

# STATEMENT OF ECONOMIC INTERESTS

Virginia Conflict of Interest and Ethics Advisory Council

NAME <i>John Taylor Chapman</i>		Candidate for Election to this office? ___ YES ___ NO	
OFFICE OR POSITION HELD OR SOUGHT <i>City Council member</i>			
AGENCY/BUSINESS NAME <i>City of Alexandria</i>			
AGENCY/BUSINESS ADDRESS <i>301 King Street</i>			
CITY <i>Alexandria</i>	STATE <i>VA</i>	ZIP <i>22314</i>	
E-MAIL ADDRESS <i>john.taylor.chapman@alexandria.va.gov</i>		PHONE <i>703-746-4500</i>	
NAMES OF MEMBERS OF IMMEDIATE FAMILY <i>N/A</i>			

**COMPLETE ITEMS 1 THROUGH 10. REFER TO SCHEDULES ONLY IF DIRECTED.**  
Return Schedules ONLY if needed to complete Statement.

You may attach additional explanatory information.

- 1. Offices and Directorships.**  
Are you or a member of your immediate family a paid officer or paid director of a business?  
 YES  NO  
If yes, complete Schedule A
- 2. Personal Liabilities.**  
Do you or a member of your immediate family owe more than \$5,000 to any one creditor including contingent liabilities? (Exclude debts to any government and loans secured by recorded liens on property at least equal in value to the loan.)  
 YES  NO  
If yes, complete Schedule B
- 3. Securities.**  
Do you or a member of your immediate family, directly or indirectly, separately or together, own securities valued in excess of \$5,000 invested in one business? Account for mutual funds, limited partnerships and trusts.  
 YES  NO  
If yes, complete Schedule C
- 4. Payment for Talks, Meetings, and Publications.**  
During the past six months did you receive in your capacity as an officer or employee of your agency lodging, transportation, money, or anything else of value with a combined value exceeding \$100 (i) for a single talk, meeting, or published work or (ii) for a meeting, conference, or event where your attendance at the meeting, conference, or event was designed to (a) educate you on issues relevant to your duties as an officer or employee of your agency or (b) enhance your knowledge and skills relative to your duties as an officer or employee of your agency?  
 YES  NO  
If yes, complete Schedule D
- 5. Gifts.**  
During the past six months did a business, government, or individual other than a relative or personal friend (i) furnish you or a member of your immediate family with any gift or entertainment at a single event, and the value received exceeded \$50 or (ii) furnish you or a member of your immediate family with gifts or entertainment in any combination and the total value received exceeded \$50, and for which you or the member of your immediate family neither paid nor rendered services in exchange? Account for entertainment events only if the average value per person attending the event exceeded \$50. Account for all business entertainment (except if related to the private profession or occupation of you or the member of your immediate family who received such business entertainment) even if unrelated to your official duties.  
 YES  NO  
If yes, complete Schedule E





Statement of Economic Interests

# SCHEDULE B

## PERSONAL LIABILITIES

NAME: John Chapman

OFFICE OR POSITION HELD OR SOUGHT: City Council member

Report personal liability by checking each category. Report only debts in excess of \$5,000. Do not report debts to any government. Do not report loans secured by recorded liens on property at least equal in value to the loan. Report contingent liabilities below and indicate which debts are contingent.

1. My personal debts are as follows:

CHECK APPROPRIATE CATEGORIES:	CHECK ONE	
	\$5,001 TO \$50,000	MORE THAN \$50,000
Banks	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Savings institutions	<input type="checkbox"/>	<input type="checkbox"/>
Other loan or finance companies	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Insurance companies	<input type="checkbox"/>	<input type="checkbox"/>
Stock, commodity or other brokerage companies	<input type="checkbox"/>	<input type="checkbox"/>
Other businesses: (State principal business activity for each creditor and its name.)		
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
Individual creditors: (State principal business or occupation for each creditor and its name.)		
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

2. The personal debts of the members of my immediate family are as follows:

CHECK APPROPRIATE CATEGORIES:	CHECK ONE	
	\$5,001 TO \$50,000	MORE THAN \$50,000
Banks	<input type="checkbox"/>	<input type="checkbox"/>
Savings institutions	<input type="checkbox"/>	<input type="checkbox"/>
Other loan or finance companies	<input type="checkbox"/>	<input type="checkbox"/>
Insurance companies	<input type="checkbox"/>	<input type="checkbox"/>
Stock, commodity or other brokerage companies	<input type="checkbox"/>	<input type="checkbox"/>
Other businesses: (State principal business activity for each creditor and its name.)		
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
Individual creditors: (State principal business or occupation for each creditor and its name.)		
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

# SCHEDULE C

## SECURITIES

NAME: John Chapman

OFFICE OR POSITION HELD OR SOUGHT: City Councilmember

“SECURITIES” INCLUDES stocks, bonds, mutual funds, limited partnerships, and commodity futures contracts.

“SECURITIES” EXCLUDES certificates of deposit, money market funds, annuity contracts, and insurance policies.

Identify each business or Virginia governmental entity in which you or a member of your immediate family, directly or indirectly, separately or together, own securities valued in excess of \$5,000. Name each issuer and type of security individually.

Do not list U.S. Bonds or other government securities not issued by the Commonwealth of Virginia or its authorities, agencies, or local governments. Do not list organizations that do not do business in this Commonwealth, but most major businesses conduct business in Virginia. Account for securities held in trust.

If no reportable securities, check here \_\_\_\_.

NAME OF ISSUER	TYPE OF SECURITY (STOCKS, BONDS, MUTUAL FUNDS, ETC.)	CHECK ONE		
		5,001 to 50,000	50,001 to 250,000	More than 250,000
<u>Empower Retirement</u>	<u>Mutual Funds</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Statement of Economic Interests

# SCHEDULE E

## GIFTS

NAME: John Chapman

OFFICE OR POSITION HELD OR SOUGHT: City Councilman

List each business, governmental entity, or individual that, during the past six months, (i) furnished you or a member of your immediate family with any gift or entertainment at a single event, and the value received exceeded \$50, or (ii) furnished you or a member of your immediate family with gifts or entertainment in any combination and the total value received exceeded \$50, and for which you or the member of your immediate family neither paid nor rendered services in exchange. List each such gift or event. Do not list entertainment events unless the average value per person attending the event exceeded \$50. Do not list business entertainment related to the private profession or occupation of you or the member of your immediate family who received such business entertainment. Do not list gifts or other things of value given by a relative or personal friend for reasons clearly unrelated to your public position. Do not list campaign contributions publicly reported as required by Chapter 9.3 (§ 24.2-900 et seq.) of Title 24.2 of the Code of Virginia.

NAME OF RECIPIENT	NAME OF BUSINESS, ORGANIZATION, OR INDIVIDUAL	CITY OR COUNTY AND STATE	EXACT GIFT OR EVENT	DATE ACCEPTED	APPROXIMATE VALUE
John Chapman	Community Lodgings	Alex, VA	Fundraiser	4/10/16	\$50
" "	N/AIOP	" "	Breakfast Seminar	4/14/16	\$105
" "	New Hope Housing	" "	Gala	4/30/16	\$125
" "	Lennie Rich	" "	JJ Dinner	5/23/16	\$110
" "	Northern VA Chamber	Tyson Corner VA	Breakfast Seminar	3/15/16	\$119.01

Statement of Economic Interests

**SCHEDULE F**  
**BUSINESS INTERESTS**

NAME: John Chapman

OFFICE OR POSITION HELD OR SOUGHT: City Councilmember

Complete this Schedule for each self-owned or family-owned business (including rental property, a farm, or consulting work), partnership, or corporation in which you or a member of your immediate family, separately or together, own an interest having a value in excess of \$5,000.

If the enterprise is owned or operated under a trade, partnership, or corporate name, list that name; otherwise, merely explain the nature of the enterprise. If rental property is owned or operated under a trade, partnership, or corporate name, list the name only; otherwise give the address of each property. Account for business interests held in trust.

NAME OF BUSINESS, CORPORATION, PARTNERSHIP, FARM; ADDRESS OF RENTAL PROPERTY	CITY OR COUNTY AND STATE	NATURE OF ENTERPRISE (FARMING, LAW, RENTAL PROPERTY, ETC.)	GROSS INCOME		
			50,000 or less	50,001 to 250,000	More than 250,000
<i>Manumission Tour Company</i>	<i>Alexandria, VA</i>	<i>Tourism</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# SCHEDULE G-1

## PAYMENTS FOR REPRESENTATION BY YOU

NAME: \_\_\_\_\_

OFFICE OR POSITION HELD OR SOUGHT: \_\_\_\_\_

List the businesses you represented, excluding activity defined as lobbying in § 2.2-419, before any state governmental agency, excluding any court or judge, for which you received total compensation during the past six months in excess of \$1,000, excluding compensation for other services to such businesses and representation consisting solely of the filing of mandatory papers and subsequent representation regarding the mandatory papers filed by you.

Identify each business, the nature of the representation and the amount received by dollar category from each such business. You may state the type, rather than name, of the business if you are required by law not to reveal the name of the business represented by you.

Only STATE officers and employees should complete this Schedule.

NAME OF BUSINESS	TYPE OF BUSINESS	PURPOSE OF REPRESENTATION	NAME OF AGENCY	AMOUNT RECEIVED				
				\$1,001 To \$10,000	\$10,001 To \$50,000	\$50,001 To \$100,000	\$100,001 To \$250,000	\$250,001 And Over
				<input type="checkbox"/>				
				<input type="checkbox"/>				
				<input type="checkbox"/>				
				<input type="checkbox"/>				
				<input type="checkbox"/>				
				<input type="checkbox"/>				
				<input type="checkbox"/>				
				<input type="checkbox"/>				
				<input type="checkbox"/>				
				<input type="checkbox"/>				
				<input type="checkbox"/>				
				<input type="checkbox"/>				
				<input type="checkbox"/>				
				<input type="checkbox"/>				

If you have received \$250,001 or more from a single business within the reporting period, indicate the amount received, rounded to the nearest \$10,000. Amount Received: \_\_\_\_\_



Statement of Economic Interests

# SCHEDULE G-3

## PAYMENTS FOR OTHER SERVICES GENERALLY

NAME: \_\_\_\_\_

OFFICE OR POSITION HELD OR SOUGHT: \_\_\_\_\_

Indicate below types of businesses that operate in Virginia to which services were furnished by you or persons with whom you have a close financial association pursuant to an agreement between you and such businesses, or between persons with whom you have a close financial association and such businesses and for which total compensation in excess of \$1,000 was received during the past six months. Services reported in this Schedule shall not include services involving the representation of businesses that are reported in Schedule G-1 or G-2.

Identify opposite each category of businesses listed below (i) the type of business, (ii) the type of service rendered and (iii) the value by dollar category of the compensation received for all businesses falling within each category.

BUSINESS CATEGORY	CHECK IF SERVICES WERE RENDERED	TYPE OF SERVICE RENDERED	VALUE OF COMPENSATION				
			\$1,001 TO \$10,000	\$10,001 TO \$50,000	\$50,001 TO \$100,000	\$100,001 TO \$250,000	\$250,001 AND OVER
Electric Utilities	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Gas Utilities	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Telephone Utilities	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Water Utilities	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Cable Television Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Interstate Transportation Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Intrastate Transportation Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Oil or Gas Retail Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Banks	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Savings Institutions	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Loan or Finance Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Manufacturing Companies (state type of product, e.g., textile, furniture, etc.)	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Mining Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Life Insurance Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Casualty Insurance Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Other Insurance Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Retail Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Beer, Wine or Liquor Companies or Distributors	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Trade Associations	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Professional Associations	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Associations of Public Employees or Officials	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Counties, Cities or Towns	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Labor Organizations	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Other	<input type="checkbox"/>	_____	<input type="checkbox"/>				





# SCHEDULE I

## REAL ESTATE CONTRACTS WITH GOVERNMENTAL AGENCIES

**NAME:** \_\_\_\_\_

**OFFICE OR POSITION HELD OR SOUGHT:** \_\_\_\_\_

List all contracts, whether pending or completed within the past six months, with a governmental agency for the sale or exchange of real estate in which you or a member of your immediate family holds an interest, including a corporate, partnership or trust interest, option, easement, or land contract, valued at more than \$10,000. List all contracts with a governmental agency for the lease of real estate in which you or a member of your immediate family holds such an interest valued at more than \$1,000. This requirement to disclose an interest in a lease does not apply to an interest derived through an ownership interest in a business unless the ownership interest exceeds three percent of the total equity of the business.

**State officers and employees report contracts with state agencies.**

**Local officers and employees report contracts with local agencies.**

List your real estate interest and the person or entity, including the type of entity, which is party to the contract. Describe any management role and the percentage ownership interest you or your immediate family member has in the real estate or entity.

---

---

---

---

---

List each governmental agency which is party to the contract and indicate the county or city where the real estate is located.

---

---

---

---

---

State the annual income from the contract, and the amount, if any, of income you or any immediate family member derives annually from the contract.

---

---

---

---

---

## DEFINITIONS AND EXPLANATORY MATERIAL

**“Business”** means a corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, trust or foundation, or any other individual or entity carrying on a business or profession, whether or not for profit.

**“Close financial association”** means an association in which the person filing shares significant financial involvement with an individual and the filer would reasonably be expected to be aware of the individual's business activities and would have access to the necessary records either directly or through the individual. “Close financial association” does not mean an association based on (i) the receipt of retirement benefits or deferred compensation from a business by which the person filing this statement is no longer employed or (ii) compensation for work performed by the person filing as an independent contractor of a business that represents an entity before any state governmental agency when the person filing has had no communications with the state governmental agency.

**“Contingent liability”** means a liability that is not presently fixed or determined, but may become fixed or determined in the future with the occurrence of some certain event.

**“Contract”** means any agreement to which a governmental agency is a party, or any agreement on behalf of a governmental agency which involves the payment of money appropriated by the General Assembly or political subdivision, whether or not such agreement is executed in the name of the Commonwealth, or some political subdivision thereof. “Contract” includes a subcontract only when the contract of which it is a part is with the officer's or employee's own governmental agency.

**“Employee”** means all persons employed by a governmental or advisory agency, unless otherwise limited by the context of its use.

**“Financial institution”** means any bank, trust company, savings institution, industrial loan association, consumer finance company, credit union, broker-dealer as defined in subsection A of §13.1-501, or investment company or advisor registered under the federal Investment Advisors Act or Investment Company Act of 1940.

**“Gift”** means any gratuity, favor, discount, entertainment, hospitality, loan, forbearance, or other item having monetary value. It includes services as well as gifts of transportation, lodgings and meals, whether provided in-kind, by purchase of a ticket, payment in advance or reimbursement after the expense has been incurred.

“Gift” does not include (i) any offer of a ticket, coupon, or other admission or pass unless the ticket, coupon, admission, or pass is used; (ii) honorary degrees; (iii) any athletic, merit, or need-based scholarship or any other financial aid awarded by a public or private school, institution of higher education, or other educational program pursuant to such school, institution, or program's financial aid standards and procedures applicable to the general public; (iv) a campaign contribution properly received and reported pursuant to Chapter 9.3 (§ 24.2-945 et seq.) of Title 24.2; (v) any gift related to the private profession or occupation of an officer or employee or of a member of his immediate family; (vi) food or beverages consumed while attending an event at which the filer is performing official duties related to his public service; (vii) food and beverages received at or registration or attendance fees waived for any event at which the filer is a featured speaker, presenter, or lecturer; (viii) unsolicited awards of appreciation or recognition in the form of a plaque, trophy, wall memento, or similar item that is given in recognition of public, civic, charitable, or professional service; (ix) a devise or inheritance; (x) travel disclosed pursuant to the Campaign Finance Disclosure Act (§ 24.2-945 et seq.); (xi)

travel paid for or provided by the government of the United States, any of its territories, or any state or any political subdivision of such state; (xii) travel provided to facilitate attendance by a legislator at a regular or special session of the General Assembly, a meeting of a legislative committee or commission, or a national conference where attendance is approved by the House or Senate Committee on Rules; (xiii) travel related to an official meeting of the Commonwealth, its political subdivisions, or any board, commission, authority, or other entity, or any charitable organization established pursuant to § 501(c)(3) of the Internal Revenue Code affiliated with such entity, to which such person has been appointed or elected or is a member by virtue of his office or employment; or (xiv) gifts from relatives or personal friends.

**"Relative"** means the donee's spouse, child, uncle, aunt, niece, nephew, or first cousin; a person to whom the donee is engaged to be married; the donee's or his spouse's parent, grandparent, grandchild, brother, sister, step-parent, step-grandparent, step-grandchild, step-brother, or step-sister; or the donee's brother's or sister's spouse.

**"Personal friend"** does not include any person that the filer knows or has reason to know is (a) a lobbyist registered pursuant to Article 3 (§ 2.2-418 et seq.) of Chapter 4 of Title 2.2; (b) a lobbyist's principal as defined in § 2.2-419; (c) for an officer or employee of a local governmental or advisory agency, a person, organization, or business who is a party to or is seeking to become a party to a contract with the local agency of which he is an officer or an employee; or (d) for an officer or employee of a state governmental or advisory agency, a person, organization, or business who is a party to or is seeking to become a party to a contract with the Commonwealth. "Person, organization, or business" includes individuals who are officers, directors, or owners of or who have a controlling ownership interest in such organization or business.

**"Governmental agency"** means each component part of the legislative, executive or judicial branches of state and local government, including each office, department, authority, post, commission, committee, and each institution or board created by law to exercise some regulatory or sovereign power or duty as distinguished from purely advisory powers or duties. Corporations organized or controlled by the Virginia Retirement System are "governmental agencies" for purposes of this chapter.

**"Immediate family"** means (i) a spouse and (ii) any other person who resides in the same household as the officer or employee and who is a dependent of the officer or employee.

**TRUST.** If you or your immediate family, separately or together, are the only beneficiaries of a trust, treat the trust's assets as if you own them directly. If you or your immediate family has a proportional interest in a trust, treat that proportion of the trust's assets as if you own them directly. For example, if you and your immediate family have a one-third interest in a trust, complete your Statement as if you own one-third of each of the trust's assets. If you or a member of your immediate family created a trust and can revoke it without the beneficiaries' consent, treat its assets as if you own them directly.

**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 unless otherwise stated.