## **Financial Disclosure Report**

This financial disclosure report must be submitted by any nominees for state of Delaware boards or commissions who are also "Public Officers," as defined in 29 Delaware Code, Chapter 58, Subchapter II. This is in addition to the reporting requirements of the Delaware Public Integrity Commission.

Underlined terms are defined in the Definitions section of the Senate Confirmation web page. If additional space is needed, use the box provided on page 4.

| Naı       | me:                                                                                                                                                                                                                                                                                    |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Bus       | siness Address:                                                                                                                                                                                                                                                                        |
| Sta       | te Position:                                                                                                                                                                                                                                                                           |
| Rep<br>mo | ction 1 port any legal or equitable ownership in excess of \$5,000 fair market value or from which income of the re than \$5,000 was either derived during the preceding calendar year or might reasonably be sected to be derived during the current calendar year, in the following. |
| A.        | Instruments of Ownership: (name, instrument and nature of ownership, e.g., IBM stock, shareholder).                                                                                                                                                                                    |
|           |                                                                                                                                                                                                                                                                                        |
| В.        | Business Enterprise: (name, nature of ownership and any position of management, e.g., JW Foods, partnership, director)                                                                                                                                                                 |
|           |                                                                                                                                                                                                                                                                                        |
| C.        | Professional Organization: (name, address, type of practice (do not identify individual clients), and any position of management, e.g., ABC Law Firm, 123 Public Rd., Dover, DE, legal services, partner)                                                                              |
|           |                                                                                                                                                                                                                                                                                        |
| D.        | Any of the preceding which are <u>constructively controlled</u> . (e. g., ABC Mutual funds, trustee for minor child).                                                                                                                                                                  |
|           |                                                                                                                                                                                                                                                                                        |
|           | NOT LIST: Time or demand deposits or a debt instrument with a fixed yield unless convertible to an uity instrument.                                                                                                                                                                    |

| Section 2 |                                                                                                     |
|-----------|-----------------------------------------------------------------------------------------------------|
|           | each creditor to whom you were indebted for 90 or more consecutive days during the preceding        |
| Cale      | endar year in an aggregate amount in excess of \$1,000.                                             |
|           |                                                                                                     |
|           |                                                                                                     |
|           |                                                                                                     |
|           |                                                                                                     |
|           |                                                                                                     |
|           |                                                                                                     |
|           |                                                                                                     |
|           |                                                                                                     |
| Sa        | ction 3                                                                                             |
|           |                                                                                                     |
|           | ny of the following were received during the preceding calendar year, or reasonably expected to be  |
| rec       | eived during the current calendar year, list the source.                                            |
| A.        | Any income for services rendered exceeding \$1,000 from a single source, unless reported in Section |
|           | 1                                                                                                   |
|           |                                                                                                     |
|           |                                                                                                     |
|           |                                                                                                     |
|           |                                                                                                     |
| В.        | Any capital gain exceeding \$1,000 from a single source other than the sale of a residence occupied |
|           | by the public officer.                                                                              |
|           |                                                                                                     |
|           |                                                                                                     |
|           |                                                                                                     |
|           |                                                                                                     |
| C.        | Any reimbursement for expenditures exceeding \$1,000 from a single source;                          |
|           |                                                                                                     |
|           |                                                                                                     |
|           |                                                                                                     |
|           |                                                                                                     |
| D.        | Any honoraria;                                                                                      |
|           |                                                                                                     |
|           |                                                                                                     |
|           |                                                                                                     |
|           |                                                                                                     |
| E.        | Any gift with a value in excess of \$250 from any person. Identify the amount of each gift.         |
|           | <u> </u>                                                                                            |
|           |                                                                                                     |
|           |                                                                                                     |
|           |                                                                                                     |

| Section 4                                                                                                              |  |  |
|------------------------------------------------------------------------------------------------------------------------|--|--|
| Data in this report is provided as of                                                                                  |  |  |
| Date                                                                                                                   |  |  |
| I fully understand that I alone am responsible for the accuracy and veracity of all information in this questionnaire. |  |  |
| Please indicate your acceptance of the above terms by typing your first and last name on the line below.               |  |  |
| Name: Date:                                                                                                            |  |  |
| Please save this document to your computer, then email it as an attachment to:  gov_appointments@delaware.gov.         |  |  |

