

FILER'S NAME (FIRST, MIDDLE, LAST)				
First Name	Middle Name	Last Name	Suffix	
MAILING ADDRESS, CITY, STATE, ZIP				
Address		City	State	Zip
HOME ADDRESS, CITY, STATE, ZIP				
Same as Mailing Address				
Address		City	State	Zip
CURRENT EMPLOYER		JOB TITLE		
NATURE OR TYPE OF BUSINESS				
DAYTIME PHONE NUMBER		ALTERNATE PHONE NUMBER		
E-MAIL ADDRESS				



1. \$10,000 PLUS DISCLOSURES		
If you, your spouse, or members of your immediate far please provide the requested information as of December	mily ¹ have assets or liabilities with a market value of 31 st of the preceding year unless another time period	at least \$10,000 in the following categories, is specified in the question.
▶Do not list the actual value of those assets or liab	ilities.	
	² established by or for the benefit of you or an immed	iate family member.
Do you, your spouse, or members of your immediate feature extraterritorial planning jurisdiction with a market value.		cated in the City of Charlotte or the City's
▶This may include your home/residence. Do not list	actual value.	
Yes No		
Owner of Real Estate	% Ownership Interest	Location by City
	•	3 3
Do you, your spouse, or members of your immediate fan actual value.	nily lease or rent <u>to or from the City</u> real estate with a	market value of \$10,000 or more? Do not list
Yes No		
Name of Lessor	Name of Lessee (Renter)	Location by City
3. Within the preceding two years, have you, your spouse, market value of \$10,000 or more? Do not list actual value		nt from the City personal property with a
Yes No		
Name of Purchaser	Name of Seller	Type of Property

¹ Immediate family includes your spouse (unless legally separated), minor children, and members of your extended family (your and your spouse's adult children, grandchildren, parents, grandparents, and siblings, and the spouses of each of those person) that reside in your household.

² Blind trust is a trust that meets all of the following criteria: (a) the owner of the trust's assets has no knowledge of the trust's holdings and sources of income, (b) the individual or entity managing the trust's assets ("the trustee") is not a member of the official's extended family and is not associated with or employed by the official or his or her immediate family, and (c) the trustee has sole discretion to manage the trust's assets.



4. Do you, your spouse, or members of your immediate more? Do not list actual value.	family currently lease or re	nt to or from the City perso	nal property with a market value of \$10,000 or
Yes No			
Name of Lessor	Name of Les	see (Renter)	Type of Property
			3
5(a). Do you, your spouse, or members of your immedia you know or have reason to know: (1) is doing or is seek materially affected, in a manner distinguishable from the value.	sing to do business of any ki	ind with the City; or (2) has	financial interests that may be substantially and
Yes No			
▶ Do <u>not</u> list ownership interests in a widely held in compensation plans) if (i) the fund is publicly traded control the assets held in the mutual fund, investment	or its assets are widely of	liversified and (ii) neither y	
Owner of Interest		Full Name of (Company (Do not use a ticker symbol)
5(b). Do you, your spouse, or members of your immedia reason to know: (1) is doing or is seeking to do business in a manner distinguishable from the public generally, by	of any kind with the City; of	or (2) has financial interests	that may be substantially and materially affected,
Yes No			
Owner of Stock Option		Full Name of 0	Company (Do not use a ticker symbol)



City of Charlotte

Statement of Economic Interest

business entity (including interests in s partnerships, and closely held corporat	ole proprietorships, partnerships, limited ions) that you know or have reason to knowstantially and materially affected, in a Do not list actual value .	partnerships, joint ventures, limited liab ow: (1) is doing or is seeking to do busin	ility companies, limited liability ness of any kind with the City; or
Yes No - If "No", proceed to	question 7.		
Owner	of Interest	Name of	Business Entity
	ned companies or business entities ident company owns securities or equity interes		
	Owned Company ary Company)		hich the Primary Company or Equity Interests
None or Not Known			
6(c). If you know that any company or regulated by the City, provide a brief de	business entity listed in 6(a) or (b) above escription of that business activity.	e has any material business dealings or b	business contracts with the City, or is
Name of Company or Business Entity Description of Business Activity with the City			ness Activity with the City
None or Not Known			
II. OTHER DISCLOSURES			
employee, or independent contractor public health and safety, or educations	al purposes that you know or have reasone substantially and materially affected,	ion operating in the City primarily for n to know: (1) is doing or is seeking to	ctor, officer, governing board member, religious, charitable, scientific, literary, do business of any kind with the City; or public generally, by the performance or
Yes No - If "No", proceed to	<u> </u>		
➤ Do not list organizations of which yo	u are a mere member or subscriber.		
Name of Person	His/Her Position	Name of Nonprofit Corporation or Organization	Nature of Business or Purpose of Organization



7(b). If the listed nonprofit corporations or o business, if known, or with which due diligence			receive City f	funds, please provide a brie	ef descrip	tion of the nature of that
Name of Nonprofit Corporation	n or Organiz	ation		Describe City Business	or City	Funding
None or Not Known						
8. Have you ever been convicted of a felony f conviction?	or which you h	nave not received either (i) a pardon of	innocence or (ii) an order of	of expung	ement regarding that
Yes No						
Offense		Date of Convic	tion	County of Convicti	on	State of Conviction
9(a). List the name of each business with which you are associated where you or a member of your immediate family is an employee, dir partner, proprietor, or member or manager and that you know or have reason to know: (1) is doing or is seeking to do business of any kind with has financial interests that may be substantially and materially affected, in a manner distinguishable from the public generally, by the performance of your official duties.			aind with the City; or (2)			
Name of Person	Rela	tionship to Filer	Na	me of Company		Role of Person
No Business Associations						
9(b). If you know that any company or busine regulated by the City, provide a brief descript			aterial busines	ss dealings or business con	tracts wit	h the City, or is
Name of Company or Business Entity		Description of Business Activity with the State				
Not applicable (No entities listed on #9a)	☐ No re	lationship / Not known	•			



AFFIRMATION			
I affirm that the information provided in this Statement of Economic Interest and any attachments hereto are true, complete, and accurate to the best of my knowledge and belief.			
I also certify that I have not transferred, and will not transfer, any asset, interest, or property for the purpose of concealing it from disclosure while retaining an equitable interest.			
I understand that my Statement of Economic	nterest and any attachments or supplements thereto are public record	d.	
☐ I Agree			
Printed Name			
Signature	 Date		
o gramm			
Submit SIGNED, ORIGINAL documents or	ly.		
Do not fax or email this form.			