



This Form May Be Completed Online at [www.ethics.alabama.gov](http://www.ethics.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

Instructions are available on our website.

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

Candidate Information			
Are you a Candidate For Public Office?	YES	NO	
	Please Circle		
For Office In	State	County	
Please Check	City		
For Office Of			

Law Enforcement Information			
Are you in Law Enforcement?	YES	NO	
	Please Circle		
	Judge - Any Level		
	District Attorney/Asst or Deputy DA/DA Investigator		
	Attorney General/AG Attorney, Special Agent/Investigator		
	POST Certified Law Enforcement Officers		

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

LAST	FIRST	MIDDLE	SUFFIX	NICKNAME
STREET	PO BOX	CITY	ZIP	COUNTY
BUSINESS PHONE				

PLEASE FILL IN THE BLANKS AND CIRCLE ANSWERS AS APPROPRIATE

02. Last year, I was an (elected official) (appointed official) (employee) with the (State) (County) (Municipality) and the NAME and ADDRESS of my (department) (office) (agency) (board) (College) (County) (Municipality) (Commission) was

02.1 As an elected/appointed/employee last year, my Job Title/Position was

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 03.-03.6. 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 *Last year*, did you earn more than \$5,000 as an:                    Officer          Director          Trustee          Consultant          N/A

05.2 *Last year*, did you earn more than \$1,000 but less than \$5,000 as an:                    Officer          Director          Trustee          Consultant          N/A

05.3 Last year, did YOU, YOUR SPOUSE or DEPENDENTS serve as an:                    Officer          Director          Trustee          Consultant          N/A

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.

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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	What is the Fair Market Value?					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 \$250,000	More than \$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.

	INDEBTEDNESS TYPE	How MANY do you OWE? NUMBER	How MUCH do you OWE?					
			Check Box That Reflects Combined Total Owed					
			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	<b>BANKS</b> Include Credit Cards							
07.2	<b>SAVINGS and LOAN ASSOCIATIONS</b> Include Credit Cards							
07.3	<b>INSURANCE COMPANIES</b>							
07.4	<b>MORTGAGE FIRMS</b>							
07.5	<b>STOCKBROKERS or BOND FIRMS</b>							
07.6	<b>INDIVIDUALS or OTHER BUSINESSES</b> Include Store Credit Cards							
07.7	<b>STUDENT LOANS</b>							

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**

	Categories of Clients	Number of Clients	Annual Gross Income During Reporting Year							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
08.1	<b>UTILITIES</b>												
	Electric												
	Gas												
	Telephone												
	Water												
	Cable Television Companies												
08.2	<b>TRANSPORTATION</b>												
	Intrastate Companies												
	Pipeline Companies												
	Oil Exploration												
	Gas Exploration												
	Oil and Gas Retailers												

	Categories of Clients	Number of Clients	Annual Gross Income During Reporting Year							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
08.3	<b>FINANCE &amp; INSURANCE</b>											
	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	<b>ASSOCIATIONS</b>											
	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
08.5	GOVERNMENT												
	State												
	County												
	Municipal												
	Other Government Corporations or Authorities												
08.6	MISCELLANEOUS												

**09. 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

**\*\*\*Forms Received by FAX or Email will NOT be Accepted\*\*\***

RETURN COMPLETED, ORIGINAL SIGNED FORM TO:



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

Revised December 2020