

2010 Multiple Coverage Supplement

Statement of Economic Interest

Mail original to State Ethics Commission, 1324 Mail Service Center, Raleigh, NC 27699-1324
Office location: Capehart Crocker House, 424 N. Blount St., Raleigh, NC 27601-1010
For assistance please call 919-715-2071 or e-mail: ethics.commission@doa.nc.gov

- ▶ The State Government Ethics Act requires that persons covered by the Act file a Statement of Economic Interest (“SEI”) on an annual basis and in connection with their initial appointment to a covered position. The Multiple Coverage Supplement is for the use of individuals who are appointed to or serve in more than one covered position. Although the routine financial information requested on the SEI will not vary by your position, *the answers to the questions set forth below will vary according to the position held.*
- ▶ Please file a complete Statement of Economic Interest (“SEI”) with respect to one of your covered positions and a Multiple Coverage Supplement for any additional covered positions which you hold. That Supplement should be filed in connection with your initial appointment to that position and annually thereafter. A list of covered boards is available on our website at www.ethicscommission.nc.gov.

Name of Person Filing SEI _____
Position For Which Supplement Is Filed _____
Other Covered Positions Held (SEI previously filed for) _____
Daytime Phone Number _____
Email _____

1. As of December 31, 2009, were you or your employer, or your spouse or other members of your immediate family (who reside in your household), or their employer, licensed or regulated by, or have a business relationship with, the State board or employing entity listed above? Yes No If so, provide the following information.

- ▶ You are not required to complete this question if you are currently a legislator or a judicial officer (“judicial officer” is defined in footnote 1) or you are filing as an appointee to those offices. Please indicate if this is the case.

Identify Person	Identify Employer (if applicable)	Business or Regulatory Relationship

¹ With the exception of judicial officers (including Justices or judges of the General Court of Justice, district attorneys, and clerks of court), persons holding or seeking an elected office with a residency requirement must provide a home address.

IF YOU DO NOT HAVE INFORMATION TO DISCLOSE IN RESPONSE TO A PARTICULAR QUESTION, YOU MUST CHECK “NO.”

2. As of December 31, 2009, were you, your spouse, or other members of your immediate family a director, officer, or governing board member of any society, organization, or advocacy group which has an interest in issues over which your agency or board may have jurisdiction? Yes No

If so, provide the following information.

- ▶ You are not required to complete this question if you are a legislator or a judicial officer or you are filing as an appointee to those offices. Please indicate if this is the case.
- ▶ Do not list organizations of which you are only a member or donor.

Identify Person	Identify Name of Society, Organization, or Advocacy Group	Leadership Position (Director, Officer, Board Member)

3. During the preceding year (but only the time period after you were appointed, employed, or filed or were nominated as a candidate), have you accepted a “scholarship” (a “grant-in-aid to attend a conference, meeting, or similar event”) *from a donor outside North Carolina* and that was related to your public position? Yes No

If so, and the value of that scholarship from a person or group of persons acting together exceeds \$200, please provide the following information.

- ▶ Do not report gifts that have previously been reported by you to the Department of the Secretary of State on the “Expense Report for Exempted or Persons Not Covered.”
- ▶ You are not required to complete this question if you are a judicial officer or you are filing as a judicial officer appointee. Please indicate if this is the case.
- ▶ Legislators are not required to report scholarships paid by nonpartisan legislative organizations of which you or the General Assembly are a member.

Date of Scholarship	Name and Address of Donor(s)	Describe Event	Estimated Market Value

IF YOU DO NOT HAVE INFORMATION TO DISCLOSE IN RESPONSE TO A PARTICULAR QUESTION, PLEASE INDICATE “NONE.”

North Carolina law establishes a fine of \$250 for failure to timely comply with the annual SEI filing requirement. In addition, it is a Class 1 misdemeanor to knowingly conceal or fail to disclose required information. Such actions can also subject you to disciplinary action in connection with your employment.

Oath or Affirmation

I hereby swear or affirm, under penalty of perjury and other penalties established by North Carolina law, that I have read this Multiple Coverage Supplement and any attachments thereto and that the information provided on the Supplement and any attachments is true, correct, and complete to the best of my knowledge and belief. I also certify that I have disclosed any additional information that *I believe* may assist the State Ethics Commission in advising me concerning my compliance with the State Government Ethics Act on the attached Additional Disclosure Addendum.

Signature of Person Filing

STATE OF NORTH CAROLINA
COUNTY OF _____

Signed and sworn to or affirmed before me this day by _____
(Name of Person Filing)

Date: _____
(Official Seal)

Official Signature of Notary Public

Notary's printed or typed name: _____

IF YOU DO NOT HAVE INFORMATION TO DISCLOSE IN RESPONSE TO A PARTICULAR QUESTION, PLEASE INDICATE "NONE."

