

STATE ETHICS COMMISSION

2021 STATEMENT OF ECONOMIC INTEREST

ELECTRONIC FILING

This entire form must be completed to fulfill your ethics filing obligation.

Filer's Name (First, Middle, Last)								
Prefix	First Name	Middle Name		Last Name			Suffix	
	James	S		Falkenbury				
Current	Employer			Job Title				
Departm	nent of Public Instruction	n		Legislative D	irector			
Nature o	or Type of Business							
Legislati	ve Liaison and director	of government affa	airs for th	e State Super	intendent			
		Reason For	Filing (Co	omplete all th	at apply.)			
State Go	overnment Job (Specify	agency and position	on.)		nission (List complete nan u are serving or are being			
Public In	struction, Department	of - Legislative Dire	ector					
Judicial Officer (Specify office.)				Legislator (Specify House or Senate.)				
A. Do d	other immediate fam	ily members resid	de in you	ır household	?			
⊠ Yes	⊠ Yes □ No							
extended	On this form, "immediate family" includes your spouse (unless legally separated). It also includes members of your extended family (your and your spouse's children, grandchildren, parents, grandparents, and siblings, and the spouses of each of those persons) who reside in your household.							
	List the full name of all adults and emancipated minors in your household. Minors are children under 18. They are emancipated by marriage, enlistment in the US military, or court order for emancipation.							
Full names of Adults and Relationship Em			nployer	Job Title	Nature of I	3usiness		
Amanda	Falkenbury	Spouse	JDA					
	1		-		L	I		

B. List only the initials of all unemancipated minors in your household below. A minor is a child under 18 years old. List the full name of each minor child on the Confidential Form at the end.								
Initials of Relationship Unemancipated Minors		onship	Employer		Job Title			Nature of Business
Property Interests								
 As of December 31, 2020, did you or any members of your immediate family: A. have an ownership interest in North Carolina real estate (including your residence) with a market value of \$10,000 or more? ✓ Yes □ No 								
Owner of Real Estate						ocation by County		
(Self plus Spouse) 25.00		25.00%	Raleigh		Wal		Wake	
 B. lease or rent real estate or personal property to or from the State of North Carolina with a market value of \$10,000 or more? ☐ Yes ☒ No 								
Name of Less								
Name of Lessor			Renter)		ity & Cou		11	Personal Property, Describe
At any time during 2019 or 2020, did you or any members of your immediate family sell to or buy from the State of North Carolina personal property worth \$10,000 or more? ☐ Yes ☐ No								
Name of Pu	rchaser		Name of Seller				Туре	of Property

Financial Interests							
3. As of December 31, 2020, did you interests valued at \$10,000 or mo			amily own any of the following financial				
A. Stock in a publicly owned comp	A. Stock in a publicly owned company?						
☐ Yes No							
▶ Do <u>not</u> list interests in a widely held pension or deferred compensation pla 1. the fund is publicly traded or its 2. neither you nor an immediate far	ins) if: assets are widely div	ersified; and	ds, regulated investment companies, or				
Owner of Interest		Full Name	of Company or ticker symbol				
B. Stock options in a company or bu	ısiness?						
☐ Yes No							
Owner of Stock Option	on	Full Name of Cor	mpany (Do not use a ticker symbol)				
	C. Interests in a non-publicly owned company or business entity? These include interests in sole proprietorships, partnerships, limited partnerships, joint ventures, limited liability companies, limited liability partnerships, and closely held corporations.						
☐ Yes	eed to question 4.						
Owner of Interest		Name of	Company or Business Entity				
C (1). For each company or busines names of <i>any other</i> companie interests valued at over \$10,0	s or business entities		Primary Company"), please list the y Company owns securities or equity				
Non-Publicly Owned Company or (the Primary Compar		Other Companies in which the Primary Company Owns Security or Equity Interests					
None or Not Known							
C (2). If you know that any entity list contracts with the State of No.			rial business dealings or business briefly describe that business activity.				
Name of Company or Busine	ess Entity	Description of Business Activity with the State					
None or Not Known							
4. As of December 31, 2020, were you or any members of your immediate family the beneficiaries of a vested trust with a value of \$10,000 or more that you created, established, or controlled?							
Do not list assets held in blind trusts https://ethics.nc.gov	s. <u>See 2021 SEI Hel</u> p	oful Tips for the defin	ition of "Vested Trust" and "Blind Trust."				
☐ Yes							
Name and Address of Trustee	Description	of the Trust	Your Relationship to the Trust				

5. As of December 31, 2020, did the mortgage on your prima personal loans and intra-fam	ary personal residence? Exa	nmediate family have liabilities om mples include credit card debt					
⊠ Yes □ No							
Name of D	ebtor	Type of Creditor (comme individua					
(Self plus Spouse)	(Self plus Spouse) Commercial Bank						
6. List each source of income (<i>not</i> specific amounts) of more than \$5,000 received by you or any members of your immediate family during 2020. Include salary, wages, state/local government retirement income, professional fees, honoraria, interest, dividends, rental income, business income, and other types required to be reported on State and federal tax returns. Please remember to disclose your receipt of salary or wages from any governmental or private entity.							
Do not include income received from the following sources:							
► Capital gains							
► Military retirement							
Recipient of Income	Name of Source Type of Type of Income Business/Industry						
I had no reportable income over \$5000 in 2020.	I had no reportable income						

Professional and Civic Relationships							
7(a). During 2020, were you or any members of your immediate family a director, officer, governing board member, employee, independent contractor, or registered lobbyist of a nonprofit corporation or organization operating in North Carolina primarily for religious, charitable, scientific, literary, public health and safety, or educational purposes? Yes No - If "No," proceed to question 8.							
Do not list State boards or entiDo not list organizations of who		nber.					
Name of Person	Position	Name of Non Corporation or Or		Nature or Purpose of Organization			
Amanda Falkenbury (Spouse)	Registered Lobbyist	Waterford Institute		Pre-K Literacy			
	7(b). If the nonprofit corporations or organizations listed above do business with the State of North Carolina or receive State funds, briefly describe the nature of that business, if known or with due diligence could reasonably be known.						
Name of Nonprofit Corporation or Organization Describe State Business							
Waterford Institute	None or Not Known						
3. During 2020, were you or any members of your immediate family a director, officer, or governing board member of any society, organization, or advocacy group with an interest in matters over which your agency or board may have jurisdiction? Yes No Legislator/Judicial Officer - You are not required to complete this question if you are filing because you are a legislator or judicial officer or you are filing as an appointee to one of those offices.							
▶ Do not list organizations of which you are only a member and do not serve in a leadership role.							
Name of Person		y, Organization, acy Group		adership Position , Officer, Board Member)			

9(a). List the name of each business with which you were associated where you or a member of your immediate family was an employee, director, officer, partner, proprietor, or member or manager as of December 31, 2020.							
Name of Person	Relationship to Filer	Name of Company	Role of Person				
No Business Associations							
		d any material business dealings or bu ate as of December 31, 2020, briefly o					
Name of Company	or Business Entity	Description of Business Activity with the State					
None or Not Known	—						
10. Are you a practicing attorney?							
☐ Yes No ☐ Jud	licial Officer/State Attorney						
If "Yes", check each category of legal representation in which you or the law firm with which you are affiliated has earned legal fees of more than \$10,000 during 2020.							
☐ Administrative	\square Admiralty	☐ Corporate	☐ Criminal				
☐ Decedent's Estates	\square Environmental	☐ Insurance	☐ Labor				
☐ Local Government	☐ Real Property	☐ Securities	□ Тах				
☐ Tort litigation (including negligence)	\square Utilities Regulation	\square Other category not listed					
11. During 2020, were you a licensed professional (other than an attorney) or did you provide consulting services individually or as a member of a professional association for which you charged or were paid over \$10,000?							
☐ Yes							
Type of Busi	ness	Nature of Services Re	endered				

 12. Are you or your employer, or any members of your immediate family, or their employers currently: licensed by the State board or agency with which you are or will be associated or regulated by the State board or agency with which you are or will be associated or in a business relationship with the State board or agency with which you are or will be associated? □ Yes ⋈ No □ Legislator/Judicial Officer - You are not required to complete this question if you are filing because you are a legislator or a judicial officer or you are filing as an appointee to one of those offices. 						
Name of Person	Name of Emp	loyer	Туре	of R	elationship	
	(if applicab	-			ılatory, Business)	
13. Have you or a member of your immediate family been registered as a lobbyist or lobbyist principal within the 12 months preceding your filing of this form?☑ Yes □ No						
Name of Lobbyist	Lobbyist's Prin	ncipal	Date of Registratio	n	Registration Expiration	
Amanda Falkenbury (Spouse)	JDA	01/01/2020			12/31/2020	
Other Disclosures						
 14. During 2020, after you were appointed, employed, or filed or were nominated as a candidate, did you receive any "gift(s)" exceeding \$200 per quarter from a person or group of persons acting together, when both you and those person(s) were outside North Carolina, under circumstances that would lead a reasonable person to conclude the gifts were given for lobbying? To answer Yes, all three conditions must apply Yes No 						
► Do not report gifts given by membe	rs of your extended fami	ly.				
▶ Do not report gifts you have previou	usly reported on the "Exp	ense Report for	Exempted Pers	ons."		
Date Item Received Name and	Address of Donor(s)	Describe Item Received Estima		stimated Market Value		

	after you were a	appointed, employed, or file	ed or were nominated as a candidate,	did you
accept a "s together,	cholarship" exce	eeding \$200 related to you	r public position from a person or g	roup of persons acting
when those	person(s) were	outside North Carolina?		
To answer \	Yes, both conditi	ons must apply		
			r indirect, to attend a conference nd other similar expenses.	e, meeting, or similar
	_		·	
∐ Yes ⊠ No		icer - You are not required t s a judicial officer appointee	to complete this question if you are a .	judicial officer or you
•		, ·	xpense Report for Exempted Persons.	
		report scholarships paid by ember, participant, or affilia	a nonpartisan legislative organizatior ate.	n of which the legislator
	<u> </u>			
Date of Scholarship	Name and	Address of Donor(s)	Describe Event	Estimated Market Value
		considered for appointmen	t to a covered board by the Governo	or or another Council of
State membe	r?			
State membe Council of State)		
	members are	▶ Lt. Governor	► Secretary of Sta	te
Council of State	members are			te of Public Instruction
Council of State ► Govern ► State A	members are	► Lt. Governor	► Superintendent	of Public Instruction
Council of State ► Govern ► State A ► Attorne	e members are: nor Auditor	Lt. GovernorState TreasurerCommissioner of A	► Superintendent	of Public Instruction
► Govern	e members are nor Auditor ey General	Lt. GovernorState TreasurerCommissioner of A	► Superintendent	of Public Instruction
Council of State	e members are: nor Auditor ey General issioner of Insur	 Lt. Governor State Treasurer Commissioner of A 	► Superintendent of • Commissioner of	of Public Instruction f Labor
Council of State	e members are: nor Auditor ey General issioner of Insura No contributions	► Lt. Governor ► State Treasurer ► Commissioner of A ance you made in 2020 with a	► Superintendent	of Public Instruction f Labor ,000 to the Council
Council of State	e members are: nor Auditor ey General issioner of Insura No contributions	► Lt. Governor ► State Treasurer ► Commissioner of A ance you made in 2020 with a	Superintendent of priculture ► Commissioner of cumulative total of more than \$1	of Public Instruction f Labor ,000 to the Council
Council of State Govern State A Attorne Commi	e members are: nor Auditor ey General issioner of Insura No contributions er who appoints are defined broa	► Lt. Governor ► State Treasurer ► Commissioner of A ance you made in 2020 with a ed you. Do not include c	■ Superintendent of griculture ■ Commissioner of cumulative total of more than \$1 contributions from immediate familiary and include "any advance, conveyations from immediate, conveyations from immediate from	of Public Instruction f Labor ,000 to the Council ily members.
Council of State Govern State A Attorne Commi	e members are: nor Auditor ey General issioner of Insura No contributions er who appoints are defined broa	► Lt. Governor ► State Treasurer ► Commissioner of A ance you made in 2020 with a ed you. Do not include c	■ Superintendent of Commissioner of Commissio	of Public Instruction f Labor ,000 to the Council ily members.
Council of State Govern State A Attorne Commi	e members are: nor Auditor ey General issioner of Insura No contributions er who appoints are defined broa	► Lt. Governor ► State Treasurer ► Commissioner of A ance you made in 2020 with a ed you. Do not include c	■ Superintendent of griculture ■ Commissioner of cumulative total of more than \$1 contributions from immediate familiary and include "any advance, conveyations from immediate, conveyations from immediate from	of Public Instruction f Labor ,000 to the Council fly members. ance, deposit, g of value
Council of State	e members are: nor Auditor ey General issioner of Insura No contributions er who appoints are defined broa	► Lt. Governor ► State Treasurer ► Commissioner of A ance you made in 2020 with a ed you. Do not include of addy in N.C.G.S. 163-278.6(a loan, payment, gift, pledge	■ Superintendent of priculture ■ Commissioner of cumulative total of more than \$1 contributions from immediate familiary advance, conveyage or subscription of money or anything	of Public Instruction f Labor ,000 to the Council fly members. ance, deposit, g of value

17. Are you an appointee or prospective appointee as:						
 a. the head of a principal state Governor; or 	department (e.g., cabine	t secretary) appointed by the				
 b. a North Carolina Supreme Co Court Judge; or 						
c. a member of any of the follo						
 ABC Commission 						
 Coastal Resources Comm 	nission					
 State Board of Education 	1		☐ Yes ⊠ No			
 State Board of Elections 						
 Division of Employment 9 	Security		If "No," proceed to			
 Environmental Managem 	ent Commission		question 18.			
 Industrial Commission 						
 Human Resources Comm 	nission					
 Rules Review Commissio 	n					
 Board of Transportation 						
 Utilities Commission 						
Wildlife Resources Comm	nission					
d. If so, were you appointed or	are you being considered	I for appointment to that	☐ Yes ⊠ No			
position by a Council of State	e member?					
			If "No," proceed to question 18.			
activities with respect to or on behalf of the candidate or campaign committee of the Council of State member who appointed you: i. Collected contributions from multiple contributors, took possession of such multiple contributions, and transferred or delivered those collected contributions to the candidate or committee?						
ii. Hosted a fundraiser at yo	☐ Yes ☐ No					
iii. Volunteered for campaig assistance, mailings, can the campaign of a candic	☐ Yes ☐ No					
18. Have you ever been convicted expungement?	of a felony for which you	u have not received either: (i)	a pardon; or (ii) an order of			
☐ Yes						
Offense	Date of Conviction	County of Conviction	State of Conviction			
19. Are you aware of any other info concerning your compliance with □ Yes □ No If yes, pleas		Ethics Act?	ion in advising you			

Affirmation

The information provided in this Statement of Economic Interest and any attachments are true, complete, and accurate to the best of my knowledge and belief.

I have not transferred, and will not transfer, any asset, interest, or property for the purpose of concealing it from disclosure while retaining an equitable interest.

I understand that my Statement of Economic Interest and any attachments except for the Confidential Form regarding Unemancipated Children are public records.

I have read and understand the following statutes:

N.C.G.S. § 138A-26. Concealing or failing to disclose material information.

A filing person who knowingly conceals or knowingly fails to disclose information that is required to be disclosed on a statement of economic interest . . . shall be guilty of a Class 1 misdemeanor and subject to disciplinary action under G.S. 138A-45.

N.C.G.S. § 138A-27. Penalty for false information.

A filing person who provides false information on a statement of economic interest . . . knowing that the information is false is guilty of a Class H felony and shall be subject to disciplinary action under G.S. 138A-45.

I affirm under penalty of perjury that the foregoing is true and correct.

Filed Electronically Signature	02/01/2021 Date
James S Falkenbury Printed Name	