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

NAME:				
School Board Member	AGENCY NAME	=		OU FILING THIS AS A CANDIDATE
OFFICE OR POSITION HELD OR SOUGHT:	FOR ELECTION TO THIS OFF			
	-		0	YES ONO
BUSINESS			TELE	PHONE:
ADDRESS:	ZIP	OF	FICE	HOME
EMAIL ADDRE				
FIRST AND LAST NAMES OF MEMBERS OF IMMEDIATE FAMILY:		2		
	v.			

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.

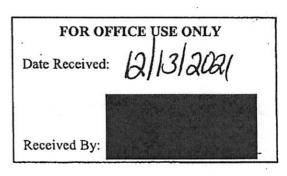
AFFIRMATION

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.

Date



SCHEDULE A OFFICES, DIRECTORSHIPS, AND EMP NAME: Michael R Vines	'LOYMENT
QUESTIONS:	
Do you or a member of your immediativector of a business? Yes No No	ate family receive remuneration, benefits, or compensation for service as an officer or If yes, complete the table for each such business.
2. Do you or a member of your immedia NOT INCLUDE salary received from a st Yes No INSTRUCTIONS:	te family receive salary or wages in excess of \$5,000 annually from any employer? DO ate or local governmental or advisory agency. If yes, complete the table for each such employer.

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 OR	LOCATION OF BUSINESS OR EMPLOYER	POSITION HELD	BY WHOM	Check whether Office or Directorship OR Employment		
EMPLOYER	(CITY OR COUNTY, AND STATE)			OFFICE OR DIRECTORSHIP	EMPLOYMENT	
	·					
	·					

SCHEDULE B PERSONAL DEBTS NAME: Michel R Vines
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 V If yes, complete Table(s) 2A, 2B, and/or 2C

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가는 하는 사이를 가득하다면 현실을 하는 것이 되었다. 그는 목표를 하는 것이 되었다. 	en de la companya de La companya de la co
가는 하는 사이를 가득하다면 현실을 하는 것이 되었다. 그는 목표를 하는 것이 되었다. 	
가 하고 있는 그렇게 하면 함께 되었다. 그는 그 사람들에 가져 있다는 사람들이 되는 것이 되었다. 그는 것이 되었다. 사람들은 사람들은 사람들을 하면 보는 그 회사를 갖고했다. 그는 이번 하면 말이 되는 것이 되었다. 그는 것이 되었다.	
그렇게 그렇게 살았다면 하는 그 회의 회장에 가지 원이어들었다. 그 그리는 이 회사는 그는 그를 보는 것이다.	
그는 마음과 문제에 가는 가능한 남편에 가는 무해서 된다. 어머니는 나가나 되는 그 때문에 가는 그는 그 가는 그 가는 그를 가는 것이다.	•
그가 얼마나 되고 말맞다 하고를 때까요? 나면 하셨다는 이번 이야 한 이에 네트를 다 하다.	
그는 사이 없는 사람이 먹는데 하는 바로 하는 사람들이 해서 하는 그는 속으로 그 그들은 네트를 보는다.	
어마는 시발하는 시험에서 하겠다는 아이를 살아 눈이에 살았다. 아니는 그들은 그릇이 살아가지 않아 하는데 없다.	
그리아 이 살인 공항들은 일이 되면 돼 봤어요. 불어나라 휴가는 그 이 사람들이 되는 이네이트 모든 모든	
그는 일은 [편집] 그 공급하다고 그리고 하는 하는데 그리고 하고 하는 그리는 그리는 그리는 그 모든 그는 그	
그러면 기름이 모르는데 그리는 그들이 살릴 살아가 있었지 않아 먹는 그 이 이름 다음이다. 나 모든 이 마다 있다.	
에 하는 이렇게 들었다. 하는데 이 그는 사람이들의 이렇게 살고 해보고 있다. 그는데 그리고 있다면 이렇게 되었다. 2010년 2월 10일 - 10일 10일 10일 12일 12일 12일 12일 12일 12일 12일 12일 12일 12	
"마이지 통경이 가고있는 마이트 그리고 생물 바깥에 속할 것이죠. 말중 마시트 네트 바이트 나는 나는 그 없다.	
하는 사람들은 사용하는 것으로 되었다. 이 등에 발표하는 경험 경험 등을 보고 있다면 하는 것으로 되었다. 그는 것은 사람들은 사람들이 되었다. 	
[마리] [하는 이 문항 요리 오늘은 그들면 그릇 되다. [아름일 다 하는 다 이 이 그는 점이다. [아름일 다 드라고 [다]	
그 사고 있는 사람들이 가지 만들어도 그렇지 않는 사람들은 그렇게 되었다. 그 그 이 있는 사람들이 하나 나는 것이 없다.	
그리아 아이들에 하는 사람들은 사람들은 사용 사용 사람들은 사람이 가는 것이 되었다. 그는 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은	
그들도 이 사람이는 그 얼마를 하는 빛으로 교육했다. 뭐 보는 이 모든 그 전에 이 이 사람들이 되는	
그 그리고 한 것 같은 그는 사람들이 가득하고 있는 사람들이 없는 그는 그를 가는 것이 되었다.	
어른 맛이 있는 이 문화들은 이렇을 모르겠다면 보고 싶다는 사람이 되었다. 그는 그는 사람들은 다른 사람들은 이번 사람들은 사람들이 되었다.	
- 마스스 프로그램 - 스트웨드 스타일스 크레스 프로그램 - 프로그램 - - 프로그램 - 프로그램	
이 중요되는 생님은 보는 말이 되었을 적인 없는 말래 하는데 되었다는 사이를 통해 모르는데 모르는 모든	
그런 그는 생생님은 그리고 있는 그렇게 맞는 그 그들 바람이 없는 사람이 얼마나 없었다. 그 사람들은	a distribution di series
그렇게 할 것은 사람들 맞은 사람들 살아 그렇게 가겠다는 것이 살아왔다는 그는 사람이 되는 것이다.	
그 사회는 지근 경우 그는 사용과 하는 점점 가장 되는 경우 가장이 가졌다는 이 사람들이 되는 것이 되었다. 그 사람들은 사람들이 되었다.	
그릇들이 모르는 동생 그림을 살려왔다. 그는 사람이 되는 눈물이 모르는 그는 그를 가는 것이 되었다. 그는 이 사람이 하고 그	
그 그렇게 있는 그는 사람들이 살아 있는 것이 하는 사람들이 되는 사람들이 되었다. 그는 그 그 그 그 그 그는 사람들이 살아 없는 것이다.	
그렇게 되어 그렇게 하는 소리에는 소리를 하고 있는 것 같습니다. 하는 사람에 되어 되었는데 그 모든 그는 그는 그 그를 되는 것 같습니다.	• "

SCHEDULE B PERSONAL DEBTS

NAM	E:
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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

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		고 이렇다면 함께 구입니다. 그는 사용하는 기업을 하는 것이 되었다.		
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SCHEDULE B			.•		
PERSONAL DEBTS		•	•		
NAME: Michael R Vines		·			
My personal debts are as follows: Table 1A. Creditor categories:			·		
Table 17. Oreditor outegonics.	•	AMOUNT OF PE	RSONAL DEBT		
CHECK APPROPRIATE CATEGORIES	(check	one)			
0112011741110114111		\$5,001 to	MORE THAN		
	·	\$50,000	\$50,000		
Banks, credit unions, and other savings institu	tions				
Other loan or finance companies		V			
Issuers of credit cards		V			
Insurance companies					
Stock, commodity, or other brokerage compar	ies		- 🗆		
Private educational institutes					
Table 1B. Other business creditors:					
		AMOUNT OF PERSONAL DEBT			
NAME OF CREDITOR	CREDITOR'S PRINCIPAL BUSINESS ACTIVITY	(check one)			
·		\$5,001 to	MORE THAN		
	·	\$50,000	\$50,000		
Credit one	Auto Loan	V			
Table 1C. Individual Creditors:	-		•		
Table 10. Marriage Control		AMOUNT OF PE	RSONAL DEBT		
NAME OF CREDITOR	CREDITOR'S PRINCIPAL BUSINESS OR	(check one)			
	OCCUPATION	\$5,001 to	MORE THAN		
		\$50,000	\$50,000		
Credit One	VisA	<u>v</u>			

SCHEDULE B PERSONAL DEBTS

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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

SCHEDU	LE	В
PERSONAL	DEE	3TS

PERSONAL DEBTS	•		•	
NAME:				
The personal debts of members of my immed Table 2A. Creditor categories:	iate family are as follows:			
CHECK APPROPRIATE CATEGORIES	AMOUNT OF PERSONAL DEBT (check one)			
		\$5,001 to \$50,000	MORE THAN \$50,000	
Banks, credit unions, and other savings institu	itions			
Other loan or finance companies				
Issuers of credit cards				
Insurance companies				
Stock, commodity, or other brokerage compa	nies *			
Private educational institutes	•			
Table 2B. Other business creditors:				
NAME OF CREDITOR	CREDITOR'S PRINCIPAL BUSINESS ACTIVITY	AMOUNT OF PERSONAL DEBT (check one)		
		\$5,001 to \$50,000	MORE THAN \$50,000	
·	· ·			
Table 2C. Individual Creditors:				
NAME OF CREDITOR	AMOUNT OF PERSONAL DEBT (check one)			
	OCCUPATION	\$5,001 to \$50,000	MORE THAN \$50,000	
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SCHEDULE C SECURITIES

NAME: Michael Vines

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.

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 partnerships
- Commodity 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.

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SCHEDULE C SECURITIES

NAME: Michael Vines

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.

For defined contribution plans administered by the Commonwealth or its political subdivisions, list the administering agency as the issuer of the security, unless the security is held in a self-directed brokerage account, in which case list the issuer of the security.

		VALUE OF SECURITY			
NAME OF ISSUER OF SECURITY	TYPE OF SECURITY (STOCKS, BONDS, MUTUAL FUNDS, IRA, ETC.)		(Check one)	MODE	
	ETC.)	\$5,001 to \$50,000	\$50,001	MORE THAN	
	·	\$50,000	to \$250,000	\$250,000	
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BUSINESS INTERESTS AND RENTAL PROPERTY
NAME:
QUESTIONS:
1. Do you or a member of your immediate family own, separately or together, a business that has a value in excess of \$5,000?
DR .
Do you or a member of your immediate family, separately or together, have an interest in a business and the interest owned by you or a member of your immediate family has a value in excess of \$5,000? DO NOT INCLUDE any securities disclosed on Schedule C.
Yes No V If yes, complete Table 1.
2. Do you or a member of your immediate family own, separately or together, a rental property that has a value in excess of

OR

\$5,000?

SCHEDIII E D

Do you or a member of your immediate family, separately or together, have an interest in a rental property and the interest owned by you or a member of your immediate family has a value in excess of \$5,000?

Yes No v If yes, complete Table 2.

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SCHEDULE D BUSINESS INTERESTS AND RENTAL PROPERTY

NAME:				<u> </u>	
•	•	•			

Table 1: Business Interests

Disclose each business owned by you or a member of your immediate family with a value in excess of \$5,000 and each interest in a business owned by you or a member of your immediate family with a value in excess of \$5,000. DO NOT REPORT any securities disclosed on Schedule C.

If the business is owned or operated under a trade, partnership, or corporate name, list that name. If the business is not owned or operated under a trade, partnership, or corporate name, describe the nature of the business.

NAME OF BUSINESS OR NATURE OF BUSINESS	LOCATION OF BUSINESS (CITY OR COUNTY, STATE, AND	GROSS INCOME (CHECK ONE)		
	COUNTRY)	\$50,000 or LESS	\$50,001 to \$250,000	MORE THAN \$250,000
		. 🗆		

Table 2: Rental Property

Disclose each rental property owned by you or a member of your immediate family with a value in excess of \$5,000 and each interest in rental property owned by you or a member of your immediate family with a value in excess of \$5,000.

List each rental property individually.

If the rental property is owned or recorded under a trade, partnership, or corporate name, list that name. DO NOT LIST the street address for any rental property. No address will be redacted from this table.

NAME IN WHICH RENTAL	LOCATION OF RENTAL PROPERTY	TYPE OF RENTAL PROPERTY (RESIDENTIAL, COMMERCIAL,	GROSS INCOME (CHECK ONE)		
PROPERTY IS OWNED OR RECORDED	(CITY OR COUNTY, STATE, AND COUNTRY)	ETC.)	\$50,000 or LESS	\$50,001 to \$250,000	MORE THAN \$250,000

SCH	EDU	ILE	E
REAL	ESTA	TE	

REAL ESTATE			
NAME: Michael Vines	*		
QUESTION:		•	
Do you or a member of your immediate family, separately of INCLUDE your principal residence or any real estate disclosure.	or together, hold an intere osed on Schedule D. INCL If yes, complete the tab	UDE real estate held in	5,000 in real property? DO NOT trust.
INSTRUCTIONS: Disclose all real estate in which you or a member of your individually. INCLUDE real estate held in trust.	immediate family holds a	an interest valued at mo	re than \$5,000. List each parcel
		*	

DO NOT REPORT:

- · Your principal residence
- · Any real estate disclosed on Schedule D

List only the city or county, state, and country where each real estate is located. DO NOT LIST any street addresses. No addresses will be redacted from this schedule.

List the name or names in which the real estate is owned or recorded. If you or a member of your immediate family holds an interest in the real estate but it is owned or recorded in a name other than your name or your immediate family member's name, list that name.

TYPE OF REAL ESTATE	LOCATION OF REAL ESTATE (CITY OR COUNTY, STATE, AND COUNTRY)	NAME OR NAMES IN WHICH REAL ESTATE IS OWNED OR RECORDED
Home	8430 W Blackwater Rd Windsor Va	Michael R Vines, Katrina Vines & Car
·		

SCHEDULE PAYMENTS FO	F . OR TALKS, MEE	TINGS, AND CONFERENC	ES ·		
NAME:					
QUESTION:		•		•	
Did you receive value with a con	in your capacity	as an officer or employee of seeding \$100 during the prior	f your agency any lodo r calendar year for:	ging, transportation, mo	oney, or other thing of
your pres	sentation of a tall	or series of talks at the sam	ne event, or participat	ion in a meeting	
OR	· .				
designed	I to educate you	iting, conference, or event won issues relevant to your dutive to your duties as an offic	uties as an officer or e	employee of your agend	ence, or event was by, or to enhance your
as an offi • Payment Schedule	s and reimburse icer or employee s and reimburse e D	ments from the Commonwea of your agency ments from an employer alre ments if you returned the pa	eady listed on Schedu	le A or from a source o	
INCLUDE a pay	ment if you dona	ated it to a charity and claime	ed or plan to claim it a	s a charitable deductio	n on your taxes.
Disclose any le		tion, money, or other thing o	f value received that o	does not satisfy the crit	eria listed above as a
Yes	No ✓	If yes,	, complete the table	below.	•

SCHEDULE F PAYMENTS FOR TALKS, MEETINGS, AND CONFERENCES

NAME: Michael R Vines

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

		본 경기 회원으로 하다 있다.	
	어려는 사람들이 아이를 하셨다. 그리고 있는 것은 사람이다. 그는 사람들이 아이들이 아이들이 있는데 아이들이 다른 것이다.		
	나는 얼마를 살아내는 얼마를		
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	경기 :		
그리가 모든 하는 바로 하고 하다.			
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상하다 이번 사람이 생활하다면			
공화 내 교회는 이 경직 한 호텔			
	그렇게 되었다. 얼마나 얼마나 나는		
	기를 가입하고 있는데 이 경기를 받는다. 이용한 시간 경기를 받는데 이 사람들이 있는데 이 것이다.		
마리하다 회사 회사 회사 회사 중요 및			
회문화가 최고 기계 등까지 있다.	좋았다하고 네이션을 하다.		
할 것이다. 기를 통합하고 있다.			
그래 된다. 건강하다 사람들이다.			
그러움하다 이번 나는 남편을			
그들이 이 사람이 하다?			
엄마하다 그 맛이는 그렇다.		이용 시민이는 얼마를 다니다.	
그들은 이 그렇게 되었다. 밝혀			
나무하는 나는 사람은 생각들다.			
	회사회복 이외 취임		
발생은 그리고 말으면 가게 되었다.			

SCHED	ULE	G
GIFTS		

MARIE.		·		• .	
NAME:		·	<u> </u>	 	

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 ☐ Personal friend ☐ 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

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State and Local Statement of Economic Interests	•
SCHEDULE H PAYMENTS FOR REPRESENTATIONS AND OTHER SERVICES GENERALLY NAME: Michael R Vines	
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 LOgovernmental or advisory agency.	CAL
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 \$5,000 for such representation?	
DO NOT INCLUDE compensation for the performance of other services unrelated to the representation before the state governmental agency we calculating the amount of compensation received from a business. If you have job responsibilities other than those involving such representation, should prorate your salary to determine the portion attributable to your representation.	vhen you
DO NOT REPORT any business that you represented before a court or judicial officer, or where the representation consisted solely of the filin mandatory papers and any subsequent representation regarding the mandatory papers.	g of
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 cale year for which compensation was received in excess of \$5,000 for such representation?	ndar
DO NOT INCLUDE members of your immediate family when determining with which individuals you have a close financial association, unless you 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 compensative received from a business. If your associate has job responsibilities other than those involving such representation, you should prorate his salar determine the portion attributable to his representation.	ation ry to
DO NOT REPORT any hysiness that such persons represented before a court or judicial officer, or where the representation consisted solely of the	filing

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.

If yes, complete Table 2. No Yes **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
	 •	• .	

SCHEDULE H PAYMENTS FOR REPRESENTATIONS AND OTHER SERVICES GENERALLY

NAME: Michael Vines

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 RECEIVED					
TIPE OF BOOMEOU	AGENCY	REPRESENTATION	\$5,001 to \$50,000	\$50,001 to \$250,000	MORE THAN \$250,000			
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SCHEDULE H PAYMENTS FOR REPRESENTATIONS AND OTHER SERVICES GENERALLY

NAME: Michael Vines

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	NAME OF	PURPOSE OF	AMOUNT OF COMPENSATION RECEIVED					
TIPE OF BUSINESS	AGENCY	REPRESENTATION	\$5,001 to \$50,000	\$50,001 to \$250,000	MORE THAN \$250,000			
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SCHEDULE H PAYMENTS FOR REPRESENTATIONS AND OTHER SERVICES GENERALLY

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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				
BOOMESO SAILESIN		\$5,001 to \$50,000	\$50,001 to \$250,000	MORE THAN \$250,000		
none						
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REAL ESTATE CONTRACTS WITH GOVERNMENTAL AGENCIES

and your ownership interest does not exceed three percent of the total equity of that business.

NAME: Michael Vin	es
QUESTION: Do you or a member of your subject of a contract with a go	immediate family, separately or together, hold an interest valued in excess of \$5,000 in real estate that is the overnmental agency?
State officers and employees with local governmental agen	s report only contracts with state governmental agencies. Local officers and employees report only contracts cies. Constitutional officers report only contracts with local governmental agencies.
Yes No	If yes, complete the table below.
	he applicable governmental agency for the sale, exchange, or leasing of real estate in which you or a member is an interest valued in excess of \$5,000.
"Interest" INCLUDES:	
 Options 	Easements
Land contracts	Corporate, partnership, or trust interests
of the disclosure of the interes	currently pending or that have been completed within the prior calendar year. Disclose all contracts regardless st or the real estate on another schedule. a contract for the leasing of real estate if your interest is derived through an ownership interest in a business
You do not need to disclose	a contract for the reasing of real estate if your interest is derived through an ownership interest in a business

DESCRIBE THE CONTRACT (SALE, EXCHANGE, LEASE, ETC.)	PARTIES TO	LOCATION OF REAL ESTATE (CITY OR COUNTY,	VALUE OF CONTRACT (CHECK ONE)			
	GOVERNMENTAL AGENCY	OTHER PARTY	AND STATE)	\$5,001- \$50,000	\$50,001- \$250,000	MORE THAN \$250,000
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Additional Information

NAME: Michael Vines

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.

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