Name .....

Office or position held or sought .....

Address .....

Names of members of immediate family .....

**DEFINITIONS AND EXPLANATORY MATERIAL.**

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

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

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

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

"Gift" means any gratuity, favor, discount, entertainment, hospitality, loan, forbearance, or other item having monetary value. It includes services as well as gifts of transportation, local travel, lodgings and meals, whether provided in-kind, by purchase of a ticket, payment in advance or reimbursement after the expense has been incurred. "Gift" shall not include any offer of a ticket or other admission or pass unless the ticket, admission, or pass is used. "Gift" shall not include honorary degrees and presents from relatives. "Relative" means the donee's spouse, child, uncle, aunt, niece, or nephew; a person to whom the donee is engaged to be married; the donee's or his spouse's parent, grandparent, grandchild, brother, or sister; or the donee's brother's or sister's spouse.

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

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

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

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

You may attach additional explanatory information.

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## 58 1. Offices and Directorships.

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

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

## 61 2. Personal Liabilities.

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

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

## 66 3. Securities.

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

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

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

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

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

## 76 5. Gifts.

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

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

## 85 6. Salary and Wages.

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

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

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## 92 7. Business Interests.

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

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

## 96 8. Payments for Representation and Other Services.

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

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

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

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

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

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

## 115 9. Real Estate.

## 116 9A. State Officers and Employees.

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

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

9B. Local Officers and Employees.

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

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

10. Real Estate Contracts with Governmental Agencies.

Do you or a member of your immediate family hold an interest valued at more than \$10,000 in real estate, including a corporate, partnership, or trust interest, option, easement, or land contract, which real estate is the subject of a contract, whether pending or completed within the past 12 months, with a governmental agency? If the real estate contract provides for the leasing of the property to a governmental agency, do you or a member of your immediate family hold an interest in the real estate valued at more than \$1,000? Account for all such contracts whether or not your interest is reported in Schedule F, H-1, or H-2. This requirement to disclose an interest in a lease does not apply to an interest derived through an ownership interest in a business unless the ownership interest exceeds three percent of the total equity of the business.

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

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

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

Signature .....

~~Commonwealth of Virginia~~

~~..... of ..... to wit:~~

~~The foregoing disclosure form was acknowledged before me~~

~~This ..... day of ....., 20. . . , by .....~~

~~Notary Public~~

~~My commission expires .....~~

~~-(Return only if needed to complete Statement.)~~

## SCHEDULES

to

## STATEMENT OF ECONOMIC INTERESTS.

NAME .....

### SCHEDULE A - OFFICES AND DIRECTORSHIPS.

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

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

RETURN TO ITEM 2

### SCHEDULE B - PERSONAL LIABILITIES.

Report personal liability by checking each category. Report only debts in excess of \$10,000. Do not report debts to any government. Do not report loans secured by recorded liens on property at least equal in value to the loan.

Report contingent liabilities below and indicate which debts are contingent.

1. My personal debts are as follows:

Check appropriate categories	Check one \$10,001 to \$50,000	More than \$50,000
Banks	_____	_____
Savings institutions	_____	_____
Other loan or finance companies	_____	_____
Insurance companies	_____	_____

179 Stock, commodity or other brokerage companies \_\_\_\_\_  
 180 Other businesses: \_\_\_\_\_  
 181 (State principal business activity for each  
 182 creditor.) \_\_\_\_\_  
 183 \_\_\_\_\_  
 184 \_\_\_\_\_  
 185 Individual creditors: \_\_\_\_\_  
 186 (State principal business or  
 187 occupation of each creditor.) \_\_\_\_\_  
 188 \_\_\_\_\_  
 189 \_\_\_\_\_  
 190 \_\_\_\_\_

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

194	Check	Check one	
195	appropriate	\$10,001 to	More than
196	categories	\$50,000	\$50,000
197	Banks	_____	_____
198	Savings institutions	_____	_____
199	Other loan or finance companies	_____	_____
200	Insurance companies	_____	_____
201	Stock, commodity or other brokerage companies	_____	_____
202	Other businesses:		
203	(State principal business activity for each		
204	creditor.)	_____	_____
205		_____	_____
206		_____	_____
207	Individual creditors:		
208	(State principal business or		
209	occupation of each creditor.)	_____	_____
210		_____	_____
211		_____	_____

212 \_\_\_\_\_  
213 RETURN TO ITEM 3

214 SCHEDULE C - SECURITIES.

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

219 Identify each business or Virginia governmental entity in which you or a member of your immediate  
 220 family, directly or indirectly, separately or together, own securities valued in excess of \$10,000. Name  
 221 each entity and type of security individually.

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

226 If no reportable securities, check here / /.

229			Check one		
230	Type of	Type of Security	\$10,001	\$50,001	More
231	Type of	(stocks, bonds, mutual	to	to	than
232	Name of Issuer	Entity	\$50,000	\$250,000	\$250,000
233	_____	_____	_____	_____	_____
234	_____	_____	_____	_____	_____
235	_____	_____	_____	_____	_____

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 / /.

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

RETURN TO ITEM 5

**SCHEDULE E - GIFTS.**

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

Name of Business, Organization, or Individual	City or County and State	Gift or Event	Approximate Value

RETURN TO ITEM 6

**SCHEDULE F - BUSINESS INTERESTS.**

Complete this Schedule for each self-owned or family-owned business (including rental property, a farm, or consulting work), partnership, or corporation in which you or a member of your immediate 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, Corporation,	Gross Income
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295	Partnership,	City or	Nature of Enterprise		\$50,001	More
296	Farm; Address of	County	(farming, law, rental	\$50,000	to	than
297	Rental Property	and State	property, etc.)	or less	\$250,000	\$250,000
298						
299						
300						
301						
302						

RETURN TO ITEM 8

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

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

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

Only STATE officers and employees should complete this Schedule.

				Amount Received				
Name	Type	Purpose of	Name					
of	of	Repre-	of	\$1,001	\$10,001	\$50,001	\$100,001	\$250,001
Busi-	Busi-	senta-	Agen-	to	to	to	to	and
ness	ness	tion	cy	\$10,000	\$50,000	\$100,000	\$250,000	over

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

Amount Received: \_\_\_\_\_.

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

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

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.

Type of business	Name of state governmental agency

**SCHEDULE G-3 - PAYMENTS FOR SERVICES GENERALLY.**

Indicate below types of businesses that operate in Virginia to which services were furnished by you or persons with whom you have a close financial association pursuant to an agreement between you and such businesses, or between persons with whom you have a close financial association and such businesses and for which total compensation in excess of \$1,000 was received during the past 12

months.

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

	Check if ser- vices were ren- dered	Type of ser- vice ren- dered	\$1,001 to \$10,000	\$10,001 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$250,000	\$250,001 and over
Electric utilities							
Gas utilities							
Telephone utilities							
Water utilities							
Cable television							
companies							
Interstate							
transportation							
companies							
Intrastate							
transportation							
companies							
Oil or gas retail							
companies							
Banks							
Savings institutions							
Loan or finance							
companies							
Manufacturing							
companies (state							
type of product,							
e.g., textile,							
furniture, etc.)							
Mining companies							
Life insurance							
companies							
Casualty insurance							
companies							
Other insurance							
companies							
Retail companies							
Beer, wine or liquor							
companies or							
distributors							
Trade associations							
Professional							
associations							
Associations of							
public employees							
or officials							
Counties, cities							
or towns							
Labor organizations							
Other							

RETURN TO ITEM 9

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

List real estate other than your principal residence in which you or a member of your immediate family holds an interest, including a partnership interest, option, easement, or land contract, valued at \$10,000 or more. Each parcel shall be listed individually.

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.

**SCHEDULE H-2 - REAL ESTATE - LOCAL OFFICERS AND EMPLOYEES.**

List real estate other than your principal residence in which you or a member of your immediate family holds an interest, including a partnership interest or option, easement, or land contract, valued at \$10,000 or more. Each parcel shall be listed individually. Also list the names of any co-owners of such property, if applicable.

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.	List the names of any co-owners, if applicable.

**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.

List your real estate interest and the person or entity, including the type



<p>469 of entity, which</p> <p>470 is party to</p> <p>471 the contract.</p> <p>472 Describe any</p> <p>473 management role and</p> <p>474 the percentage</p> <p>475 ownership</p> <p>476 interest you or your</p> <p>477 immediate family</p> <p>478 member has in the real</p> <p>479 estate or entity.</p> <p>480 _____</p> <p>481 _____</p> <p>482 _____</p> <p>483 _____</p> <p>484 _____</p> <p>485 _____</p>	<p>List each governmental</p> <p>agency which is a</p> <p>party to the contract</p> <p>and indicate the</p> <p>county or city where</p> <p>the real estate</p> <p>is located.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>State the annual</p> <p>income from the</p> <p>contract, and the</p> <p>amount, if any, of</p> <p>income you or any</p> <p>immediate family</p> <p>member derives</p> <p>annually from the</p> <p>contract.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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