

MISSISSIPPI ETHICS COMMISSION STATEMENT OF ECONOMIC INTEREST

Please type or use black ink

OFFICE USE ONLY

01. **NAME:** Use your complete legal name. If your name includes Jr., Sr., III., etc. place that immediately following your last name.

Name (Last) _____, (First) _____, (Middle) _____

Mr.
Mrs.
Miss
Other

MARITAL STATUS Single Married

(Check one block to indicate address for mailing purposes)

HOME ADDRESS _____ (No. State, Route, P.O.) _____ (City) _____ (Zip)

BUSINESS ADDRESS _____ (No. State, Route, P.O.) _____ (City) _____ (Zip)

MISS. DRIVER'S LICENSE# _____ Home Phone _____ Work Phone _____

IF ANY SECTION DOES NOT PROVIDE SUFFICIENT SPACE YOU MAY ADD THE INFORMATION WITH AN ATTACHMENT.

02. **POSITION OR TITLE:** List the position or title that requires the filing of this statement. If more than one position is held, these should also be listed below. Check the block to indicate whether the position you hold is elected or appointed, or if you are a candidate for an elective office. See Manual Page 4, Section VI-B.

ELECTED	APPOINTED	CANDIDATE			
				Example	Alderman Vicksburg Supervisor Adams Member Ethics Commission
				Title or Position	Name of City, County, Board, Commission, or Agency

03. **REPRESENTATION OR INTERVENTION:** This section is to be completed **ONLY** by elected public officials, heads of state agencies, and presidents and trustees of state-supported universities, colleges and junior colleges. If you appeared for compensation on other than routine or uncontested matters in the preceding calendar year through the date of filing this statement before any of the boards or commissions listed below you must list the person represented, the nature of the business, and the commission or board you appeared before. See Manual Page 4, Section VI-C

- | | |
|---|---|
| JOINT LEGISLATIVE BUDGET COMMITTEE
PUBLIC SERVICE COMMISSION
PERSONNEL BOARD
INFORMATION TECHNOLOGY SERVICES
BANKING AND CONSUMER FINANCE | STATE BOARD OF BANKING REVIEW
OIL AND GAS BOARD
STATE FISCAL MANAGEMENT BOARD
TAX COMMISSION |
|---|---|

PERSON REPRESENTED	NATURE OF BUSINESS	BOARD OR COMMISSION

The remaining Sections 04-09 apply to both the filer and spouse. Please read the questions in these sections before completing the form. If you are married, please indicate with an (S) information that applies to your spouse in Sections 04-09 and a (J) for joint ownership in Section 06. All information not marked with an (S) or (J) will be assumed to be that of the filer only.

04. **OCCUPATIONS:** List all occupations, other than those listed in Section 02 above, held by you and your spouse in the preceding calendar year through the date of filing this statement. See Manual Page 5, Section VI-D. (i.e., doctor, attorney, builder, etc.)

FILER	OCCUPATIONS	SPOUSE
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____

CONTINUED ON REVERSE SIDE

05 **POSITION IN BUSINESS:** List positions held by you and your spouse in the preceding calendar year through the date of filing in any business, partnership, or corporation organized for profit listed by name and address. This shall include but is not limited to positions such as a secretary, salesman, manager, director, agent, trustee, owner, partner, etc. See Manual Page 5, Section VI-E.

POSITION	BUSINESS NAME	ADDRESS

06 **OWNERSHIP OF BUSINESSES, PARTNERSHIPS, OR CORPORATIONS:** List the names and addresses of all business partnerships, or corporations (including subsidiary businesses) in which you or your spouse, or in aggregate, owned 10% or more of all interest in any such business in the preceding calendar year through the date of filing this statement. See Manual Page 5, Section VI-F.

BUSINESS NAME	ADDRESS

07 **PRIVATE SOURCES OF INCOME:** List all types of gross income sources you or your spouse received in the preceding calendar year in excess of \$2,500. Each entry under this item shall contain the name of the general type of such business or enterprise (avoid such general terms as investments, real estate, rental property, etc.) and the nature of the income as to whether it was salary, fees, dividends, interest, profit, commissions, royalty, rent or other. See Manual Page 5, Section VI-G.

TYPE OF BUSINESS	NATURE OF INCOME

08 **PUBLIC BODIES:** List all public bodies (federal, state, county, municipal or other political subdivision) which were sources of gross income (either direct or indirect) in excess of \$1,000 for you or your spouse in the preceding calendar year. Public bodies represented by positions listed in Section 02 should also be listed in this section if income amounts qualify. See Manual Page 6, Section VI-H.

NAMES OF PUBLIC BODIES

1 _____ 3 _____
 2 _____ 4 _____

09 **RETAINERS:** List by type all retainers received by you or your spouse in preceding calendar year through the date of filing this statement, even if a service was not provided. See Manual Page 6, Section VI-I.

RETAINERS BY TYPE

1 _____ 3 _____
 2 _____ 4 _____

10 **SIGNATURE:** I certify that the disclosures listed above are true, correct and complete to the best of my knowledge.

SIGNATURE _____ DATE _____

11 **NOTARY ACTION:** The above was sworn before me this date _____

Notary Signature _____

Commission expires _____ SEAL

THIS SECTION MAY NOT BE NOTARIZED BY THE INDIVIDUAL MAKING THE FINANCIAL DECLARATION

FAILURE TO FILE THIS DISCLOSURE OR FAILURE TO DISCLOSE INFORMATION REQUIRED ABOVE IS A MISDEMEANOR PUNISHABLE BY A FINE OF NOT MORE THAN FIVE THOUSAND DOLLARS (\$5,000).