This Form May Be Completed Online at <u>www.ethics.alabama.gov</u>



ALABAMA ETHICS COMMISSION - 334.242.2997

100 N. Union Street, Suite 104 (RSA Union) 36104 - P O Box 302300, Montgomery, AL 36130-2300

STATEMENT OF ECONOMIC INTERESTS

Instructions are available on our website.

FOR 2020 CALENDAR YEAR-TO BE FILED NO LATER THAN April 30, 2021, <u>EXCEPT FOR CANDIDATES</u>, who must file with the Ethics Commission not more than five days after qualifying papers are filed as required by Section 36-25-15, <u>Code of Alabama, 1975</u>.

Candidate Information	ı		Law Enforcement Information					
Are you a Candidate	-	NO	Are you in Law Enforcement?	YES	NO			
For Public Office?	Please Cir	cle		Please	Circle			
For Office In	State	County	Judge - Any Level					
Please Check	City		District Attorney/Asst or Deputy DA/DA Investigator					
For Office Of			Attorney General/AG Att	torney, Speci	al Agent/Investigator			
			POST Certified Law Enfo	orcement Off	icers			

01. Full Name, Home Address and Telephone Number of Filing Person:

LAST		FIRST	MII	DDLE	SUFFIX	NICKNAME							
STREET		CITY	ZIP	COUNTY	-	SINESS PHONE							
	PLEASE FILL IN THE BLANKS AND CIRCLE ANSWERS AS APPROPRIATE												
02.	Last year, I was an (elected	official) (appointed official)	(employee) with	n the (State) (County)	(Municipali	ty) and the							
	NAME and ADDRESS of m	y (department) (office) (ager	cy) (board) (Coll	ege) (County) (Munic	ripality) (Com	mission) was							
					1 27 (,							
02.1	As an elected/appointed/er	nployee <i>last year</i> , my Job T	itle/Position was	5									

- **02.2** *Last year*, the name(s) of the (State) (County) (Municipal) Boards, Commissions, Committees, Authorities, Councils of which I was a Member was/were
- **02.3** *Last year* in the above public position(s) in 02. thru 02.2, I earned: [\$0-\$1,000] [\$1,000-\$10,000] [More than \$10,000]

- 03. Other than my public position(s) in 02. thru 02.2, my and/or my spouse's occupation(s) or business(es) last year to which 1/3 or more of working time was spent was/were
- 03.1 The NAME and ADDRESS of my employer listed in 03. above was
- 03.2 I was SELF-EMPLOYED last year and the NAME and ADDRESS of my business was

03.3 From the Occupations or Businesses listed in 03., I, My Spouse and/or Dependents earned *last year* an aggregate of[\$0 - \$1,000][\$1,000 - \$10,000][More than \$10,000]

03.4 Last year, [I], [My Spouse], [Dependents] owned 5% or more of the stock in the firm(s) listed in **03.1 and/or 3.2**

- 03.5 Last year, [I], [My Spouse], [Dependents] was a CONSULTANT and earned more than \$1,000 from each firm listed in 03.1 and/or 3.2
- **03.6** Last year, [I], [My Spouse], [Dependents] served as an [Officer] [Director] [Trustee] of the firm(s) listed in **03.1 and/or 3.2**

04. INFORMATION ON FAMILY MEMBERS

SPOUSE - Name, Address, Employer or Business Name

DEPENDENT CHILDREN - Name(s), Address and Any Employment

LIVING ADULT CHILDREN - Name(s) Only

LIVING PARENTS - Name(s) Only (No Maiden Names)

LIVING SIBLINGS - Name(s) Only (No Maiden Names)

LIVING PARENTS OF SPOUSE - Name(s) Only (No Maiden Names)

05. OTHER INCOME INFORMATION FOR YOU, YOUR SPOUSE AND DEPENDENT CHILDREN

	OTHER HOUSEHOLD INCOME: not reported in 0303.6. Provide the name(s) of each SOURCE(s) of income	TYPE OF INCOME RECEIVED: Salary, Fees, Dividends, Profits, Commissions, Bank Interest, Other Compensation	Check Appropriate Box								
	SOURCE OF INCOME	TYPE OF INCOME	Less than \$1,000	\$1,000 to \$10,000	\$10,000 to \$50,000	\$50,000 to \$150,000	\$150,000 to \$250,000	More than \$250,000			
	1										
	2										
	3										
	4										
	5										
	6										
	Please Circle Applicable	Response:									
05.1	<i>Last year</i> , did you earn m	ore than \$5,000 as an:		Officer	Director	Trustee	Consultant	N/A			
05.2	<i>Last year</i> , did you earn m \$5,000 as an:	ore than \$1,000 but less tha	n	Officer	Director	Trustee	Consultant	N/A			
05.3	Last year, did YOU, YOU serve as an:	R SPOUSE or DEPENDEN	ITS	Officer	Director	Trustee	Consultant	N/A			
05.4	Name any business or sub	sidiary thereof in which YC	DU, YOUR SP	OUSE, or DE	PENDENTS,	jointly or sev	verally, owned	5% or more			

05.4 Name any business or subsidiary thereof in which **YOU**, **YOUR SPOUSE**, **or DEPENDENTS**, jointly or severally, owned 5% or more of the stock or in which **YOU**, **YOUR SPOUSE or DEPENDENTS** served as an **OFFICER**, **DIRECTOR**, **TRUSTEE or CONSULTANT** where the service provides income of at least \$1,000 and less than \$5,000; or at least \$5,000 or more for the reporting period.

06. REAL ESTATE HOLDINGS - DO NOT INCLUDE HOMESTEAD

TO BE COMPLETED ONLY BY ELECTED OFFICIALS, APPOINTED OFFICIALS AND ALL CANDIDATES

06.1 Did YOU, YOUR SPOUSE or DEPENDENTS own real estate for investment or revenue production last year?

NO YES **If YES, list each property below and provide requested information.**

06.2 Did YOU, YOUR SPOUSE, DEPENDENTS or A BUSINESS WITH WHICH YOU ARE ASSOCIATED receive rent or lease income from ANY GOVERNMENTAL AGENCY IN ALABAMA last year?

 NO
 YES
 If YES, specific details of the lease or rent agreement shall be filed with the Alabama Ethics Commission.

Location of Real Estate	V	Vhat is the	e Fair Maı	2?	What is the Annual Gross Rent/Lease Income					
City, County, State	Less than \$50,000	\$50,000 to \$100,000	\$100,000 to \$150,000	\$150,000 to More tha \$250,000 \$250,000		Less than \$10,000	\$10,000 but less than \$50,000	\$50,000 or more		

Add Additional Sheets As Necessary

07. INDEBTEDNESS INFORMATION: Report debts owed to all businesses operating in Alabama** as of December 31 of the reporting year. Include debts for **YOU**, **YOUR SPOUSE and DEPENDENT CHILDREN**.

**Doing Business in Alabama, regardless of where the home office is located or where you mail your payment.

DO NOT INCLUDE indebtedness associated with HOMESTEAD - the home in which you live.

Provide ACTUAL Number of Debts and Check Corresponding COMBINED Dollar Amount.

DO NOT list Debtor's Names or Accounts Numbers.

		How MANY do	How MUCH do you OWE?									
	INDEBTEDNESS TYPE	you OWE?	Check Box That Reflects Combined Total Owed									
		NUMBER	Less than \$25,000	\$25,000 to \$50,000	\$50,000 to \$100,000	\$100,000 to \$150,000	\$150,000 to \$250,000	More than \$250,000				
07.1	BANKS Include Credit Cards											
07.2	CREDIT UNIONS and SAVINGS and LOAN ASSOCIATIONS Include Credit Cards											
07.3	INSURANCE COMPANIES											
07.4	MORTGAGE FIRMS											
07.5	STOCKBROKERS or BOND FIRMS											
07.6	INDIVIDUALS or OTHER BUSINESSES Include Store Credit Cards											
07.7	STUDENT LOANS											

08. **PROFESSIONAL OR CONSULTING SERVICES:** Complete this Section ONLY if YOU or YOUR SPOUSE received income *last year* in return for professional or consulting activities.

State the NUMBER OF CLIENTS and CHECK Corresponding Income and/or Retainer Income.



Check if No Income was received for Professional or Consulting Services for the

Categories of Clients shown below

				Annual Gross Income During Reporting Year								Anticipated Annual Retainer Income			
	Categories of Clients	Number of Clients	Less than \$1,000	\$1,000 to \$10,000	\$10,000 to \$25,000	\$25,000 to \$50,000	\$50,000 to \$100,000	\$100,000 to \$150,000	to	More than \$250,000	Less than \$1,000	\$1,000 to \$5,000	More than \$5,000		
08.1	UTILITIES														
	Electric														
	Gas														
	Telephone														
	Water														
	Cable Television Companies														
08.2	TRANSPORTATION														
	Intrastate Companies														
	Pipeline Companies														
	Oil Exploration														
	Gas Exploration														
	Oil and Gas Retailers														

				Annual Gross Income During Reporting Year									Anticipated Annual Retainer Income			
	Categories of Clients	Number of Clients	Less than \$1,000	\$1,000 to \$10,000	\$10,000 to \$25,000	\$25,000 to \$50,000	to	\$100,000 to \$150,000	to	More than \$250,000	Less than \$1,000	\$1,000 to \$5,000	More than \$5,000			
08.3	FINANCE & INSURANCE															
	Banks															
	Savings & Loan Associations															
	Loan or Finance Companies															
	Manufacturing Firms															
	Mining Companies															
	Life Insurance Companies															
	Casualty Insurance Co.															
	Other Insurance Companies															
	Retail Companies															
	Beer Companies															
	Wine Companies															
	Liquor Companies															
	Beverage Distributors															
08.4	ASSOCIATIONS															
	Trade															
	Professional															
	Governmental															
	Public Employee															
	Public Official															

				Annual Gross Income During Reporting Year								Anticipated Annual Retainer Income		
	Categories of Clients	Number of Clients	Less than \$1,000	\$1,000 to \$10,000	\$10,000 to \$25,000	\$25,000 to \$50,000	\$50,000 to \$100,000	\$100,000 to \$150,000	to	than	Less than \$1,000	\$1,000 to \$5,000	More than \$5,000	
08.5	GOVERNMENT													
	State													
	County													
	Municipal													
	Other Government Corporations or Authorities													
08.6	MISCELLANEOUS													

DECLARATION OF REPORTING PERSON 09.

I have read and completed this Statement of Economic Interests Form, and do swear (or affirm) that the information contained in said Statement of Economic Interests is true and correct. I fully understand that anyone who violates the disclosure provision of this Act shall be subject to a fine of \$10.00 per day, up to \$1,000 annually. I also understand that any attachments that I place with this form become a part of this public record.

Signature of Reporting Person

Date

PRINTED NAME of Reporting Person

Forms Received by FAX or Email will NOT be Accepted

RETURN COMPLETED, ORIGINAL SIGNED FORM TO:



Alabama Ethics Commission RSA Union - Suite 104 100 N Union Street, Suite 104 Montgomery, AL 36104

P O Box 302300 Montgomery, AL 36130-2300

Revised December 2020