## STATE ETHICS COMMISSION



## 2021 STATEMENT OF ECONOMIC INTEREST

## **ELECTRONIC FILING**

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

Filer's Na	Filer's Name (First, Middle, Last)							
Prefix	First Name	Middle Name		Last Name			Suffix	
	James	S		Falkenbury				
Current E	Employer			Job Title				
Departm	ent of Public Instructic	n		Director of G	Sovernment Affairs			
Nature o	r Type of Business							
Legislativ	ve Liaison and director	of government affa	airs for th	e State Super	intendent			
		Reason For	Filing (C	omplete all the	at apply.)			
State Go	vernment Job (Specify	agency and position	on.)		nission (List complete nar are serving or are being		e boards	
	Public Instruction, Department of - Director of Government Affairs							
Judicial C	Judicial Officer (Specify office.) Legislator (Specify House or Senate.)							
A. Do o	ther immediate fam	ily members resid	de in you	ir household	?			
🛛 Yes	🗆 No							
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) <b>who reside in your household.</b>								
	List the full name of <b>all adults</b> and <b>emancipated minors</b> 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 Emancipated Minors         Relationship         Employer         Job Title         Nature of Busines						Business	
Amanda	Falkenbury	Spouse	JDA					

<ul> <li>List only the initials of all unemancipated minors in your household below. A minor is a child under 18 years old.</li> <li>List the full name of each minor child on the Confidential Form at the end.</li> </ul>								
Initials of Unemancipated Minors	emancipated		Employer		Job Title	Nature of Business		
Property Interests								
<ol> <li>As of December 31, 2020, did you or any members of your immediate family:         <ul> <li>A. have an ownership interest in North Carolina real estate (including your residence) with a market value of \$10,000 or more?</li> <li>☑ Yes □ No</li> </ul> </li> </ol>								
Owner of Real Estate % O			Ownership Interest Location by C		tion by City	Location by County		
(Self plus Spouse) 25.00		5.00%	Raleigh			Wake		
<ul> <li>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?</li> <li>Yes X No</li> </ul>								
Name of Less	sor		of Lessee enter)	If Real Estate, Location by City & County		If Personal Property, Describe		
<ul> <li>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?</li> <li>□ Yes □ No</li> </ul>								
Name of Purchaser			Name of Seller			Type of Property		

3. As of December 31, 2020, did you or any members of your immediate family own any of the following financial interests valued at \$10,000 or more? <b>List each company individually.</b>					
<ul> <li>Yes No</li> <li>Do not list interests in a widely held investment fund (including mutual funds, regulated investment companies, or pension or deferred compensation plans) if:         <ol> <li>the fund is publicly traded or its assets are widely diversified; and</li> <li>neither you nor an immediate family member are able to control the underlying assets.</li> </ol> </li> </ul>					
f Company or ticker symbol					
pany (Do not use a ticker symbol)					
<ul> <li>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.</li> <li>Yes X No - If "No," proceed to question 4.</li> </ul>					
ompany or Business Entity					
imary Company"), please list the Company owns securities or equity					
interests valued at over \$10,000, if known.         Non-Publicly Owned Company or Business Entity (the Primary Company)       Other Companies in which the Primary Company Owns Security or Equity Interests					
al business dealings or business					
al business dealings or business priefly describe that business activity.					
al business dealings or business briefly describe that business activity. Business Activity with the State the beneficiaries of a vested trust with					
al business dealings or business priefly describe that business activity.					
al business dealings or business briefly describe that business activity. Business Activity with the State the beneficiaries of a vested trust with					
al business dealings or business briefly describe that business activity. Business Activity with the State the beneficiaries of a vested trust with					

<ul> <li>As of December 31, 2020, did you any members of your immediate family have liabilities of \$10,000 or more, excluding the mortgage on your primary personal residence? Examples include credit card debts, auto loans, student loans, personal loans and intra-family debt.</li> </ul>							
X Yes No							
Name of D	ebtor	Type of Creditor (commercial Bank, credit union, individual, etc.)					
(Self plus Spouse)		Commercial Bank					
<ul> <li>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.</li> <li>Do <i>not</i> include income received from the following sources:</li> </ul>							
<ul> <li>Capital gains</li> </ul>	Federal government	t retirement					
<ul> <li>Military retirement</li> </ul>	Social security inco	me/SSDI					
Recipient of Income	Recipient of Income         Name of Source         Type of Business/Industry         Type of Income						
Amanda Falkenbury (Spouse)     Jason Dean & Associates     Government     Salary       Affairs/Lobbying     Affairs/Lobbying							
ames S Falkenbury (Self) State of North Carolina Office of Lt. Governor Salary							

Professional and Civic Rela	ationships						
<ul> <li>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?</li> <li>Yes X No - If "No," proceed to question 8.</li> </ul>							
<ul> <li>Do not list State boards or entities.</li> <li>Do not list organizations of which you are a mere member.</li> </ul>							
Name of Person	Name of PersonPositionName of NonprofitNature orCorporation or OrganizationPurpose of Organization						
7(b). If the nonprofit corporation State funds, briefly descri	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 Corporat	tion or Organization	D	escribe State	e Business			
None or Not Known							
<ul> <li>8. 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?</li> <li>         Yes X No Legislator/Judicial Officer - You are not required to complete this question if you are filing because     </li> </ul>							
you are	a legislator or judicial c	officer or you are filing	as an appoin	tee 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 PersonName of Society, Organization, or Advocacy GroupLeadership Position (Director, Officer, Board Member)							

٦

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 I		er	Name of Compa	ny	Role of Person		
Amanda Falkenbury	Spouse		Jason Deans and Associa	ites Inc	Employee		
9(b). If you know that any entity listed in 9(a) above had any material business dealings or business contracts with the State of North Carolina or was regulated by the State as of December 31, 2020, briefly describe that activity.							
Name of Company	or Business Entity		Description of Bus	siness Ac	tivity with the State		
Jason Deans and Associates I	nc		None or Not Known	-			
10. Are you a practicing attor	ney?						
🗌 Yes 🛛 No 🗌 Jud	licial Officer/State Attor	ney					
If "Yes", check each category legal fees of more than \$10,0	of legal representation 00 during 2020.	in whi	ch you or the law firm wit	h which yo	ou are affiliated has earned		
□ Administrative	□ Admiralty		Corporate		Criminal		
Decedent's Estates	🗌 Environmenta	I	□ Insurance		Labor		
Local Government	Real Property		□ Securities		🗆 Тах		
Tort litigation (including negligence)							
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 🛛 No							
Type of Busi	ness		Nature of Se	rvices Re	endered		

12. Are you or your employer, or	any members of your immed	iate family, or t	heir employers o	currently:				
<ul> <li>licensed by the State board</li> </ul>	d or agency with which you are	e or will be asso	ciated <b>or</b>					
<ul> <li>regulated by the State boa</li> </ul>	rd or agency with which you a	re or will be ass	sociated <b>or</b>					
<ul> <li>in a business relationship</li> </ul>	with the State board or agency	y with which yo	u are or will be a	associated?				
Yes X 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 Employer Type of Relationship								
	(if applicat	ble)	(Licensing, Regulatory, Business)					
13. Have you or a member of y	our immediate family been r	egistered as a	lobbyist or lobb	vist principal within the 12				
months preceding your filing	of this form?	5						
🛛 Yes 🗌 No								
				Registration n Expiration				
Amanda Falkenbury (Spouse)	Eastpointe	Eastpointe		12/31/2021				
Amanda Falkenbury (Spouse)	Investors Title Insuranc	Investors Title Insurance Company		12/31/2021				
Amanda Falkenbury (Spouse)	Sky Boat NC, LLC	Sky Boat NC, LLC		12/31/2021				
Amanda Falkenbury (Spouse)	Stride, Inc.	Stride, Inc.		12/31/2021				
Amanda Falkenbury (Spouse)	The Chemours Company	y	01/13/2021	12/31/2021				
Amanda Falkenbury (Spouse)	Waterford Institute	Waterford Institute		12/31/2021				
Other Disclosures	Other Disclosures							
14. During 2020, after you were	appointed, employed, or filed	or were nomina	ted as a candid	ate, did you				
<ul> <li>receive any "gift(s)" exceed</li> </ul>	ding \$200 per quarter from a p	person or group	of persons actin	ng together,				
<ul> <li>when both you and those p</li> </ul>	person(s) were outside North C	Carolina,						
<ul> <li>under circumstances that v</li> </ul>	vould lead a reasonable persor	n to conclude th	e gifts were give	en for lobbying?				
To answer Yes, all three co	nditions must apply							
$\Box$ Yes $\boxtimes$ No								
<ul> <li>Do not report gifts given by mage</li> </ul>	embers of your extended fami	ly.						
<ul> <li>Do not report gifts you have place</li> </ul>		•	Exempted Pers	ons."				
	and Address of Donor(s)		em Received	Estimated Market Value				

15. During 2020, after you were appointed, employed, or filed or were nominated as a candidate, did you							
<ul> <li>accept a "scholarship" exceeding \$200 related to your public position from a person or group of persons acting together,</li> </ul>							
when those person(s) were outside North Carolina?							
To answer Yes, both c	onditions must apply						
		r indirect, to attend a conference	e, meeting, or similar				
event, including tuit	ion, travel, lodging, meals, a	nd other similar expenses.					
🗌 Yes 🛛 No 🗌 Judici	al Officer - You are not required	to complete this question if you are a	judicial officer or you				
are fil	ng as a judicial officer appointee	3.					
		Expense Report for Exempted Persons					
	ed to report scholarships paid by s a member, participant, or affilia	a nonpartisan legislative organization ate.	n of which the legislator				
Date of Name Scholarship	and Address of Donor(s)	Describe Event	Estimated Market Value				
	16. Have you been appointed or considered for appointment to a covered board by the Governor or another Council of						
16. Have you been appointe	ed or considered for appointmer	t to a covered board by the Governo	or or another Council of				
State member?		t to a covered board by the Governo	or or another Council of				
State member? Council of State members	are:						
State member? Council of State members	are: Lt. Governor	Secretary of Sta	ite				
State member? Council of State members Governor State Auditor	are: ► Lt. Governor ► State Treasurer	<ul> <li>Secretary of Sta</li> <li>Superintendent</li> </ul>	ite of Public Instruction				
State member? Council of State members Governor State Auditor Attorney General	<ul> <li>are:</li> <li>Lt. Governor</li> <li>State Treasurer</li> <li>Commissioner of A</li> </ul>	<ul> <li>Secretary of Sta</li> <li>Superintendent</li> </ul>	ite of Public Instruction				
State member? Council of State members Governor State Auditor	<ul> <li>are:</li> <li>Lt. Governor</li> <li>State Treasurer</li> <li>Commissioner of A</li> </ul>	<ul> <li>Secretary of Sta</li> <li>Superintendent</li> </ul>	ite of Public Instruction				
State member? Council of State members Governor State Auditor Attorney General	<ul> <li>are:</li> <li>Lt. Governor</li> <li>State Treasurer</li> <li>Commissioner of A</li> </ul>	<ul> <li>Secretary of Sta</li> <li>Superintendent</li> </ul>	ite of Public Instruction				
State member? Council of State members Governor State Auditor Attorney General Commissioner of Yes No If "Yes," list all contribut	<ul> <li>are:</li> <li>Lt. Governor</li> <li>State Treasurer</li> <li>Commissioner of A</li> </ul>	<ul> <li>Secretary of Sta</li> <li>Superintendent</li> <li>Agriculture</li> <li>Commissioner of</li> <li>Commissioner of</li> </ul>	ite of Public Instruction f Labor , <b>000 to the Council</b>				
State member? Council of State members Governor State Auditor Attorney General Commissioner of Yes No If "Yes," list all contribut	<ul> <li>are:</li> <li>Lt. Governor</li> <li>State Treasurer</li> <li>Commissioner of A</li> </ul>	<ul> <li>Secretary of Sta</li> <li>Superintendent</li> <li>Agriculture</li> <li>Commissioner of</li> </ul>	ite of Public Instruction f Labor , <b>000 to the Council</b>				
State member? Council of State members Governor State Auditor Attorney General Commissioner of Yes No If "Yes," list all contribut	<ul> <li>are:</li> <li>Lt. Governor</li> <li>State Treasurer</li> <li>Commissioner of A</li> </ul>	<ul> <li>Secretary of Sta</li> <li>Superintendent</li> <li>Agriculture</li> <li>Commissioner of</li> <li>Commissioner of</li> </ul>	ite of Public Instruction f Labor , <b>000 to the Counci)</b>				
State member? Council of State members Governor State Auditor Attorney General Commissioner of Yes No If "Yes," list all contribut of State member who app	<ul> <li>are:</li> <li>Lt. Governor</li> <li>State Treasurer</li> <li>Commissioner of A</li> <li>Insurance</li> <li>Insurance</li> </ul>	<ul> <li>Secretary of Sta</li> <li>Superintendent</li> <li>Agriculture</li> <li>Commissioner of</li> <li>Commissioner of</li> </ul>	of Public Instruction f Labor ,000 to the Council ily members.				
State member? Council of State members Governor State Auditor Attorney General Commissioner of Yes No If "Yes," list all contribut of State member who app Contributions are defined distribution, transfer of f	<ul> <li>are:</li> <li>Lt. Governor</li> <li>State Treasurer</li> <li>Commissioner of A</li> <li>Insurance</li> <li>Insurance</li> </ul>	<ul> <li>Secretary of State</li> <li>Superintendent</li> <li>Agriculture</li> <li>Commissioner of</li> <li>cumulative total of more than \$1</li> <li>ontributions from immediate families</li> <li>and include "any advance, conveyations</li> </ul>	of Public Instruction f Labor ,000 to the Council ily members. ance, deposit, g of value				

17. Are you an appointee or prospe	ective appointee as:				
<ul> <li>17. Are you an appointee or prospective of a principal state of</li></ul>	□ Yes ⊠ No If "No," proceed to question 18.				
<ul><li>Board of Transportation</li><li>Utilities Commission</li><li>Wildlife Resources Comr</li></ul>	nission				
d. If so, were you appointed or position by a Council of Stat	☐ Yes ⊠ No If "No," proceed to question 18.				
<ul> <li>e. If so, you must indicate whe activities with respect to or of the Council of State member</li> <li>i. Collected contributions f multiple contributions, a contributions to the cane</li> </ul>	🗆 Yes 🗌 No				
ii. Hosted a fundraiser at y	our residence or place of l	ousiness?	🗆 Yes 🗌 No		
iii. Volunteered for campaig assistance, mailings, ca the campaign of a candi	🗆 Yes 🗌 No				
18. Have you ever been convicted of a felony for which you have not received either: (i) a pardon; or (ii) an order or expungement? □ Yes □ No					
Offense	Date of Conviction	County of Conviction	State of Conviction		
<ul> <li>19. Are you aware of any other information that <i>you believe</i> may assist the Ethics Commission in advising you concerning your compliance with the State Government Ethics Act?</li> <li>□ Yes</li></ul>					

### 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

04/15/2021 Date

James S Falkenbury

Printed Name