



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 2021 CALENDAR YEAR-TO BE FILED NO LATER THAN April 30, 2022, 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 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	More than \$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.

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