

COMMONWEALTH OF VIRGINIA
DECLARATION OF CANDIDACY

I, _____,
FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME SUFFIX, IF ANY

RESIDENT ADDRESS

of the city/county/town of _____, hereby declare myself to be a candidate for the
office of _____ in the _____

ENTER CONGRESSIONAL, STATE SENATE OR HOUSE, OR LOCAL DISTRICT, IF APPLICABLE; OTHERWISE LEAVE BLANK

District in the election to be held on _____, 20 _____. [CHECK ONE SQUARE BELOW]

General

Special

Democratic Primary

Republican Primary

If I am a candidate in a primary and am defeated in the primary, my name is not to be printed on the ballots to be used in the succeeding general election for the same office.

Given under my hand this _____ day of _____, 20 _____.

SIGNATURE OF CANDIDATE

PRINTED NAME OF CANDIDATE

MAILING ADDRESS

CITY/TOWN

STATE

ZIP

(AREA CODE) HOME TELEPHONE

(AREA CODE) OFFICE TELEPHONE

THIS DECLARATION MUST BE ACKNOWLEDGED BEFORE A NOTARY OR OTHER OFFICER AUTHORIZED TO TAKE ACKNOWLEDGEMENTS OR WITNESSED BEFORE TWO PERSONS REGISTERED AND QUALIFIED TO VOTE IN THE ELECTION DISTRICT IN WHICH THE CANDIDATE OFFERS FOR OFFICE.

To be completed by witnesses **OR** notary

State of _____

County/City of _____

_____, whose name is signed to the foregoing instrument, has acknowledged

PRINT NAME OF CANDIDATE

the same before me this _____ day of _____, 20 _____.

WITNESSED:

1. _____

SIGNATURE OF QUALIFIED VOTER

PRINT FULL NAME

RESIDENT ADDRESS

CITY/TOWN

ZIP

2. _____

SIGNATURE OF QUALIFIED VOTER

PRINT FULL NAME

RESIDENT ADDRESS

CITY/TOWN

ZIP

OR

SIGNATURE OF NOTARY OR OTHER OFFICER

NOTARY ID NUMBER

My commission expires _____.

THIS DECLARATION OF CANDIDACY MUST BE FILED WITH PETITIONS CONTAINING THE REQUIRED NUMBER OF SIGNATURES OF REGISTERED VOTERS. TO OBTAIN ALL REQUIRED FORMS AND CANDIDATE INFORMATION BULLETIN WHICH DETAILS QUALIFICATIONS, NUMBER OF SIGNATURES REQUIRED, WHERE TO FILE AND FILING DEADLINES, CALL THE STATE BOARD OF ELECTIONS AT: 804-864-8901 OR OUTSIDE THE RICHMOND CALLING AREA, TOLL-FREE 800-552-9745.

Commonwealth of Virginia
CERTIFICATE OF CANDIDATE QUALIFICATION
GENERAL ASSEMBLY

NOTICE: YOU MUST FILE THIS FORM WITH THE STATE BOARD OF ELECTIONS BY THE FILING DEADLINE. FAILURE TO DO SO MAY RESULT IN YOUR DISQUALIFICATION. SEE REVERSE SIDE FOR DETAILS.

Pursuant to § 24.2-501 of the *Code of Virginia*,
I hereby certify that:

1. I am a citizen of the United States. [] YES [] NO
2. I am at least twenty-one years of age or will be on or before the date of the general or special election for the office I am seeking. [] YES [] NO
3. I have been a resident of the Commonwealth of Virginia for the year immediately preceding the election for the office I am seeking. [] YES [] NO
4. I now reside at the address shown below in the district in which I seek office
[residence address must be given; post office box or general delivery is **not** acceptable]:

STREET AND NUMBER, RURAL ROUTE AND BOX NUMBER, OR HIGHWAY ROUTE NUMBER

City/Town _____ ZIP _____

[If town, also list County of residence: _____]

5. I am registered to vote at the above address in the precinct in which I reside. [] YES [] NO
[or if not and registration books are closed, my application for registration, transfer, or change of address is on file in the general registrar's office for processing when books re-open]
6. Have you ever been convicted of a felony? [] YES [] NO
7. Have you ever been adjudicated mentally incompetent **and** lost your right to vote? [] YES [] NO
8. If you answered **YES** to 6, give date of certificate restoring voting rights.
If **YES** to 7, give date of court order restoring competency. _____
DATE OF RESTORATION

PLEASE TYPE OR PRINT LEGIBLY ALL THE FOLLOWING INFORMATION:

YOUR NAME AS IT IS TO APPEAR ON BALLOT [SEE REVERSE SIDE FOR REQUIREMENTS]

OFFICE SOUGHT

YOUR SOCIAL SECURITY NUMBER [SEE STATEMENT ON REVERSE SIDE]

DISTRICT

MAILING ADDRESS

DATE OF ELECTION Primary General Special
[CHECK ONE SQUARE]

CITY/TOWN

ZIP

(AREA CODE) HOME TELEPHONE

(AREA CODE) OFFICE TELEPHONE

E-MAIL ADDRESS:

WEB ADDRESS:

I do solemnly swear [or affirm] subject to penalty provisions for making false statements that the information given above is true and correct and that I am qualified to vote for and hold the office for which I am a candidate.

Signature of Candidate _____

Subscribed and sworn to before me this _____ day of _____, 20 _____.

DATE NOTARY COMMISSION EXPIRES

SIGNATURE OF NOTARY OR CLERK OF CIRCUIT COURT

NOTARY ID NUMBER

**KNOWINGLY MAKING ANY UNTRUE STATEMENT OR ENTRY IN THIS DOCUMENT IS A FELONY UNDER VIRGINIA LAW.
THE PUNISHMENT IS A MAXIMUM FINE OF \$2,500 AND/OR CONFINEMENT FOR UP TO TEN YEARS. ALSO, YOU LOSE YOUR RIGHT TO VOTE.**

HOW NAME MAY APPEAR ON BALLOT

Length: The entire name to appear on the ballot **must not exceed** 25 spaces, including any punctuation and spaces between names. If your name exceeds 25 spaces, contact the State Board of Elections to make appropriate accommodations to meet the criteria established by the Board.

Titles: **NO** titles [Rev., Dr., Mr., Mrs., etc.] are to be used, either before or following the candidate's name.

A woman **must use** her given name, not her husband's, and without a "Mrs." in front of a name.

EXAMPLE: Mary L. Jones **not** Mrs. John W. Jones.

Criteria: First name or initial or familiar form of first name (see example below)
Middle name or initial or familiar form of middle name
Nickname should be other than form of first or middle name and must appear within quotation marks
Last name
Suffix, if one: Sr. is optional. All other suffixes must be used since they appear on a person's birth certificate and are part of the person's legal name.

If your name exceeds 25 spaces, contact the State Board of Elections. That office will determine what combination of the first name or initial, middle name or initial, nickname, and last name can appear on the ballot.

Examples:

The candidate's full legal name is **Thomas Wendell Smyth III**. The following options are available:

- ➔ Tom W. Smyth III (Tom is a familiar, commonly used, form of Thomas)
- ➔ T. Wendell Smyth III
- ➔ Thomas W. Smyth III
- ➔ Thomas Wendell Smyth III
- ➔ Thomas W. "Tom" Smyth III
- ➔ T. W. "Tom" Smyth III
- ➔ T. W. "Spanky" Smyth III
- ➔ T. W. Smyth III

Initials for **BOTH** the first and middle names may be used **ONLY** when the initials **ARE ALSO** the nickname **OR** if the State Board of Elections determines initials must be used in order for some form of your full legal name to fit on the ballot.

SOCIAL SECURITY NUMBER:

Your social security number is part of your official voter record. It is required on this form only to make it possible to identify your registration record in order to qualify you as a candidate. The State Board of Elections, when copying this document for public inspection, must cover your social security number.

RETURN TO:

The office of the *State Board of Elections*. Postmarks are acceptable only if the form is mailed by registered or certified mail. If so mailed, a receipt indicating date of mailing must be produced if demanded by this office.

This form may be filed as soon as you decide to seek a party's nomination or to circulate petitions. Failure to file this form with the *State Board of Elections* **by the filing deadline established for the election** may mean your name will not appear on ballots for this office.

Mail or deliver to: State Board of Elections – 200 N. 9th Street, Suite 101 – Richmond, Virginia 23219-3497

DEADLINE FOR RECEIPT OF FORM BY STATE BOARD OF ELECTIONS: Refer to appropriate Candidate Bulletin for details.

FURTHER INFORMATION:

The Candidate Information Bulletin and forms required to be filed can be downloaded from our website:

WWW.SBE.VIRGINIA.GOV

Should you have questions relating to your candidacy, please do not hesitate to call the State Board of Elections.

(804) 864-8901 **OR** Toll-free: (800) 552-9745

SPECIAL NOTE REGARDING PETITION OF QUALIFIED VOTERS FORM

The Petition of Qualified Voter form is a two page document that should be printed on 8 ½" x 14" paper. When you print this form, it should be printed front and back on one 8 ½" x 14" sheet of paper. When reproducing this document, it must be reproduced the same way. The front of the form contains line numbers 1 through 11; the back of the form contains line numbers 12 through 25 followed by the AFFIDAVIT. If you are unable to print or reproduce this form on 8 ½" x 14" printed back and front, then call our office at 800-552-9745 and we will be glad to send you the form.

COMMONWEALTH OF VIRGINIA
**PETITION OF QUALIFIED
 VOTERS**

[Must be filed with Declaration of Candidacy]

When an election district includes more than one county or city, it is suggested that you use a separate petition form for qualified voters in each county or city to facilitate the processing of the filing.

For a statewide office

It is suggested that you file petitions in county/city order to facilitate the processing of the filing. If you track the number of signatures by congressional district enter district no.: ____ [optional].

NAME OF CANDIDATE [SHOULD BE AS IT IS TO APPEAR ON BALLOT]	
RESIDENT ADDRESS OF CANDIDATE	
CITY/TOWN	ZIP
OFFICE SOUGHT	DISTRICT, IF APPLICABLE

We, the qualified voters of the district in which the above candidate seeks nomination or election and of _____ signed hereunder or on the reverse

COUNTY OR CITY OR, FOR TOWN COUNCIL, NAME OF TOWN

side of this page, do hereby petition the above named individual to become a candidate for the office stated above in the [check only one]

- General Election Special Election Democratic Primary Republican Primary

to be held on the _____ day of _____, 20____, and we do further petition that his/her name be printed upon the official ballots to be used at the election.

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT ON THE REVERSE SIDE OF THIS FORM THAT S/HE RESIDES IN AND EITHER IS, OR IS ELIGIBLE TO BE, A REGISTERED AND QUALIFIED VOTER OF THE DISTRICT IN WHICH THE CANDIDATE SEEKS OFFICE AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.
SIGNER: YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN AND DOES NOT SIGNIFY AN INTENT TO VOTE FOR THE CANDIDATE. YOU MAY SIGN PETITIONS FOR MORE THAN ONE CANDIDATE.

OFFICE USE ONLY ▼	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES <u>ARE NOT ACCEPTABLE</u> RESIDENT ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED	*SEE NOTE BELOW SOCIAL SECURITY NUMBER [OR LAST FOUR DIGITS]
1.	SIGN			
	PRINT			
2.	SIGN			
	PRINT			
3.	SIGN			
	PRINT			
4.	SIGN			
	PRINT			
5.	SIGN			
	PRINT			
6.	SIGN			
	PRINT			
7.	SIGN			
	PRINT			
8.	SIGN			
	PRINT			
9.	SIGN			
	PRINT			
10.	SIGN			
	PRINT			
11.	SIGN			
	PRINT			

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

* The social security number is part of each voter's official record and is requested only to make it possible to check this petition more quickly and with greater accuracy. It is not mandatory that it be provided. The State Board of Elections or the General Registrar, when copying this document for public inspection, must cover the column containing social security numbers.

All signatures required by law need not be on the same page of the petition. Numerous pages may be circulated. The circulator of each page must be a person who either is, or who is eligible to be, registered and qualified to vote for the office for which this petition is circulated. The circulator also must swear or affirm in the affidavit that s/he personally witnessed the signature of each voter.

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT S/HE RESIDES IN AND EITHER IS, OR IS ELIGIBLE TO BE, A REGISTERED AND QUALIFIED VOTER OF THE DISTRICT IN WHICH THE CANDIDATE SEEKS OFFICE AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.

SIGNER: YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN AND DOES NOT SIGNIFY AN INTENT TO VOTE FOR THE CANDIDATE. YOU MAY SIGN PETITIONS FOR MORE THAN ONE CANDIDATE.

OFFICE USE ONLY ▼	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES <u>ARE NOT</u> ACCEPTABLE RESIDENT ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED	*SEE NOTE BELOW SOCIAL SECURITY NUMBER [OR LAST FOUR DIGITS]
12.	SIGN			
	PRINT			
13.	SIGN			
	PRINT			
14.	SIGN			
	PRINT			
15.	SIGN			
	PRINT			
16.	SIGN			
	PRINT			
17.	SIGN			
	PRINT			
18.	SIGN			
	PRINT			
19.	SIGN			
	PRINT			
20.	SIGN			
	PRINT			
21.	SIGN			
	PRINT			
22.	SIGN			
	PRINT			
23.	SIGN			
	PRINT			
24.	SIGN			
	PRINT			
25.	SIGN			
	PRINT			

Commonwealth of Virginia

- AFFIDAVIT -

I, _____, swear or affirm that (i) my resident address is _____; (ii) I am, or I am eligible to be, a registered and qualified voter in the County/City of _____ or, if this petition is for a town office, the Town of _____; (iii) I reside and am registered, or eligible to be registered, in the district in which the candidate seeks office; (iv) I am qualified, or eligible to be qualified, to vote for the office for which this petition is circulated, and (v) I personally witnessed the signature of each person who signed this page or its reverse side. I understand that the penalty for falsely signing this affidavit is a maximum fine of \$2500 and/or confinement for up to ten years.

SIGNATURE OF PERSON CIRCULATING THE PETITION

CIRCULATOR'S
SOCIAL SECURITY NO.
[OR LAST FOUR DIGITS]

Subscribed and sworn to before me this _____ day of _____, 20____.

My commission expires on: _____

NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS

NOTARY ID NUMBER

* The social security number is part of each voter's official record and is requested only to make it possible to check this petition more quickly and with greater accuracy. It is not mandatory that it be provided. The State Board of Elections or the General Registrar, when copying this document for public inspection, must cover the column containing social security numbers.



Statement of Organization CANDIDATE

New Candidate

Amended Statement

*Please read instructions before completing this form.

Campaign Committee's Mailing Address				
Campaign Committee's Mailing Address	Name of Candidate Campaign Committee			
	Office Sought	District (if one)	Political Party	Date of Election
	Street Address/PO Box		Suite #	
	City	State	Zip	
	Email Address		Daytime Phone #	
	Candidate's Information			
Candidate Information	Mr./Ms. Last Name First Name Date of Birth			
	Residence Address		Suite #	
	City	State	Zip	County or City
	Email Address		Daytime Phone #	
	Treasurer Information			
Treasurer's Name and Address	Mr./Ms. Last Name First Name Date of Birth			
	Residence Address		Suite #	
	City	State	Zip	County or City
	Email Address		Daytime Phone #	
	Campaign Depository			
Primary Financial Institution and Address		Secondary Financial Institution and Address (if applicable)		



Statement of Organization CANDIDATE

Signatures	
Candidate's Signature	<p>I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the <i>Code of Virginia</i>. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <p style="text-align: right;">_____</p> <p>Candidate's Signature Date</p>
Treasurer's Signature	<p>I accept the appointment of Treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the <i>Code of Virginia</i> for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <p style="text-align: right;">_____</p> <p>Treasurer's Signature Date</p>
Filing Method	
Electronic Filing Agreement	<p><input type="checkbox"/> Electronic Filer - I, as treasurer of this campaign committee, intend to file all required campaign financial disclosure reports to the State Board of Elections by electronic means. I agree that if at anytime the campaign committee does not intend to file electronically, that I will submit an amended Statement of Organization stating such.</p> <p style="margin-left: 40px;"><input type="checkbox"/> I intend to electronically file using Virginia's <i>VAFiling</i> Program.</p> <p style="margin-left: 40px;"><input type="checkbox"/> I intend to use an SBE Approved Vendor</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">(Please Enter Name of Vendor)</p> <p style="text-align: right;">_____</p> <p>Signature Date</p> <hr/> <p><input type="checkbox"/> Paper Filer - I, as treasurer of this campaign committee, intend to file all required campaign financial disclosure reports on paper. I agree that if at anytime the campaign committee does not intend to file on paper, that I must submit an amended Statement of Organization stating such.</p> <p style="text-align: right;">_____</p> <p>Signature Date</p>



Instructions for Completing This Form

General Guidelines

- ⇒ Candidates for local office who indicate that they will be submitting their reports on paper must submit the original copy of this form to the General Registrar or local electoral board's office.
- ⇒ Candidates for local office who indicate that they will be submitting their reports electronically must submit the original copy of this form to the General Registrar or local electoral board's office and a copy to the State Board of Elections at 200 N. 9th St., #101, Richmond, VA, 23219. Your local electoral board may offer to submit it to SBE for you. Visit www.sbe.virginia.gov for your office's contact information.
- ⇒ For General Assembly Candidates, a copy of this entire form must be submitted with the local electoral board of the county or city in which the candidate is a resident and the original, signed copy to the State Board of Elections at 200 N. 9th St., #101, Richmond, VA, 23219.
- ⇒ This form must be written in ink or typed or it will be rejected.
- ⇒ All requested information on the form is required unless otherwise noted below.
- ⇒ An amended Statement is required to be filed within 10 days of the change if **any** of the information reported on this form changes. Failure to amend this form in a timely fashion may result in civil penalties of up to \$500 to be assessed according to the procedure described in §24.2-929 of the Code of Virginia.

Campaign Committee's Mailing Address

- ⇒ Enter the name of the Campaign Committee (e.g. Friends of Candidate Smith).
- ⇒ Enter the office sought (e.g. Board of Supervisors).
- ⇒ Enter the district for which the candidate is running (if one).
- ⇒ Enter the political party of the candidate (for candidates for statewide or General Assembly office, in the absence of a political party please enter "Independent").
- ⇒ Enter the date of the office's election. **NOTE:** Please Enter the General Election date and not Primary date.
- ⇒ Enter the home mailing address for the candidate (this should be the same as where you are registered to vote).
- ⇒ Enter the Campaign Committee's primary mailing address (PO Boxes are acceptable.)
- ⇒ Enter the Campaign Committee's email address
- ⇒ *This field is required if you intend to file electronically. This field is optional if you intend to file on paper. Please note that the **State Board of Elections** will use this email address as its primary means of communication. If the email address ever changes, it is the responsibility of the treasurer to amend this Statement to ensure that you continue to receive updates and acknowledgements from the State Board of Elections.
- ⇒ Enter the campaign's primary daytime phone number.

Candidate Information

- ⇒ Enter the full name of the candidate.
- ⇒ Enter the Date of Birth of the candidate (this is required to verify voter registration status.)
- ⇒ Enter the county or city of the candidate's residence.
- ⇒ Enter the email address of the Candidate (if one).
- ⇒ Enter the Candidate's daytime phone number.

Treasurer Information

- ⇒ The Treasurer must be a registered voter in Virginia.
- ⇒ Enter the name of the Treasurer for the campaign committee.
- ⇒ Enter the Treasurer's date of birth (this is required to verify voter registration status).
- ⇒ Enter the home mailing address for the Treasurer.
- ⇒ Enter the county or city of residence.
- ⇒ Enter the email address of the Treasurer.
- ⇒ Enter the Treasurer's daytime phone number.



Instructions for Completing This Form

Campaign Depository

- ⇒ Enter the names and addresses of the committee's financial institutions.
*The committee's depository must be in a financial institution within the Commonwealth.

Signatures

- ⇒ The **candidate** must read the agreement and sign the form accepting the conditions of the agreement.
⇒ The **treasurer** must read the agreement and sign the form accepting the conditions of the agreement.

Filing Method

- ⇒ Enter whether the candidate campaign committee intends to file all of their campaign finance disclosure reports electronically.
- **VA Filing Option**
 - If you choose to use SBE's VAFiling software, SBE will provide you with instructions on how to obtain your software when your Statement of Organization is acknowledged.
 - **Approved Vendor Option**
 - If you choose to contract with a private company, SBE recommends that you use an "Approved Vendor." These companies meet SBE's standards for the transmission of electronic reports. Although you are free to use any company you wish, we cannot guarantee that the company you choose will comply completely with SBE's standards. As a result, your committee may end up paying fines for incomplete, late or un-filed reports. For a list of "Approved Vendors" please visit our website: <http://www.sbe.virginia.gov/>

Commonwealth of Virginia/Secretary of the Commonwealth**STATEMENT OF ECONOMIC INTERESTS****Contents**

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Instructions

Pursuant to Sections 2.2-3114 and 2.2-3115 of the *Code of Virginia*, employees of state agencies who have been designated by the Governor or the General Assembly, and employees of local governments designated to file by the *Code of Virginia* or by their governing ordinance, are required to file this “Statement of Economic Interests” form.

Members of certain boards of state and local government are also required to file this form. Please note that within this form, the use of the words “office” and “officer” also apply to appointed board members.

In addition, candidates for state and local offices are required to file this form pursuant to Section 24.2-502 of the *Code of Virginia*.

This filing is a condition of assuming office or employment and thereafter on or before January 15th of each year.

The pages in this book are removable. Complete and return only those pages which are applicable to you.

Schedules A through I are to be completed ONLY if you answer “Yes” to any of items 1 through 10 on the Statement of Economic Interests.

NOTE: The “Affirmation by all Filers” on the Statement of Economic Interests MUST be completed by a Notary Public.

REMEMBER: The ANNUAL filing deadline is January 15th of each year.

For the annual filing:

State employees and board members should return completed forms to the agency’s COI liaison officer.

Local employees and board members should return the completed forms to the Clerk of the appropriate governing body.

DEFINITIONS AND EXPLANATORY MATERIAL

This statement constitutes a report of economic interests and activities for the calendar year beginning January 1 and ending December 31. The 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. This statement of Economic Interests is open for public inspection.

“Advisory agency” means any board, commission, committee or post which does not exercise any sovereign power or duty, but is appointed by a governmental agency or officer or is created by law for the purpose of making studies or recommendations, or advising or consulting with a governmental agency.

”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) 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.

“Contract” means any agreement to which a governmental agency is a party, or any agreement on behalf of a governmental agency which involves the payment of money appropriated by the General Assembly or political subdivision, whether or not such agreement is executed in the name of the Commonwealth, or some political subdivision thereof. “Contract” includes a subcontract only when the contract of which it is a part is with the officer's or employee's own governmental agency.

“Dependent” means a son, daughter, father, mother, brother, sister or other person, whether or not related by blood or marriage, if such person receives from the officer or employee, or provides to the officer or employee, more than one-half of his financial support.

“Employee” means all persons employed by a governmental or advisory agency, unless otherwise limited by the context of its use.

“Financial institution” means any bank, trust company, savings institution, industrial loan association, consumer finance company, credit union, broker-dealer as defined in §13.1-501, or investment company or advisor registered under the federal Investment Advisors Act or Investment Company Act of 1940.

“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. For the purpose of this definition, “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.

“Governmental agency” means each component part of the legislative, executive or judicial branches of state and local government, including each office, department, authority, post, commission, committee, and each institution or board created by law to exercise some regulatory or sovereign power or duty as distinguished from purely advisory powers or duties. Corporations organized or controlled by the Virginia Retirement System are “governmental agencies” for purposes of this chapter.

“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.

“Officer” means any person appointed or elected to any governmental or advisory agency including local school boards, whether or not he receives compensation or other emolument of office. Unless the context requires otherwise, “officer” includes members of the judiciary.

“Personal interest” means a financial benefit or liability accruing to an officer or employee or to a member of his immediate family. Such interest shall exist by reason of (i) ownership in a business if the ownership interest exceeds three percent of the total equity of the business; (ii) annual income that exceeds, or may reasonably be anticipated to exceed, \$10,000 from ownership in real or personal property or a business; (iii) salary, other compensation, fringe benefits, or benefits from the use of property, or any combination thereof, paid or provided by a business that exceeds, or may reasonably be anticipated to exceed, \$10,000 annually; (iv) ownership of real or personal property if the interest exceeds \$10,000 in value and excluding ownership in a business, income, or salary, other compensation, fringe benefits or benefits from the use of property; or (v) personal

liability incurred or assumed on behalf of a business if the liability exceeds three percent of the asset value of the business.

“Personal interest in a contract” means a personal interest which an officer or employee has in a contract with a governmental agency, whether due to his being a party to the contract or due to a personal interest in a business which is a party to the contract.

“Personal interest in a transaction” means a personal interest of an officer or employee in any matter considered by his agency. Such personal interest exists when an officer or employee or a member of his immediate family has a personal interest in property or a business, or represents any individual or business and such property, business or represented individual or business (i) is the subject of the transaction or (ii) may realize a reasonably foreseeable direct or indirect benefit or detriment as a result of the action of the agency considering the transaction. Notwithstanding the above, such personal interest in a transaction shall not be deemed to exist where an elected member of a local governing body serves without remuneration as a member of the board of trustees of a not-for-profit entity and such elected member or member of his immediate family has no personal interest related to the not-for-profit entity.

“State and local government officers and employees” shall not include members of the General Assembly.

“Transaction” means any matter considered by any governmental or advisory agency, whether in a committee, subcommittee, or other entity of that agency or before the agency itself, on which official action is taken or contemplated.

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.

STATEMENT OF ECONOMIC INTERESTS

Revised Form as of 7/1/2008

NAME		Candidate for Election to this office? ____ YES ____ NO	
OFFICE OR POSITION HELD OR SOUGHT			
AGENCY/BUSINESS NAME		PHONE	
AGENCY/BUSINESS ADDRESS			
CITY		STATE	ZIP
NAMES OF MEMBERS OF IMMEDIATE FAMILY			

1. Offices and Directorships.
Are you or a member of your immediate family a paid officer or paid director of a business? YES NO
If yes, 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.) YES NO
If yes, 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. YES NO
If yes, complete Schedule C
4. Payment 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? YES NO
If yes, complete Schedule D
5. Gifts.
During the past 12 months did a business, government, or individual other than a relative or personal friend (i) furnish you with any gift or entertainment at a single event, and the value received by you exceeded \$50 in value or (ii) furnish you with gifts or entertainment in any combination and the value received by you exceeded \$100 in total value; and for which you neither paid nor rendered services in exchange? Account for entertainment events only if the average value per person attending the event exceeded \$50 in value. Account for all business entertainment (except if related to your private profession or occupation) even if unrelated to your official duties. YES NO
If yes, complete Schedule E
6. Salary and Wages.
List each employer that pays you or a member of your immediate family salary or wages in excess of \$10,000 annually. (Exclude state or local government or advisory agencies.) If no reportable salary or wages, check here

7. Business Interests. YES NO
 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?
If yes, complete Schedule F
8. Payments for Representation and Other Services.
- 8A. Did you represent, excluding activity defined as lobbying in § 2.2-419, any businesses before any state governmental agencies, excluding courts or judges, for which you received total compensation during the past 12 months in excess of \$1,000, excluding compensation for other services to such businesses and representation consisting solely of the filing of mandatory papers and subsequent representation regarding the mandatory papers? (Officers and employees of local governmental and advisory agencies do NOT need to answer this question or complete Schedule G-1.) YES NO
If yes, complete Schedule G-1
- 8B. Subject to the same exceptions as in 8A, did persons with whom you have a close financial association (partners, associates or others) represent, excluding activity defined as lobbying in § 2.2-419, any businesses before any state governmental agency for which total compensation was received during the past 12 months in excess of \$1,000? (Officers and employees of local governmental and advisory agencies do NOT need to answer this question or complete Schedule G-2.) YES NO
If yes, complete Schedule G-2
- 8C. Did you or persons with whom you have a close financial association furnish services to businesses operating in Virginia pursuant to an agreement between you and such businesses, or between persons with whom you have a close financial association and such businesses for which total compensation in excess of \$1,000 was received during the past 12 months? YES NO
If yes, complete Schedule G-3
9. Real Estate.
- 9A. State Officers and Employees. YES NO
 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.
If yes, complete Schedule H-1
- 9B. Local Officers and Employees. YES NO
 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.
If yes, complete Schedule H-2
10. Real Estate Contracts with Governmental Agencies YES NO
 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 exceeds three percent of the total equity of the business.
If yes, complete Schedule I

Statements of Economic Interests are open for public inspection.

NOTE: You MUST acknowledge your signature below before a Notary Public and the Notary Public must administer an oath and complete the acknowledgment portion of the "Affirmation By All Filers."

AFFIRMATION BY ALL FILERS.

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

SIGNATURE OF FILER

DATE

COMMONWEALTH OF VIRGINIA

city/county of _____ to wit:

The foregoing disclosure form was acknowledged before me this _____ day _____, 20 _____

by _____
NAME OF FILER

My commission expires _____
NOTARY PUBLIC

SCHEDULE B

PERSONAL LIABILITIES

NAME: _____

OFFICE OR POSITION HELD OR SOUGHT: _____

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	<input type="checkbox"/>	<input type="checkbox"/>
Savings institutions	<input type="checkbox"/>	<input type="checkbox"/>
Other loan or finance companies	<input type="checkbox"/>	<input type="checkbox"/>
Insurance companies	<input type="checkbox"/>	<input type="checkbox"/>
Stock, commodity or other brokerage companies	<input type="checkbox"/>	<input type="checkbox"/>
Other businesses: (State principal business activity for each creditor.)	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
Individual creditors: (State principal business or occupation for each creditor.)	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

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

CHECK APPROPRIATE CATEGORIES:	CHECK ONE	
	\$10,001 TO \$50,000	MORE THAN \$50,000
Banks	<input type="checkbox"/>	<input type="checkbox"/>
Savings institutions	<input type="checkbox"/>	<input type="checkbox"/>
Other loan or finance companies	<input type="checkbox"/>	<input type="checkbox"/>
Insurance companies	<input type="checkbox"/>	<input type="checkbox"/>
Stock, commodity or other brokerage companies	<input type="checkbox"/>	<input type="checkbox"/>
Other businesses: (State principal business activity for each creditor.)	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
Individual creditors: (State principal business or occupation for each creditor.)	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

SCHEDULE G-1

PAYMENTS FOR REPRESENTATION BY YOU

NAME: _____

OFFICE OR POSITION HELD OR SOUGHT: _____

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.

NAME OF BUSINESS	TYPE OF BUSINESS	PURPOSE OF REPRESENTATION	NAME OF AGENCY	AMOUNT RECEIVED				
				\$1001 To \$10,000	\$10,001 To \$50,000	\$50,001 To \$100,000	\$100,001 To \$250,000	\$250,001 And Over
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: _____.

Statement of Economic Interests

SCHEDULE G-3

PAYMENTS FOR REPRESENTATION GENERALLY

NAME: _____

OFFICE OR POSITION HELD OR SOUGHT: _____

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.

BUSINESS CATEGORY	CHECK IF SERVICES WERE RENDERED	TYPE OF SERVICE RENDERED	VALUE OF COMPENSATION				
			\$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	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Utilities	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone Utilities	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Utilities	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cable Television Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstate Transportation Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intrastate Transportation Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oil or Gas Retail Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Banks	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Savings Institutions	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loan or Finance Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturing Companies (state type of product, e.g., textile, furniture, etc.)	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mining Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Casualty Insurance Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Insurance Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retail Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beer, Wine or Liquor Companies or Distributors	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trade Associations	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Associations	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Associations of Public Employees or Officials	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counties, Cities or Towns	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labor Organizations	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCHEDULE I

REAL ESTATE CONTRACTS WITH GOVERNMENT AGENCIES

NAME:

OFFICE OR POSITION HELD OR SOUGHT:

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 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.

List each state and the governmental agency which is 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 ownership interest you contact.

ATTACHMENTS