

NORTH CAROLINA STATE BOARD OF ELECTIONS AND ETHICS ENFORCEMENT 2018 STATEMENT OF ECONOMIC INTEREST

FOR COMPLIANCE UNIT USE ONLY Date Received:

919-814-3600

www.ncsbe.gov/Ethics/SEI

THIS ENTIRE FORM MUST BE COMPLETED TO FULFILL YOUR SEI FILING OBLIGATION

FILER'S	NAME (FIRST, MIDDLI	E, LAST)				
Prefix	First Name	Middle Name	Last	lame	Suffix	
Mr.	Kenneth	Leroy	E.	udy	Jr.	
CURREN	IT EMPLOYER		јов т	TLE		
04	of the	Governor		ientor Advisor		
···-··	OR TYPE OF BUSINES					
Go	vcrn ment					
	FOR FILING (COMPLE	TE ALL THAT APPLY)				
STATE (SOVERNMENT JOB (Sp	ecify Agency and Pos		O/COMMISSION (List complete s on which you are serving or a		
Offic	c of the Gove	mor				
Sen	itor Advisor					
	AL OFFICER (Specify O	ffice)	LEGIS	LEGISLATOR (Specify House or Senate)		
				hillianning -		
A. Do	other immediate fan	nily members resid	e in your hous	ehold?		
includes	sed throughout this for members of your ext and the spouses of ea	ended family (your a	nd your spouse'	ludes your spouse (unless lega s children, grandchildren, pare s your household.	illy separated). It also ints, grandparents, and	
List the Minors a	full name of all adult are emancipated by ma	s and emancipated arriage, enlistment in	minors in your the US military	household. A minor is a child , or court order for emancipati	under 18 years old. ion.	
,	AME OF ADULTS & CIPATED MINORS	RELATIONSHIP	EMPLOYE	R JOB TITLE	NATURE OF BUSINESS	

INITIALS FOR UNEMANCIPATED MINORS	RELATI	ONSHIP	EMPLOY	ER	JOB TITLE	NATURE OF BUSINESS
FDF	Truck	alec				
	روس ا					
OPERTY INTER	ESTS			****		
As of <u>December 31</u>						_
A. Have an owner \$10,000 or more?	rship Interest	t in North Car	rolina real estate	(including y	our residence) wi	th a market value of
	•					
☑Yes ☐No				1	on hu Citu	Location by Coun
Owner of Real I			rship Interest Location by City		on by City	Wake
Ken Eud	1	100/	100%		gh	wace
	-					
······						
		personal pro	pperty <u>to or fron</u>	the State of	North Carolina w	ith a market value of
\$10,000 or more?		personal pro	operty <u>to or fron</u>	the State of	North Carolina w	ith a market value of
		personal pro	operty <u>to or fro</u> n			
\$10,000 or more?	······································	Name (operty <u>to or from</u> of Lessee onter)	If Real Es	North Carolina wate, Location	ith a market value of If Personal Proper Describe
\$10,000 or more? Yes No	······································	Name (of Lessee	If Real Es	tate, Location	If Personal Proper
\$10,000 or more? Yes No	······································	Name (of Lessee	If Real Es	tate, Location	If Personal Proper
\$10,000 or more? Yes No Name of Less At any time during	sor 2016 or 201	Name (Re	of Lessee inter)	If Real Est by City	ate, Location & County	If Personal Proper Describe
\$10,000 or more? Yes No Name of Less	sor 2016 or 201	Name (Re	of Lessee inter)	If Real Est by City	ate, Location & County	If Personal Proper
\$10,000 or more? Yes No Name of Less At any time during ate of North Carolin	sor 2016 or 201	Name (Re	of Lessee inter)	If Real Est by City	ate, Location & County	If Personal Proper Describe
\$10,000 or more? Yes No Name of Less At any time during ate of North Carolin	2016 or 2011 personal p	Name (Re	of Lessee inter)	If Real Est by City members of y of \$10,000 o	ate, Location & County	If Personal Proper Describe

FINANCIAL INTERESTS	
3. As of <u>December 31, 2017</u> , did you, your spouse, or meml interests valued at \$10,000 or more? <u>LIST EACH COMPA</u> !	pers of your <u>immediate</u> family own any of the following financial NY INDIVIDUALLY.
A. Stock in a publicly owned company?	
▶ Do <u>not</u> list ownership interests in a widely held inve- companies, or pension or deferred compensation plans	stment fund (including mutual funds, regulated investment i) if: (i) the fund is publicly traded or its assets are widely member are able to control the assets held in the mutual fund, on plan.
Owner of Interest	Full Name of Company (Do not use a ticker symbol)
•	
B. Stock Options in a company or business?	
☐ Yes M No	
Owner of Stock Option	Full Name of Company (Do not use a ticker symbol)
C. <u>Interests in a non-publicly owned</u> company or busine partnerships, limited partnerships, joint ventures, lin closely held corporations)?	iss entity (including interests in sole proprietorships, nited liability companies, limited liability partnerships, and
☐ Yes ☑ No - If "No," proceed to question 4.	
Owner of Interest	Name of Company or Business Entity
	iness entity (the "primary company") identified in question mpanies or business entities in which the primary company \$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
None or Not Known	

□ None or Not Known		Description of Business Activity with the State			
	,				
4. As of <u>December 31, 2017</u> , were trust with a value of \$10,000 or m	ore that was created, esta	plished, or controlled by you?			
Do not list assets held in blind trus	ts. See 2017 SEI Helpful	Tips for the definition of "Vest	ed Trust" and "Blind Trust."		
☐ Yes ☑ No					
Name and Address of Truste	e Description	of the Trust Your	Relationship to the Trust		
5. As of <u>December 31, 2017</u> , did y more, <u>excluding</u> the mortgage on y loans, personal loans and intra-fam Yes No Name of Debtor (You, Spouse Member)	our primary personal reside	Type of Creditor (Comm	card debts, auto loans, student ercial Bank, Credit Union, ual, etc.)		
6. List each source of Income (not	17. Include salary, wage	es, state/local government r			
your immediate family during 20 honoraria, interest, dividends, renta State and federal tax returns. Do not include income received Capital gains	► Federal go	vernment retirement	equired to be reported on your		
your immediate family during 20 honoraria, interest, dividends, renta State and federal tax returns. Do not include income received Capital gains Military retirement	► Federal go ► Social sec	vernment retirement urity income/SSDI			
your immediate family during 20 honoraria, interest, dividends, renta State and federal tax returns. Do not include income received Capital gains	► Federal go	vernment retirement	Type of Income		
your immediate family during 20 honoraria, interest, dividends, renta State and federal tax returns. Do not include income received Capital gains Military retirement	➤ Federal go ➤ Social section Name of Source	vernment retirement urity income/SSDI Type of			
your immediate family during 20 honoraria, interest, dividends, renta State and federal tax returns. Do not include income received Capital gains Military retirement Recipient of Income	➤ Federal go ➤ Social section Name of Source	retirement retirement urity income/SSDI Type of Business/Industry			

PROFESSIONAL AND CIV	/IC RELATIONSHIPS				
7(a). <u>During 2017</u> , were you member, employee, independ the State of North Carolina propress?	rimarily for religious, char	ers of your <u>immediat</u> red lobbyist of a non itable, scientific, liter	e family a dire profit corporation rary, public hea	ector, officer, governing board on or organization operating in alth and safety, or educationa	
Yes No - If "No,	" proceed to question 8.				
➤ Do not list State boards or ➤ Do not list organizations of	entities, or entities create	d by a political subdi- mber.	vision of the St	ate.	
Name of Person	His/Her Position	Name of No Corporation or (onprofit Organization	Nature of Business or Purpose of Organization	
7(b). If the nonprofit corporat State funds, please provide a t reasonably be known.	ions or organizations listed	ed above do business ture of that business	s with the State , if known or w	e of North Carolina or receive with which due diligence could	
Name of Nonprofit Corpora	ation or Organization	Describe	State Busines	s or State Funding	
None or Not Known					
8. <u>During 2017</u> , were you, you member of any society, organiz have jurisdiction?	ur spouse, or members o ation, or advocacy group	f your <u>immediate</u> fa with an interest in m	mily a director atters over whi	, officer, or governing board ch your agency or board may	
,	o a regionator or a judicial	officer of you are thin	ng as an appoir		
► Do not list organizations of wi	nich you are only a memb	er (not serving in a l	eadership role)	•	
Name of Person	Name of Societ or Advoca	y, Organization cy Group	Lea (Director,	ndership Position Officer, Board Member)	
			***	TEAL	

9(a). List the name of each co family was an employee, dire	mpany or business w ector, officer, partner,	ith which y , proprieto	rou were associated where you or r, or member or manager as of [a member of your <u>immediate</u> December 31, 2017.	
Name of Person	Relationship to	Filer	Name of Company	Role of Person	
No Business Associations					
				444444444444444444444444444444444444444	
9(b). If you know that any co business contracts with the S brief description of that busin	tate of North Carolina	ntity listed a or was re	f in 9(a) above had any material egulated by the State as of <u>Dece</u>	business dealings or mber 31, 2017, provide a	
Name of Company	or Business Entity		Description of Business A	Activity with the State	
VNot applicable (No entities	listed on #9a)		illimitation.		
				- Hilling Hills	
10. Are you a practicing attor	ney?				
☐ Yes ☐ No ☐ Judic	ial Officer/State Atto	rney			
If "Yes", check each category legal fees of more than \$10,0	of legal representation of legal representation of the contraction of the contract of the cont	on in whicl	h you or the law firm with which	you are affiliated has earned	
☐ Administrative	Admiralty	Y	☐ Corporate	☐ Criminal	
☐ Decedent's Estates	☐ Environm	nental	Insurance	☐ Labor	
☐ Local Government	☐ Real Prop	erty	☐ Securities	□ Тах	
☐ Tort litigation (including negligence)	Utilities F	Regulation	Other category not listed.		
11. <u>During 2017</u> ,were you a individually or as a member o	a licensed profession f a professional assoc	nal (other ciation for	than an attorney) or did you which you charged or were paid	provide consulting services over \$10,000?	
Type of Busir	ness		Nature of Services R	Rendered	

1						
12. Are you or your e	employer, your	spouse or members of yo	our immediate fa	amily, or their e	mployer	currently:
• <u>Licensed by</u> the	State board or	employing entity with w	hich you are or	will be associat	ed or	·
Regulated by the second s	ne State board o	or employing entity with	which you are o	r will be associa	ated or	
Have a busines	<u>s relationship w</u>	<u>ith</u> the State board or en	nploying entity i	with which you	are or wi	If be associated?
∐Yes ∏v No [Legislator/Ju(you are a legi	dicial Officer - You are no slator or a judicial office n appointee to those office	t required to con	mnioto this		514.
Name of P	erson	Name of En	- •	Ту	pe of Re	lationship
		(if applica	able)	(Licensin	g, Regul	atory, Business)
						The state of the s
13. Are you, your spowere you registered a	use or a membe s such within th	er of your <u>immediate</u> fam e <u>12 months preceding y</u>	ully currently reg your filing of this	listered as a lob s form?	byist or i	lobbyist principal, or
			·····	1		
Name of Lot	byist	Lobbyist's Pri	ncipal	Date of Registrati	1	Registration Expiration
OTHER DISCLOSU	RES	<u> </u>				
14. During any calend nominated as a candid	ar quarter in 20 ate), did you	01 <u>7</u> (but only the time p	eriod after you	were appointed	l, employ	ed or filed or were
 receive any "gift 	(s)" exceeding s	\$200 per quarter from a	person or group	of persons act	na toaeti	her. and
• when both you a	nd those persor	า(s) were outside North (Carolina at the t	ime vou accent	ed the ni	ft(c) and
the gift(s) were for lobbying?	given under circ	cumstances that would l	ead a reasonabl	e person to cor	nclude th	at they were given
☐ Yes No						
►Do not report gifts gi	ven by member	s of your extended famil	у.	***************************************	<u></u>	
▶ Do not report gifts t "Expense Report for	hat have previon Exempted Person	ously been reported by ons."	you to the Dep	artment of the	Secreta	ry of State on the
Date Item Received	Name and A	Address of Donor(s)	Describe Ite	m Received	Estí	mated Market Value

similar ex	ship was related a conference, penses.		cholarship" is a grant-in-aid including tuition, travel, leading tuition if you are	ooging, meals, and other
 Legislators are 	not required to	eviously been reported by you Persons." report scholarships paid by a i ember or participant or an affil	i to the Department of the Sec nonpartisan legislative organiz liate of that organization.	cretary of State on the ation of which the legislator
Date of Scholarship	Name and A	Address of Donor(s)	Describe Event	Estimated Market Value
► Governo ► State AL ► Attorney ► Commiss ☐ Yes	members are: r ditor General sioner of Insuran	► Lt. Governor ► State Treasurer ► Commissioner of Agricuce	ulture	State nt of Public Instruction r of Labor
Contributions are	defined in N.C.O	C 162 200 444	nembers) made during 201 of State member who appoint the but are not limited to, "any act or subscription of money or a	inted you.
		Amount	Contributed	

		e provide such information	o Acti	
Are yo	ou aware of any other info g your compliance with th	prmation that you believe in State Government Ethic	may assist the State Ethics Con	nmission in advising you
····	Offense	Date of Conviction	County of Conviction	State of Conviction
☐ Ye	s V No			
ler of e	expungement regarding ti	of a relony for which you in a conviction?	nave not received either; (i) a p	pardon of innocence; or (ii) a
. Have		inces the callibaidli of 9 C9	ndidate?	Yes PNo
#1)	to, phone banks, event	gn-related activities, which assistance, mailings, canv	r include, but are not limited	
:::	i. Nobeed a fundraiser at	your residence or place of	business?	☐ Yes ☐ Wo
		and transferred or delivered of delivered or committee? Columniate or committee?		
	i. Collected contributions	from multiple contributors	s, took possession of such	☐ Yes ☐ No
	appointed you to your pul		of State member who	
e	If so, you must indicate w	whether during 2017 you (r		question 18.
	f so, were you appointed public position by a Counc question 16.	☐ Yes ☐ No If "No," proceed		
- I	Wildlife Resources Cor f so were your provided.			
	Utilities Commission			
	 UNC Board of Governo 	ors		
	Board of Transportation			
	Human Resources CorRules Review Commis	mmission		
	Industrial Commission			decaron 10.
	Environmental Manag	ement Commission		If "No," proceed question 18.
	Division of Employme	nt Security		7¢ %43. #
	State Board of Election			Lies Like
	 State Board of Education 	tion	Yes TVNo	
	 Coastal Resources Co 	mmission		
	ABC Commission	onowing boards:		
	a member of any of the f		• • • • • • • • • • • • • • • • • • • •	
	a North Carolina Suprem Court Judge; or	e Court Justice, Court of A	ppeals, Superior or District	
D.			net secretary) appointed by the	1

AFFIRMATION

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

I also certify that 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 or supplements thereto (with the exception of the Confidential Form regarding Unemancipated Children) are public record.

I acknowledge that I have read and understand N.C.G.S. 138A-26 regarding concealing or failing to disclose material information and N.C.G.S. 138A-27 regarding providing false information:

§ 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 under this Article shall be guilty of a Class 1 misdemeanor and shall be subject to disciplinary action under G.S. 138A-45.

§ 138A-27. Penalty for false information.

A filing person who provides false information on a statement of economic interest as required under this Article 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.

Signature

Printed Name

Submit SIGNED, ORIGINAL documents only.

4/11/19 Date

Do not fax or email this form.