# Virginia Conflict of Interest and Ethics Advisory Council STATE AND LOCAL STATEMENT OF ECONOMIC INTERESTS

Prince William Board of AGENCY NAME  ARE YOU FILING THIS FORM AS A CANDIDATE FOR ELECTION TO THIS OFFICE?  OFFICE OR POSITION HELD OR SOUGHT:  Cruwty Supervisors  OVER OND	The same of the sa							
Prince William Board of AGENCY NAME  ARE YOU FILING THIS FORM AS A CANDIDATE FOR ELECTION TO THIS OFFICE?  AGENCY NAME  ARE YOU FILING THIS FORM AS A CANDIDATE FOR ELECTION TO THIS OFFICE?	NAME:	eanin	eM. Li	aws	on			
O ILS ONO	Prince OFFICE OR	William POSITION OUGHT: County	n Board a		AGENCY NAM	E	FORM A FOR EL TO THIS	AS A CANDIDATE ECTION
BUSINESS STREET 9400 Innovation Dr. TELEPHONE:		STREET	400 In	n d Va	ction Dr.			PHONE:
ADDRESS: CITY STATE ZIP 103 OFFICE HOME WANASSAS WA 20110 1926190	ADDRESS:	CITY	nassas "	STATE	20110	1030		HOME *
EMAIL ADDRESS: 1 awson & Awcgov.org	EMAIL ADDR	ESS:	lawson	C 7	wegov.or	9		
of IMMEDIATE FAMILY: Janiel & Luke Lawson	FIRST AND L OF IMMEDIA	AST NAMES	OF MEMBERS	•	0			

Online filings: This Statement of Economic Interests will be available to the public via the searchable database on the Virginia Conflict of Interest and Ethics Advisory Council website, as required by § 30-356.

Local paper filings: This Statement of Economic Interests is open for public inspection, as required by § 2.2-3115.

**REPORT TO THE BEST OF INFORMATION AND BELIEF** Information required on this Statement must be provided on the basis of the best knowledge, information, and belief of the individual filing the Statement as of the date of this report.

#### **AFFIRMATION**

I swear or affirm that the information provided on this statement is full, true, and correct to the best of my knowledge.

Signature of Officer or Employee

Any filer who knowingly and intentionally makes a false statement of a material fact on the Statement of Economic Interests is guilty of a Class 5 felony.

1/24/22

Date

FOR OFFICE USE ONLY

Date Received: 02/01/2022

Received By:

(aun)

SCHEDULE A OFFICES, DIRECT NAME:	IIPS, AND EM	IPLOYMENT	ranson		8 8 8 8 8 8 1 1 1 2 1 1 1 1 1 1 1 1 1 1	
QUESTIONS:			7			
1. Do you or a medirector of a busing	of your immed	diate family r	receive remuneration,  If yes, complete th	2.0°		vice as an officer or
			ceive salary or wages governmental or advis If yes, complete th	sory agency.	•	any employer? DO
INSTRUCTIONS: Disclose each:						

- Business of which you or a member of your immediate family is an officer or director and receives remuneration, benefits, or compensation for service as an officer or director • Employer paying you or a member of your immediate family salary or wages in excess of \$5,000 annually

NAME OF BUSINESS	LOCATION OF BUSINESS	POSITION	BY WHOM		Office or Directorship
OR	OR EMPLOYER	HELD		OR E	mployment
EMPLOYER	(CITY OR COUNTY, AND			OFFICE OR	EMPLOYMENT
0 1814	STATE)	1_		DIRECTOR8HIP	
Georgevusun	= 4100 Monum	ent			
Mortgage Lle	Corner Drive	, pt	Janiel		
	0	//CV			
	Florefax	2,(1)			
	1,001-1000				

SCHEDULE B PERSONAL DEBTS  NAME:  Schedule M. Lawson
QUESTIONS:
1. Do you owe more than \$5,000 to any one creditor, including any contingent debt to any one creditor?
DO NOT INCLUDE any debt owed to any government or any loan secured by a recorded lien on property if such lien is at least equal to the value of the loan.  Yes No If yes, complete Table(s) 1A, 1B, and/or 1C
2. Does a member of your immediate family owe more than \$5,000 to any one creditor, including any contingent debt to any one creditor?
DO NOT INCLUDE any debt owed to any government or any loan secured by a recorded lien on property if such lien is at least
equal to the value of the loan.  Yes No If yes, complete Table(s) 2A, 2B, and/or 2C

SCHEDULE B
PERSONAL DEBTS

NAME:

unine M. Nawson

#### TABLES 1A, 1B, and 1C

#### **INSTRUCTIONS:**

Disclose personal debts, including contingent debts, owed by you to each category of creditor by checking the appropriate category listed in TABLE 1A. To calculate the amount of personal debt to disclose for each category of creditor, include all debts owed to creditors within each category, but DO NOT INCLUDE any debt owed to any one creditor in an amount of \$5,000 or less.

If you owe a personal debt to a business creditor that is not included in any category of creditor listed in TABLE 1A, disclose such debt in TABLE 1B. List the name of the business creditor and its principal business activity.

If you owe a personal debt to an individual creditor, disclose such debt in TABLE 1C. Identify the name of the individual creditor and his principal business or occupation.

If you owe a personal debt jointly with another person who is not a member of your immediate family, disclose only your share of the debt.

If you owe a personal debt jointly with a member of your immediate family, diclose any such debt in TABLE 1A, 1B, or 1C, as appropriate, as if you are solely liable for the total amount of the debt, and DO NOT DISCLOSE such debt in TABLE 2A, 2B, or 2C.

#### DO NOT REPORT:

- Any debt owed to any one creditor in an amount of \$5,000 or less
- · Any debt owed to any government, including student loans held by the United States federal government
- Any loan secured by a recorded lien on property if such lien is at least equal to the value of the loan

SCHEDULE B PERSONAL DEBTS NAME:  My personal debts are as follows:	. Lawson		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
My personal debts are as follows:  Table 1A. Creditor categories:					
		AMOUNT OF PER			
CHECK APPROPRIATE CATEGORIES		(check \$5,001 to \$50,000	MORE THAN \$50,000		
Banks, credit unions, and other savings institutio	ns				
Other loan or finance companies					
Issuers of credit cards Insurance companies					
Stock, commodity, or other brokerage companie	S				
Private educational institutes					
Table 1B. Other business creditors:					
NAME OF CREDITOR	CREDITOR'S PRINCIPAL BUSINESS ACTIVITY	AMOUNT OF PERSONAL DEBT (check one)			
$\wedge t/$		\$5,001 to \$50,000	MORE THAN \$50,000		
INA					
Table 1C. Individual Creditors:					
		AMOUNT OF PER			
NAME OF CREDITOR	CREDITOR'S PRINCIPAL BUSINESS OR OCCUPATION	(check \$5,001 to	one) MORE THAN		
	OCCUPATION	\$50,000	\$50,000		
- VIH					

**SCHEDULE B** 

PERSONAL DEBTS

TABLES 2A, 2B, and 2C

#### **INSTRUCTIONS:**

Disclose personal debts, including contingent debts, owed by a member of your immediate family to each category of creditor by checking the appropriate category listed in TABLE 2A. To calculate the amount of personal debt to disclose for each category of creditor, include all debts owed to creditors within each category, but DO NOT INCLUDE any debt owed to any one creditor in an amount of \$5,000 or less.

If a member of your immediate family owes a personal debt to a business creditor that is not included in any category of creditor listed in TABLE 2A, disclose such debt in TABLE 2B. List the name of the business creditor and its principal business activity.

If a member of your immediate family owes a personal debt to an individual creditor, disclose such debt in TABLE 2C. Identify the name of the individual creditor and his principal business or occupation.

If a member of your immediate family owes a personal debt jointly with another person not yourself who is not a member of your immediate family, disclose only his share of the debt.

If you owe a personal debt jointly with a member of your immediate family, report any such debt in TABLE 1A, 1B, or 1C, as appropriate, as if you are solely liable for the total amount of the debt, and DO NOT DISCLOSE such debt in TABLE 2A, 2B, or 2C.

#### DO NOT REPORT:

- Any debt owed to any one creditor in an amount of \$5,000 or less
- · Any debt owed to any government, including student loans held by the United States government
- Any loan secured by a recorded lien on property if such lien is at least equal to the value of the loan

1:

NAME: Personal Debis NAME: Manine M. Lawson				
The personal debts of members of my immediate family are as follows:  Table 2A. Creditor categories:				
CHECK APPROPRIATE CATEGORIES  AMOUNT OF PERSONAL I (check one)				
\$5,001 to MORE \$50,000 \$50,				
Banks, credit unions, and other savings institutions	]			
Other loan or finance companies	]			
Issuers of credit cards	]			
Insurance companies				
Stock, commodity, or other brokerage companies	]			
Private educational institutes				
Table 2B. Other business creditors:				
NAME OF CREDITOR CREDITOR'S PRINCIPAL BUSINESS ACTIVITY (check one)				
\$5,001 to MORE \$50,000 \$50,				
	]			
	]			
	]			
Table 2C. Individual Creditors:				
NAME OF CREDITOR CREDITOR'S PRINCIPAL BUSINESS OR (check one)				
OCCUPATION \$5,001 to MORE \$50,000 \$50,				
	]			

SCHEDULE C SECURITIES		,				
NAME: Jeanine	<u>M.</u>	hawson.		v	ì	

#### QUESTION:

Do you or a member of your immediate family, separately or together, own securities valued in excess of \$5,000 invested in one business or Virginia governmental entity?

INCLUDE securities held in (i) trusts; (ii) individual retirement arrangements (IRAs); (iii) defined contribution plans, including plans established in accordance with sections 401, 403, or 457 of the Internal Revenue Code; and (iv) any other type of investment account.

INCLUDE securities not held in your name or the name of a member of your immediate family if you or a member of your immediate family retains the right to control such securities or the right to receive the income from such securities.

retains the right to control such securities or the right to receive the income from such securities.

Yes No If yes, complete the table for each such security.

#### INSTRUCTIONS:

Disclose each business or Virginia governmental entity in which you or a member of your immediate family, separately or together, own securities valued in excess of \$5,000.

INCLUDE securities held in (i) trusts; (ii) individual retirement arrangements (IRAs); (iii) defined contribution plans, including plans established in accordance with sections 401, 403, or 457 of the Internal Revenue Code; and (iv) any other type of investment account.

INCLUDE securities not held in your name or the name of a member of your immediate family if you or a member of your immediate family retains the right to control such securities or the right to receive the income from such securities.

#### "Securities" INCLUDES:

- Stocks
- Bonds
- Mutual funds
- Limited partnershipsCommodity futures contracts

#### "Securities" EXCLUDES:

- · Defined benefit plans, including pension plans
- · Certificates of deposit
- · Money market funds
- Annuity contracts
- Insurance policies
- Securities issued by the U.S. government or other government securities not issued by the Commonwealth or its political subdivisions.

SCHEDULE C SECURITIES

NAME:

For defined contribution plans administered the issuer of the security, unless the securi security.	by the Commonwealth or its political subdivision ty is held in a self-directed brokerage account,	ons, list the , in which ca	administerin ase list the	g agency as issuer of the
		VALU	JE OF SECU	RITY
NAME OF ISSUER OF SECURITY	TYPE OF SECURITY		(Check one)	
*:	(STOCKS, BONDS, MUTUAL FUNDS, IRA, ETC.)	\$5,001 to	\$50,001	MORE
	2.0.,	\$50,000	to	THAN
			\$250,000	\$250,000
LKK	Mutual Fund			
Schwab	Stocks + Mutual Fund			
United Bank (401 K	F3 3. 01			<b>2</b> 0
Mezrah Consulting	Stocks Mutual Fund		$\square$	
Empower Refirement	Stocks			
			П	

List the issuer and type of each security. List separately each security held in an IRA, defined contribution plan, or other type of investment account, if such security is valued in excess of \$5,000.

SCHEDULE D	STS AND RENTAL PROPER	PTV		
NAME: Je	·	aus on		· ·
QUESTIONS:	•			
1. Do you or a memb	ber of your immediate family o	wn, separately or together, a busi	ness that has a value in excess	s of \$5,000?
OR				
		parately or together, have an inteavalue in excess of \$5,000? DO		•
Yes	No C	If yes, complete Table 1.		$\sim J_{\rm cons}$
2. Do you or a mem \$5,000?	nber of your immediate family	own, separately or together, a r	ental property that has a value	e in excess of
OR				
		separately or together, have an iily has a value in excess of \$5,000		nd the interest
Yes 1	No P	If yes, complete Table 2.		

SCHEDULE D BUSINESS INTERESTS AND REM					
NAME: Jeanine	M. Lans				
Table 1: Business Interests					
Disclose each business owned by yo	ου or a member of yoυ	ır immediate family with a value in ex	cess of \$5,0	000 and each	interest in a
business owned by you or a member on Schedule C.	of your immediate famil	y with a value in excess of \$5,000. DO	NOT REPO	RT any securit	ies disclosed
If the business is owned or operated u	under a trade, partnersh	nip, or corporate name, list that name. I	f the busines	ss is not owned	i or operated
under a trade, partnership, or corporat					
NAME OF BUSINESS OR NATUR	RE OF BUSINESS	LOCATION OF BUSINESS (CITY OR COUNTY, STATE, AND		ROSS INCOMI (CHECK ONE)	=
W/		COUNTRY)	\$50,000 or LESS	\$50,001 to \$250,000	MORE THAN \$250,000
14					
rental property owned by you or a mer List each rental property individually. If the rental property is owned or reco for any rental property. No address  NAME IN WHICH RENTAL L PROPERTY IS OWNED OR	mber of your immediate rded under a trade, par	TYPE OF RENTAL PROPERTY (RESIDENTIAL, COMMERCIAL,	ame. DO NO		reet address
MA					

SCHEDULE E REAL ESTATE	THE STATE	Burney Commence
NAME: Jeanine W. L	ranson	
QUESTION:		
	eparately or together, hold an interest valued at state disclosed on Schedule D. INCLUDE real es If yes, complete the table below.	
INSTRUCTIONS: Disclose all real estate in which you or a memb individually. INCLUDE real estate held in trust.	per of your immediate family holds an interest va	alued at more than \$5,000. List each parcel
DO NOT REPORT:		
<ul><li>Your principal residence</li><li>Any real estate disclosed on Schedule D</li></ul>		
be redacted from this schedule. List the name or names in which the real estate	here each real estate is located. <b>DO NOT LIST</b> is owned or recorded. If you or a member of yo other than your name or your immediate family	ur immediate family holds an interest in the
TYPE OF REAL ESTATE	LOCATION OF REAL ESTATE (CITY OR COUNTRY)	NAME OR NAMES IN WHICH REAL ESTATE IS OWNED OR RECORDED

SCHEDULE F PAYMENTS FOR TALKS, MEETINGS, AND CONFERENCES
NAME: Jeanne M. Lawson
QUESTION:
Did you receive in your capacity as an officer or employee of your agency any lodging, transportation, money, or other thing of value with a combined value exceeding \$100 during the prior calendar year for:
<ul> <li>your presentation of a talk or series of talks at the same event, or participation in a meeting</li> </ul>
OR
<ul> <li>your attendance at a meeting, conference, or event where your attendance at the meeting, conference, or event was designed to educate you on issues relevant to your duties as an officer or employee of your agency, or to enhance your knowledge and skills relative to your duties as an officer or employee of your agency?</li> </ul>
<ul> <li>DO NOT INCLUDE:         <ul> <li>Payments and reimbursements from the Commonwealth or its political subdivisions for meetings attended in your capacity as an officer or employee of your agency</li> <li>Payments and reimbursements from an employer already listed on Schedule A or from a source of income listed on Schedule D</li> <li>Payments and reimbursements if you returned the payment or reimbursement within 60 days</li> </ul> </li> </ul>
INCLUDE a payment if you donated it to a charity and claimed or plan to claim it as a charitable deduction on your taxes.
Disclose any lodging, transportation, money, or other thing of value received that does not satisfy the criteria listed above as a gift on Schedule G.
Yes No If yes, complete the table below.

SCHEDULE F		
PAYMENTS FOR TALKS, MEE	TINGS, A	AND CONFERENCES
NAME: Jeunine	M.	Lawson

#### **INSTRUCTIONS:**

Disclose each source from which you received in your capacity as an officer or employee of your agency lodging, transportation, money, or any other thing of value with a combined value exceeding \$100 for:

• your presentation of a talk or series of talks at the same event, or participation in a meeting

OR

your attendance at a meeting, conference, or event where your attendance at the meeting, conference, or event was
designed to educate you on issues relevant to your duties as an officer or employee of your agency, or to enhance your
knowledge and skills relative to your duties as an officer or employee of your agency.

SOURCE OF PAYMENT	DESCRIPTION OF EVENT	LOCATION OF EVENT (CITY OR COUNTY, STATE, AND COUNTRY)	DATE(S) OF EVENT	TOTAL VALUE	CHECK IF YOU RECEIVED A TRAVEL WAIVER FROM THE COUNCIL FOR THIS EVENT
MA					

SCHEDULE G GIFTS NAME: Slavine M. Lawson
NAME: Olhnine M. Newson
QUESTION:
Did you or a member of your immediate family receive from any (i) lobbyist; (ii) lobbyist's principal; or (iii) contractor any gift or combination of gifts with a value exceeding \$50 during the prior calendar year??
For local officers and employees, a contractor is a person, organization, or business who is or is seeking to become a party to a contract with the local agency of which you are an officer or an employee.
For state officers and employees, a contractor is a person, organization, or business who is or is seeking to become a party to a contract with the state governmental or advisory agency of which you are an officer or an employee or over which you have the authority to direct such agency's activities.
DO NOT INCLUDE gifts with a value of less than \$20. Such items are exempted from the definition of a gift and should not be aggregated together or reported.
Yes No If yes, complete the table below.

SCHEDULE G		
GIFTS	, r	$\mathbf{v}_{\mathrm{cons}}$
NAME: Jeanne M. Lawsn.	the place of the second second	

#### **INSTRUCTIONS:**

Disclose each lobbyist, lobbyist's principal, or contractor that, during the prior calendar year, gave you or a member of your immediate family any gift or combination of gifts with a value exceeding \$50.

Identify the recipient and donor of each such gift. Disclose the exact gift or event, the date on which you accepted it, and the value of the gift. If an exemption from the \$100 gift cap established in § 2.2-3103.1 applies, mark the applicable exemption.

NAME OF RECIPIENT	NAME OF DONOR	EXACT GIFT OR EVENT	DATE ACCEPTED	VALUE	GIFT CAP EXEMPTION
					☐ Widely attended event
1 1					Personal friend
			1979		☐ Archived gift from a foreign dignitary
					☐ Widely attended event
					Personal friend
					☐ Archived gift from a foreign dignitary
					☐ Widely attended event
					Personal friend
					Archived gift from a foreign dignitary

SCHEDULE H PAYMENTS FOR REPRESENTATIONS AND OTHER SERVICES GENERALLY
NAME: Jeanne M. Lawson
QUESTIONS:
DO NOT COMPLETE Questions 1 and 2 if you are completing this disclosure statement in your capacity as an officer or employee of a LOCAL governmental or advisory agency.
PAYMENTS FOR REPRESENTATIONS BY YOU
1. Did you represent any business before any state governmental agency during the prior calendar year for which you received compensation in excess of \$5,000 for such representation?
DO NOT INCLUDE compensation for the performance of other services unrelated to the representation before the state governmental agency when calculating the amount of compensation received from a business. If you have job responsibilities other than those involving such representation, you should prorate your salary to determine the portion attributable to your representation.
DO NOT REPORT any business that you represented before a court or judicial officer, or where the representation consisted solely of the filing of mandatory papers and any subsequent representation regarding the mandatory papers.
Yes [ ] No [/] If yes, complete Table 1.
PAYMENTS FOR REPRESENTATIONS BY ASSOCIATES
2. Did persons with whom you have a close financial association represent any business before any state governmental agency during the prior calendar year for which compensation was received in excess of \$5,000 for such representation?
DO NOT INCLUDE members of your immediate family when determining with which individuals you have a close financial association, unless you and your immediate family member are employed by or work for the same business or organization.
DO NOT INCLUDE compensation for the performance of other services unrelated to the representation when calculating the amount of compensation received from a business. If your associate has job responsibilities other than those involving such representation, you should prorate his salary to determine the portion attributable to his representation.
DO NOT REPORT any business that such persons represented before a court or judicial officer, or where the representation consisted solely of the filing of mandatory papers and any subsequent representation regarding the mandatory papers.
Yes [ ] No [ If yes, complete Table 2.
PAYMENTS FOR OTHER SERVICES GENERALLY
3. Did you or persons with whom you have a close financial association furnish services to any business operating in Virginia during the prior calendar year for which compensation was received in excess of \$5,000 for such services?
DO NOT INCLUDE members of your immediate family when determining with which individuals you have a close financial association, unless you and your immediate family member are employed by or work for the same business or organization.
DO NOT INCLUDE compensation reported on Table 1 or Table 2 of this schedule.
Yes No If yes, complete Table 3.

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<b>L</b> .	,	 L				Н

PAYMENTS FOR REPRESENTATIONS AND OTHER SERVICES GENERALLY

NAME: Slanone M. Laurson

# TABLE 1 PAYMENTS FOR REPRESENTATIONS BY YOU

DO NOT COMPLETE this table if you are completing this disclosure statement in your capacity as an officer or employee of a local governmental or advisory agency.

#### **INSTRUCTIONS:**

Disclose each business that you represented before any state governmental agency during the prior calendar year for which you received compensation in excess of \$5,000 for such representation.

For each business, list the type of business, the name of the state governmental agency before which you appeared on behalf of the business, and the purpose of the representation.

DO NOT INCLUDE compensation for the performance of other services unrelated to the representation before the state governmental agency when calculating the amount of compensation received from a business.

#### DO NOT REPORT:

- · Any business that you represented before a court or judicial officer
- Any business where the representation consisted solely of the filing of mandatory papers and any subsequent representation regarding the mandatory papers

TYPE OF BUSINESS	NAME OF PURPOSE OF		AMOUNT OF COMPENSATION RECEIV		
N/a	AGENCY	REPRESENTATION	\$5,001 to \$50,000	\$50,001 to \$250,000	MORE THAN \$250,000
1 / / /					

SCHEDULE H	
PAYMENTS FOR REPRESENTATIONS AND	D OTHER SERVICES GENERALLY
NAME: (Teanine M.	Lawson

# TABLE 2 PAYMENTS FOR REPRESENTATIONS BY ASSOCIATES

DO NOT COMPLETE this table if you are completing this disclosure statement in your capacity as an officer or employee of a local governmental or advisory agency.

#### **INSTRUCTIONS:**

Disclose each business that persons with whom you have a close financial association represented before any state governmental agency during the prior calendar year for which compensation was received in excess of \$5,000 for such representation.

For each business, list the type of business, the name of the state governmental agency before which such persons appeared on behalf of the business, and the purpose of the representation.

DO NOT INCLUDE compensation for the performance of other services unrelated to the representation when calculating the amount of compensation received from a business.

#### DO NOT REPORT:

- Any business that such persons represented before a court or judicial officer
- Any business where the representation consisted solely of the filing of mandatory papers and any subsequent representation regarding the mandatory papers

TYPE OF BUSINESS	TYPE OF BUSINESS NAME OF		AMOUNT OF COMPENSATION RECEIVED			
W/a	AGENCY REPRESENTATION	\$5,001 to \$50,000	\$50,001 to \$250,000	MORE THAN \$250,000		
1 1						

SCHEDULE	Н		
PAYMENTS FOR	REPRESENTATIONS AND OTH	IER SERVICES GENERAL	LY.

TABLE 3

# PAYMENTS FOR OTHER SERVICES GENERALLY

#### **INSTRUCTIONS:**

Disclose each business operating in Virginia to which you or persons with whom you have a close financial association furnished services during the prior calendar year for which compensation was received in excess of \$5,000 for such services.

Identify the businesses, by category, for which services were furnished and the type of service rendered to such businesses. To calculate the amount of compensation to report for each business category, include compensation received from all businesses within each category.

DO NOT INCLUDE compensation reported on Table 1 or Table 2 of this schedule.

BUSINESS CATEGORY	TYPE OF SERVICE RENDERED	AMOUNT OF COMPENSATION RECEIVED				
1		\$5,001	\$50,001	MORE THAN		
$M/I_{\perp}$		to \$50,000	to \$250,000	\$250,000		
M						
<b>,</b>						

DESCRIBE THE CONTRACT (SALE, EXCHANGE, LEASE, ETC.)

SCHEDULE I REAL ESTATE CONTRACTS WITH GOVERNMENTAL AGENCIES					
NAME: Jeanne M. Lawson					
QUESTION:					
Do you or a member of your immediate family, separately or together, hold an interest valued in excess of \$5,000 in real estate that is the subject of a contract with a governmental agency?					
State officers and employees report only contracts with state governmental agencies. Local officers and employees report only contracts with local governmental agencies. Constitutional officers report only contracts with local governmental agencies.					
Yes No If yes, complete the table below.					
INSTRUCTIONS: Disclose each contract with the applicable governmental agency for the sale, exchange, or leasing of real estate in which you or a member of your immediate family holds an interest valued in excess of \$5,000.					
"Interest" INCLUDES:  • Options • Easements					
<ul> <li>Options</li> <li>Land contracts</li> <li>Easements</li> <li>Corporate, partnership, or trust interests</li> </ul>					
Disclose all contracts that are currently pending or that have been completed within the prior calendar year. Disclose all contracts regardless of the disclosure of the interest or the real estate on another schedule.					
You do not need to disclose a contract for the leasing of real estate if your interest is derived through an ownership interest in a business and your ownership interest does not exceed three percent of the total equity of that business.					

PARTIES TO THE CONTRACT

OTHER PARTY

GOVERNMENTAL AGENCY

LOCATION OF REAL ESTATE (CITY OR COUNTY, AND STATE) VALUE OF CONTRACT (CHECK ONE)

MORE THAN \$250,000

\$50,001-\$250,000

\$5,001-\$50,000

Additional Information				
NAME: Slanine	M	hauson		
V				

You may provide any additional information you wish to be included with your Statement of Economic Interests on this page. Please note any information you provide on this page will become part of your Statement of Economic Interests and will be open to the public. You MAY NOT add attachments as a substitute for properly filling out any part of this form.