This Form May Be Completed Online at <u>https://seiform.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

FOR 2022 CALENDAR YEAR-TO BE FILED NO LATER THAN April 30, 2023, <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>.

CAN	NDIDATE INFORMATION											
Are you currently a Candidate for public office?YESNO												
For w	vhich agency type are you a Candidate?	State	County	Municipa	lity							
Whic	Which agency?											
1.	Full Name, Home Address and Telephone Numb	er of Filing Person:										
LAST	FIRST	MIDDLE		SUFFIX	WORK E-MAIL ADDRESS							
STREE	T (NO PO BOXES) CITY	ZIP		BUSI	NESS PHONE							
2.	Last year, I was anelected officiala State County		employee	none (CHECK A	LL THAT APPLY) with the							
	THE NAME of my agency/agencies was											
3. I	Did you work for compensation in any position ot If yes, was more than 1/3 of your working time If yes, list the occupation(s)	spent in that position	?	YESN	IO							
4. I	Did your spouse work for compensation in any po If yes, was more than 1/3 of their working time	sition? YE spent in that positior	S NO ?	YESN	Ю							
5. W	If yes, list the occupation(s)											

6. INFORMATION ON FAMILY MEMBERS (Must include first and last names. If none, use N/A).

SPOUSE - Name, Address, Employer or Business Name

DEPENDENTS - (please indicate if dependent is over 19) Name(s), Address and Any Employment

LIVING ADULT CHILDREN (if not listed above)- Name(s) Only

PARENTS (Living and Deceased) - Names Only

SIBLINGS (Living and Deceased) – Name(s) Only

LIVING PARENTS OF SPOUSE – Name(s) Only

7. OTHER INCOME INFORMATION FOR YOU, YOUR SPOUSE AND DEPENDENTS* (If none, use N/A).

LIST EVERY BUSINESS WHERE YOU, YOUR SPOUSE, or DEPENDENT RECEIVED INCOME in Salary, Fees, Dividends, Profits, Commissions, Bank Interest, or Other Compensation from any private business - * Include all income required to be reported to the IRS		C	Check App	ropriate Bo)X	
NAME OF BUSINESS	Less than	\$1,000 to	\$10,000 to	\$50,000 to	\$150,000 to	More than
	\$1,000	\$9,999	\$49,999	\$149,999	\$249,999	\$250,000
1						
2						
3						
4						
5						
6						

8. Last year, did you, your spouse, or dependents, individually or combined, own 5% or more of the stock in a business? _____ YES _____ NO

If so, what is the name of the business(es)?

9. Last year, did you, your spouse, or dependents serve as an officer, director, trustee, or consultant in a business? _____YES ____NO

Did that service result in income of \$1,000 or more? _____ YES _____ NO

If so, provide the name of the business(es) _____

_____ \$1,000 to \$4,999

_____ \$5,000 or more

10. INDEBTEDNESS INFORMATION: Report debts owed to all businesses operating in Alabama** as of December 31st of the reporting year. **Doing Business in Alabama, regardless of where the home office is located or where you mail your payment. <u>DO NOT INCLUDE</u> indebtedness associated with <u>HOMESTEAD</u> - the home in which you live.

INDEBTNESS TYPE	How MANY do you OWE?	INDEBTNESS TYPE	How MANY do you OWE?
BANKS (Include Credit Cards)		STOCKBROKERS or BOND FIRMS	
CREDIT UNIONS and SAVINGS and LOAN ASSOCIATIONS (Include Credit Cards)		OTHER BUSINESSES Include Store Credit Cards	
INSURANCE COMPANIES		STUDENT LOANS	
MORTGAGE FIRMS			

What is the COMBINED AMOUNT of indebtedness to all of the above? Please check one.

__Less than \$25,000 ___\$25,000 to \$49,999 ___\$50,000 to \$99,999 ___\$100,000 to \$149,999 ___\$150,000 to \$249,000 ___\$250,000 or more

11. PROFESSIONAL OR CONSULTING SERVICES: Complete this Section ONLY if YOU or YOUR SPOUSE engaged in a business that provides any of the following services:

Legal	Medical or health related
Real estate	Banking
Insurance	Educational
Farming	Engineering
Architectural management	Other professional services or consultations

Check if No Income was received for Professional or Consulting Services for the Categories of Clients shown below

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

			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	than
UTILITIES												
Electric												
Gas												
Telephone												
Water												
Cable Television Companies												
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	\$50,000 to \$100,000	to	\$150,000 to \$250,000	More than \$250,000	Less than \$1,000	\$1,000 to \$5,000	More than \$5,000
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												
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	More than \$250,000	Less than \$1,000	\$1,000 to \$5,000	than
GOVERNMENT												
State												
County												
Municipal												
Other Government Corporations or Authorities												

12. REAL ESTATE HOLDINGS - DO NOT INCLUDE HOMESTEAD

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

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.

Location of Real Estate	V	Vhat is the	e Fair Maı	What is the Annual Gross Rent/Lease Income				
City, County, State	Less than \$50,000	\$50,000 to \$99,999	\$100,000 to \$149,999	\$150,000 to \$249,999	More than \$250,000	Less than \$10,000	\$10,000 but less than \$50,000	\$50,000 or more

Add additional sheets as necessary

13.	If you are PUBLIC OFFICIAL, did YOU 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.

DECLARATION OF REPORTING PERSON

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

RETURN COMPLETED, ORGINAL SIGNED FORM TO: Alabama Ethics Commission



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