



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

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 2025 CALENDAR YEAR-TO BE FILED NO LATER THAN April 30, 2026, EXCEPT FOR CANDIDATES, who must file with the Ethics Commission not more than five days after the deadline to file a declaration of candidacy as required by Section 36-25-15, Code of Alabama, 1975.

CANDIDATE INFORMATION

Are you currently a Candidate for public office? _____ YES _____ NO
For which agency type are you a Candidate? _____ State _____ County _____ Municipality
Which agency? _____

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

| LAST | FIRST | MIDDLE | SUFFIX | WORK E-MAIL ADDRESS |
|----------------------|-------|--------|----------------|---------------------|
| STREET (NO PO BOXES) | | | | |
| CITY | | ZIP | BUSINESS PHONE | |

2. Last year, I was an _____ elected official _____ appointed official _____ employee _____ none (CHECK ALL THAT APPLY) with the _____ State _____ County _____ Municipality

THE NAME of my agency/agencies was _____

3. Did you work for compensation in any position other than your public position? _____ YES _____ NO
If yes, was more than 1/3 of your working time spent in that position? _____ YES _____ NO
If yes, list the occupation(s) _____

4. Did your spouse work for compensation in any position? _____ YES _____ NO
If yes, was more than 1/3 of their working time spent in that position? _____ YES _____ NO
If yes, list the occupation(s) _____

5. **What is your total household income?** ___ \$10,000 to \$49,999 ___ \$50,000 to \$149,999 ___ \$150,000 to \$249,999 ___ More than \$250,000
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 | Check Appropriate Box | | | | | |
|--|------------------------------|--------------------------|---------------------------|-----------------------------|------------------------------|-------------------------------|
| | NAME OF BUSINESS | Less than \$1,000 | \$1,000 to \$9,999 | \$10,000 to \$49,999 | \$50,000 to \$149,999 | \$150,000 to \$249,999 |
| 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.

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

DO NOT list Debtor's Names or Accounts Numbers. (If none, use N/A).

| 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

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

| Categories of Clients | Number of Clients | Annual Gross Income During Reporting Year | | | | | | | | Anticipated Annual Retainer Income | | |
|--------------------------------|-------------------|---|---------------------|----------------------|----------------------|-----------------------|------------------------|------------------------|---------------------|------------------------------------|--------------------|-------------------|
| | | 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 | \$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 | | | | | | | | | | | | |

| Categories of Clients | Number of Clients | Annual Gross Income During Reporting Year | | | | | | | | Anticipated Annual Retainer Income | | |
|--|-------------------|---|---------------------|----------------------|----------------------|-----------------------|------------------------|------------------------|---------------------|------------------------------------|--------------------|-------------------|
| | | 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 | \$150,000 to \$250,000 | More than \$250,000 | Less than \$1,000 | \$1,000 to \$5,000 | More than \$5,000 |
| 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 | What is the Fair Market Value? | | | | | 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 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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, ORIGINAL 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