



**FOR INSTRUCTIONS, SEE LAST FOUR PAGES.**

(The instruction pages should **NOT** be returned with your form as they may increase your postage cost.)

CANDIDATE	YES	NO	FOR OFFICE IN	CITY	COUNTY	STATE
(Year)	If you are a candidate, complete this section and see last page of instructions. If you are not a candidate, check "no" and continue.					

**STATEMENT OF ECONOMIC INTERESTS**

FOR 2008 CALENDAR YEAR - TO BE FILED NO LATER THAN APRIL 30, 2009, EXCEPT FOR CANDIDATES, who must file simultaneously with their qualifying forms as required by Section 36-25-15, Code of Alabama 1975.

**Alabama Ethics Commission**

Street Address

100 North Union Street, Suite 104  
(RSA Union Building)  
Montgomery, Alabama 36104

Mailing Address

P. O. Box 302300  
Montgomery, AL 36130-2300  
334-242-2997

**PLEASE READ INSTRUCTIONS BEFORE ATTEMPTING TO COMPLETE FORM.**

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

\_\_\_\_\_  
(Last) (First) (Middle) (Suffix) (Nickname)

\_\_\_\_\_  
(Street) (Route) (P.O. Box) (City) (Zip) (County) (Home & Business Phones)

IF name changed within past year, please indicate former name:

NAME: \_\_\_\_\_  
(Last) (First) (Middle) (Suffix)

**PLEASE FILL IN THE BLANKS OR CIRCLE THE CORRECT WORD(S) OR NUMBER(S) AS APPROPRIATE**

02. Last year, I was an (elected official) (appointed official) (employee) with the (Municipality) (County) (State) and the name and address of my (department)(office)(agency)(board)(college)(county)(municipality)(commission)was \_\_\_\_\_

02.1 As an elected/appointed official/employee last year, my job title/position was \_\_\_\_\_

02.2 Last year, the name(s) of the (State) (County) (Municipal) Board(s), Commission(s), Committee(s), Authority(ies), Council(s), etc. 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. I am a candidate for the (State) (County) or (Municipal) Office of \_\_\_\_\_.

04. 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 (including self-employment) was (were) \_\_\_\_\_

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04.1 The **name** and **address** of my employer, listed in 04. above, *last year* was \_\_\_\_\_

04.2 I was self-employed last year and the **name** and **address** of my business *last year* was \_\_\_\_\_

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04.3 Information on Family Members: SPOUSE'S Name, address, and business or employer

DEPENDENT CHILDREN Name, address, and any employment \_\_\_\_\_

Names Only of LIVING ADULT CHILDREN

Names Only of LIVING PARENTS

Names Only of LIVING SISTERS/BROTHERS

Names Only of LIVING PARENTS OF SPOUSE

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05. *Last year*, from the occupations or businesses listed in 04., I, my spouse and dependents earned an aggregate of:  
(\$0-\$1,000) (\$1,000-\$10,000) (More than \$10,000).

05.1. *Last year*, (I) (My spouse) (dependents) owned 5% or more of the stock in the firm(s) listed in (04.1, 04.2)

05.2. *Last year*, (I) (My spouse) was a consultant and earned more than \$1,000 from each firm listed in (04.1, 04.2)

05.3. *Last year*, (I) (My spouse) served as an (Officer) (Director) (Trustee) of the firm(s) listed in (04.1, 04.2)

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**06. OTHER INCOME INFORMATION ON YOU, YOUR SPOUSE AND DEPENDENT CHILDREN**

List total combined household income, in addition to what is listed in 02.3 thru 05., the names of each business income is derived from, and the income from each business.	Write in type of Income Received:  Salaries, Fees, Dividends, Profits, Commissions, Other Compensation (including interest on bank accounts)	Check Appropriate Box					
		Less than \$1,000	\$1,000 - \$10,000	\$10,000 - \$50,000	\$50,000 - \$150,000	\$150,000 - \$250,000	More than \$250,000
06.1							
06.2							
06.3							
06.4 Last year did you earn more than \$5,000 as an: (Circle the applicable one and explain, if necessary.)		Officer	Director	Trustee	Consultant	N/A	
06.5 Last year did you earn more than \$1,000 but less than \$5,000 as an: (Circle the applicable one and explain, if necessary.)		Officer	Director	Trustee	Consultant	N/A	
06.6 Last year, did YOU, YOUR SPOUSE or DEPENDENTS serve as: (Circle the applicable one and explain, if necessary.)		Officer	Director	Trustee	Consultant	N/A	
06.7 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.							

**07. REAL ESTATE HOLDINGS (Exclude your Homestead) (TO BE COMPLETED ONLY BY ELECTED OFFICIALS, APPOINTED OFFICIALS or CANDIDATES for State, County or Municipal Offices.)**

**07.1 Did YOU, YOUR SPOUSE OR DEPENDENTS or A BUSINESS WITH WHICH YOU ARE ASSOCIATED receive any 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 Ethics Commission.**

**07.2 Did YOU, YOUR SPOUSE or DEPENDENTS own real estate for investment or revenue production last year?**

\_\_\_\_\_ No \_\_\_\_\_ Yes

**If yes, list each piece of real estate wherever situated separately below and provide the requested information.**

**(CHECK APPROPRIATE BOXES and ADD ADDITIONAL SHEETS AS NECESSARY.)**

Location of Real Estate (City, County and State)	What is the fair market value?					What is the annual gross rent or lease income?		
	Less than \$50,000	\$50,000 - 100,000	\$100,000 - 150,000	\$150,000 - 250,000	More than \$250,000	Less than \$10,000	\$10,000 but less than \$50,000	\$50,000 or more

**08. INDEBTEDNESS INFORMATION: Report debts owed to all businesses operating in Alabama\*as of December 31 last year, EXCEPT indebtedness associated with the (homestead) home in which you live. Include debts of YOUR SPOUSE and DEPENDENT CHILDREN. (\*Doing business in Alabama, regardless of where their home office is located or where you mail your payment.) State number – it is not necessary to include name of cards, only number and amount. Check appropriate boxes below.**

TYPE	How many do you OWE?	How much do you OWE? (Check box that relates to the combined total in each category)						
		Less than \$25,000	\$25,000 - \$50,000	\$50,000 - \$100,000	\$100,000 - \$150,000	\$150,000- \$250,000	More than \$250,000	N/A
<u>08.1 Banks (include Credit Cards)</u>								
<u>08.2 Credit Unions and Savings and Loan Associations (include Credit Cards)</u>								
<u>08.3 Insurance Companies</u>								
<u>08.4 Mortgage Firms</u>								
<u>08.5 Stockbrokers or Bond Firms</u>								
<u>08.6 Individuals or other business(es) (include store cards)</u>								

**09. PROFESSIONAL OR CONSULTING SERVICES (To be completed if YOU or YOUR SPOUSE received income last year in return for professional or consulting activities, i.e. legal, accounting, medical or health-related, real estate, banking, insurance, educational, farming, engineering, architectural management, or other professional services or consultations, etc. State the number of clients and check appropriate boxes.)**

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								Anticipated Annual Retainer Income		
		Less than \$1,000	\$1,000 - \$10,000	\$10,000 - \$25,000	\$25,000 - \$50,000	\$50,000 - \$100,000	\$100,000 - \$150,000	\$150,000 - \$250,000	More than \$250,000	Less than \$1,000	\$1,000 - \$5,000	More than \$5,000
<b>09.1 Utilities</b>												
Electric												
Gas												
Telephone												
Water												
Cable Television Companies												
<b>09.2 Transportation</b>												
Intrastate Companies												
Pipeline Companies												

Categories of Clients	Number of Clients	Annual Gross Income During Reporting Year								Anticipated Annual Retainer Income		
		Less than \$1,000	\$1,000 - \$10,000	\$10,000 - \$25,000	\$25,000 - \$50,000	\$50,000 - \$100,000	\$100,000 - \$150,000	\$150,000 - \$250,000	More than \$250,000	Less than \$1,000	\$1,000 - \$5,000	More than \$5,000
Oil Exploration												
Gas Exploration												
Oil and Gas Retailers												
09.3 Finance and Insurance												
Banks												
Savings & Loan Associations												
Loan and/or Finance Companies												
Manufacturing Firms												
Mining Companies												
Life Insurance Companies												
Casualty Insurance Companies												
Other Insurance Companies												

Categories of Clients	Number of Clients	Annual Gross Income During Reporting Year								Anticipated Annual Retainer Income		
		Less than \$1,000	\$1,000 - \$10,000	\$10,000 - \$25,000	\$25,000 - \$50,000	\$50,000 - \$100,000	\$100,000 - \$150,000	\$150,000 - \$250,000	More than \$250,000	Less than \$1,000	\$1,000 - \$5,000	More than \$5,000
Retail Companies												
Beer Companies												
Wine Companies												
Liquor Companies												
Beverage Distributors												
09.4 Associations												
Trade												
Professional												
Governmental												
Public Employee												
Public Official												
09.5 Government												
State												
County												
Municipal												
Other Government Corp. Or Authorities												
09.6 Miscellaneous												

**10. DECLARATION OF REPORTING PERSON**

I have read and completed this Statement of Economic Interests, Form ASEC-1(Revised), 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 a day not to exceed \$1,000 annually. I also understand that any attachments that I place with this form become a part of this public record.

SIGNED \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Reporting Person)

PLEASE PRINT/TYPE NAME OF PERSON SIGNING FORM \_\_\_\_\_

*(Please do not mail the instructions with your form as they may increase your postage and should be destroyed or retained with your copy of your form.)*

**RETURN COMPLETED ORIGINAL SIGNED FORM TO:**  
Alabama Ethics Commission

**STREET ADDRESS**  
RSA Union, Suite 104  
100 North Union Street  
Montgomery, AL 36104



**MAILING ADDRESS**  
P.O. Box 302300  
Montgomery, AL 36130-2300