



**NORTH CAROLINA STATE ETHICS COMMISSION
2013 STATEMENT OF ECONOMIC INTEREST**

919-715-2071

www.ethicscommission.nc.gov

| | | | |
|---|--------------------|---|---------------|
| FILER'S NAME (FIRST, MIDDLE, LAST) | | | |
| First Name | Middle Name | Last Name | Suffix |
| Margaret | Elizabeth | Peal | |
| MAILING ADDRESS, CITY, STATE, ZIP+4 | | | |
| Address | City | State | ZIP |
| 601 Daventry Drive | Greenville | NC | 27858-0000 |
| HOME ADDRESS, CITY, STATE, ZIP+4 | | | |
| <input checked="" type="checkbox"/> Same As Mailing Address | | | |
| Address | City | State | ZIP |
| | | | |
| CURRENT EMPLOYER | | JOB TITLE | |
| NA | | NA | |
| NATURE OF BUSINESS | | | |
| NA | | | |
| DAYTIME PHONE NUMBER | | ALTERNATE PHONE NUMBER | |
| 252-412-2231 | | 252-412-4222 | |
| E-MAIL ADDRESS | | | |
| mardypeal@gmail.com | | | |
| REASON FOR FILING (SELECT ALL THAT APPLY) | | | |
| <input checked="" type="checkbox"/> STATE GOVERNMENT JOB (Please specify the agency for which you work) | | <input type="checkbox"/> BOARD/COMMISSION (Please list all boards on which you are serving) | |
| Health and Human Services, Department of | | | |
| <input type="checkbox"/> JUDICIAL OFFICER (Please specify the office you hold) | | <input type="checkbox"/> LEGISLATOR (Please specify the legislative branch - House or Senate) | |
| | | | |

Do other immediate family members reside in your household?

Yes No

| FULL NAME | RELATIONSHIP | EMPLOYER | JOB TITLE | NATURE OF BUSINESS |
|------------|--------------|----------|-----------|--------------------|
| [REDACTED] | son | child | child | child |
| [REDACTED] | daughter | child | child | child |

I. \$10,000 PLUS DISCLOSURES

If you, your spouse, or members of your immediate family have assets or liabilities with a market value of at least \$10,000 in the following categories, please provide the requested information as of December 31st of the preceding year unless another time period is specified in the question.

- ▶ Do not list the value of those assets or liabilities.
- ▶ Do not list assets or liabilities held in a blind trust established by or for the benefit of you or an immediate family member.

1. Do you, your spouse, or members of your immediate family have an ownership interest in North Carolina real estate with a market value of \$10,000 or more?

Yes No

| Owner of Real Estate | % Ownership Interest | Location by City | Location by County |
|----------------------|----------------------|------------------|--------------------|
| | | | |
| | | | |
| | | | |

2. Do you, your spouse, or members of your immediate family lease or rent to or from the State real estate with a market value of \$10,000 or more?

Yes No

| Name of Lessor | Name of Lessee (Renter) | Location by City | Location by County |
|----------------|-------------------------|------------------|--------------------|
| | | | |
| | | | |
| | | | |

3. Within the preceding two years, have you, your spouse, or members of your immediate family sold to or bought from the State personal property with a market value of \$10,000 or more?

Yes No

| Name of Purchaser | Name of Seller | Type of Property |
|-------------------|----------------|------------------|
| | | |
| | | |
| | | |

4. Do you, your spouse, or members of your immediate family currently lease or rent to or from the State personal property with a market value of \$10,000 or more?

Yes No

| Name of Lessor | Name of Lessee (Renter) | Type of Property |
|----------------|-------------------------|------------------|
| | | |
| | | |
| | | |

5(a). Do you, your spouse, or members of your immediate family own interests (generally stock) valued at \$10,000 or more in a publicly owned company?

Yes No

- ▶ Do not list ownership interests in a widely held investment fund (including mutual funds, regulated investment companies, or pension or deferred compensation plans) if (i) the fund is publicly traded or its assets are widely diversified and (ii) neither you nor an immediate family member are able to control the assets held in the mutual fund, investment company, or pension or deferred compensation plan.

| Owner of Interest | Full Name of Company (Do not use a ticker symbol) |
|-------------------|---|
| | |
| | |
| | |

5(b). Do you, your spouse, or members of your immediate family hold stock options valued at \$10,000 or more in a company or business?

Yes No

| Owner of Stock Option | Full Name of Company (Do not use a ticker symbol) |
|-----------------------|---|
| | |
| | |
| | |

6(a). Do you, your spouse, or members of your immediate family have financial interests valued at \$10,000 or more in a non-publicly owned company or business entity (including interests in sole proprietorships, partnerships, limited partnerships, joint ventures, limited liability companies, limited liability partnerships, and closely held corporations)?

Yes No **If "No", proceed to question 7.**

| Owner of Interest | Name of Business Entity |
|-------------------|-------------------------|
| | |
| | |
| | |

6(b). For each of those non-publicly owned companies or business entities identified in question 6(a) (the “primary company”), please list the names of any other companies in which the primary company owns securities or equity interests valued at over \$10,000, if known.

| Non-Publicly Owned Company (the Primary Company) | Other Companies in which the Primary Company Owns Security or Equity Interests |
|--|--|
| <input type="checkbox"/> None or Not Known | |

6(c). If you know that any company or business entity listed in 6(a) or (b) above has any material business dealings or business contracts with the State, or is regulated by the State, provide a brief description of that business activity.

| Name of Company or Business Entity | Description of Business Activity with the State |
|--|---|
| <input type="checkbox"/> None or Not Known | |

7. Are you, your spouse, or members of your immediate family the beneficiaries of a vested trust with a value of \$10,000 or more that is created, established, or controlled *by you*?

Yes No

▶ Do not list blind trusts.

| Name and Address of Trustee | Description of the Trust | Your Relationship to the Trust |
|-----------------------------|--------------------------|--------------------------------|
| | | |
| | | |
| | | |

8. Do you, your spouse, or members of your immediate family have a liability (debt) of \$10,000 or more, excluding indebtedness (mortgage) on your primary personal residence? Examples include credit card debts, auto loans, and student loans.

Yes No

| Name of Debtor (You, Spouse, Immediate Family Member) | Type of Creditor (Commercial Bank, Credit Union, Individual, etc.) |
|---|--|
| | |
| | |
| | |

II. OTHER DISCLOSURES

| |
|--|
| |
|--|

9(a). During the preceding calendar year, were you, your spouse or 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 the State primarily for religious, charitable, scientific, literary, public health and safety, or educational purposes?

Yes No **If "No", proceed to question 10.**

- ▶ Do not list State boards or entities, or entities created by a political subdivision of the State.
- ▶ Do not list organizations of which you are a mere member or subscriber.

| Name of Person | His/Her Position | Name of Nonprofit Corporation or Organization | Nature of Business or Purpose of Organization |
|----------------|------------------|---|---|
| | | | |
| | | | |
| | | | |

9(b). If the listed nonprofit corporations or organizations do business with the State or receive State funds, please provide a brief description of the nature of that business, if known, or with which due diligence could reasonably be known.

| Name of Nonprofit Corporation or Organization | Describe State Business or State Funding |
|---|--|
| | |

None or Not Known

10. List all sources of income (not specific amounts) of more than \$5,000 received by you, your spouse, or members of your immediate family during the preceding calendar year. **Include salary, wages, state/local government retirement, professional fees, honoraria, interest, dividends, rental income, and business income.**

Do not include income received from the following sources:

- ▶ Capital gains
- ▶ Federal government retirement
- ▶ Military retirement
- ▶ Social security income/SSDI

| Recipient of Income | Name of Source | Type of Business/Industry | Type of Income |
|---------------------|----------------|---------------------------|----------------|
| | | | |

I had no reportable income over \$5,000 in the preceding calendar year.

| | | | |
|---------------|------------------------|-----------------------|-----------------------|
| Margaret Peal | Christ Covenant School | private school | salary |
| Margaret Peal | alimony/child support | alimony/child support | alimony/child support |

11. Are you a practicing attorney?

Yes No Judicial Officer/State Attorney

If "Yes", check each category of legal representation in which you or the law firm with which you are associated has earned legal fees of \$10,000 or more during the preceding calendar year.

- | | | | |
|---|---|--|-----------------------------------|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Admiralty | <input type="checkbox"/> Corporate | <input type="checkbox"/> Criminal |
| <input type="checkbox"/> Decedent's Estates | <input type="checkbox"/> Environmental | <input type="checkbox"/> Insurance | <input type="checkbox"/> Labor |
| <input type="checkbox"/> Local Government | <input type="checkbox"/> Real Property | <input type="checkbox"/> Securities | <input type="checkbox"/> Tax |
| <input type="checkbox"/> Tort litigation (including negligence) | <input type="checkbox"/> Utilities Regulation | <input type="checkbox"/> Other category not listed or did not earn legal fees of \$10,000 or more during the preceding calendar year | |

12. Are you (1) a licensed professional (other than an attorney) or do you provide consulting services individually or as a member of a professional association **and** (2) did you charge or were you paid over \$10,000 for those services during the preceding calendar year?

Yes No

| Type of Business | Nature of Services Rendered |
|------------------|-----------------------------|
| | |
| | |
| | |

Please answer the following question as it pertains to the following board/agency:

Health and Human Services, Department of

13. Are you or your employer, your spouse or members of your immediate family, or their employer:

- Licensed by the State board or employing entity with which you are or will be associated **or**
- Regulated by the State board or employing entity with which you are or will be associated **or**
- Have a business relationship with the State board or employing entity 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 those offices.

| Name of Person | Name of Employer (if applicable) | Type of Relationship (Licensing, Regulatory, Business) |
|----------------|----------------------------------|--|
| | | |
| | | |
| | | |

Please answer the following question as it pertains to the following board/agency:

Health and Human Services, Department of

14. During the preceding calendar year, were you, your spouse, or members of your immediate family a director, officer, or governing board member of any society, organization, or advocacy group which has an interest pertaining to subject matter areas 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 a judicial officer or you are filing as an appointee to those offices.

▶ Do not list organizations of which you are only a member (not a leadership role).

| Name of Person | Name of Society, Organization or Advocacy Group | Leadership Position (Director, Officer, Board Member) |
|----------------|---|---|
| | | |
| | | |
| | | |

15. Have you ever been convicted of a felony for which you have not received either (i) a pardon of innocence or (ii) an order of expungement regarding that conviction?

Yes No

| Offense | Date of Conviction | County of Conviction | State of Conviction |
|---------|--------------------|----------------------|---------------------|
| | | | |
| | | | |

16. During any calendar quarter in the preceding year (but only the time period 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, **and**
- when both you and those person(s) were outside North Carolina at the time you accepted the gift(s), **and**
- the gift(s) were given under circumstances that would lead a reasonable person to conclude that they were given for lobbying?

Yes No

- ▶ Do not report gifts given by members of your extended family.
- ▶ Do not report gifts that have previously been reported by you to the Department of the Secretary of State on the "Expense Report for Exempted Persons."

| Date Item Received | Name and Address of Donor(s) | Describe Item Received | Estimated Market Value |
|--------------------|------------------------------|------------------------|------------------------|
| | | | |
| | | | |
| | | | |

Please answer the following question as it pertains to the following board/agency:

Health and Human Services, Department of

17. During the preceding year (but only the time period after you were appointed, employed, or filed or were nominated as a candidate) have you

- accepted a “scholarship” exceeding \$200 from a person or group of persons acting together and
- those person(s) were outside North Carolina and
- the scholarship was related to your public position? **A “scholarship” is a grant-in-aid to attend a conference, meeting, or similar event.**

Yes No Judicial Officer - You are not required to complete this question if you are a judicial officer or you are filing as a judicial officer appointee.

- ▶ Do not report gifts that have previously been reported by you to the Department of the Secretary of State on the “Expense Report for Exempted Persons.”
- ▶ Legislators are not required to report scholarships paid by a nonpartisan legislative organization of which the legislator or the General Assembly is a member or participant or an affiliate of that organization.

| Date of Scholarship | Name and Address of Donor(s) | Describe Event | Estimated Market Value |
|---------------------|------------------------------|----------------|------------------------|
| | | | |
| | | | |
| | | | |

18. Are you or a member of your immediate family currently registered as a lobbyist or lobbyist principal or were you registered as such within the preceding 12 months?

Yes No

| Name of Lobbyist | Lobbyist’s Principal | Date of Registration | Registration Expiration |
|------------------|----------------------|----------------------|-------------------------|
| | | | |
| | | | |
| | | | |

19(a). List the name of each business with which you are associated where you or a member of your immediate family is an employee, director, officer, partner, proprietor, or member or manager.

| Name of Person | Relationship to Filer | Name of Company | Role of Person |
|--|-----------------------|-----------------|----------------|
| <input checked="" type="checkbox"/> No Business Associations If "No Business Associations", proceed to question 20. | | | |
| | | | |
| | | | |
| | | | |

19(b). If you know that any company or business entity listed in 19(a) above has any material business dealings or business contracts with the State, or is regulated by the State, provide a brief description of that business activity.

| Name of Company or Business Entity | Description of Business Activity with the State |
|--|---|
| <input type="checkbox"/> No relationship / Not known | |
| | |
| | |
| | |

Please answer the following question as it pertains to the following board/agency:

Health and Human Services, Department of

20. Did a Council of State member appoint you to or recommend you for appointment to a board covered by the Ethics Act? Council of State members are:

- Governor
- Lt. Governor
- Secretary of State
- State Auditor
- State Treasurer
- Superintendent of Public Instruction
- Attorney General
- Commissioner of Agriculture
- Commissioner of Labor
- Commissioner of Insurance

Yes No

If "Yes", list all contributions you (not immediate family members) made during the preceding calendar year with a cumulative total of more than \$1,000 to the Council of State member who appointed you.

- ▶ Contributions are defined in N.C.G.S. 163-278.6(6) and include, but are not limited to, "any advance, conveyance, deposit, distribution, transfer of funds, loan, payment, gift, pledge or subscription of money or anything of value whatsoever."

| Date | Amount | Contributed to |
|--|--------|----------------|
| <input type="checkbox"/> No contribution(s) with a cumulative total of more than \$1,000 | | |
| | | |
| | | |
| | | |

Please answer the following question as it pertains to the following board/agency:

Health and Human Services, Department of

21. Are you now, or are you a prospective appointee to:

| | |
|--|--|
| <p>a. the head of a principal state department (e.g. cabinet secretary) appointed by the Governor; or b. a North Carolina Supreme Court Justice, Court of Appeals, Superior or District Court Judge; or c. a member of any of the following boards:</p> <ul style="list-style-type: none"> • ABC Commission • Coastal Resources Commission • State Board of Education • State Board of Elections • Division of Employment Security • Environmental Management Commission • Industrial Commission • State Personnel Commission • Rules Review Commission • Board of Transportation • UNC Board of Governors • Utilities Commission • Wildlife Resources Commission | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No", proceed to question 22.</p> |
| <p>d. If so, were you appointed to, or are you being considered for, appointment to your public position by a Council of State Member (Governor, Lt. Governor, Secretary of State, State Auditor, State Treasurer, Superintendent of Public Instruction, Attorney General, Commissioner of Agriculture, Commissioner of Labor, or Commissioner of Insurance)?</p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No", proceed to question 22.</p> |
| <p>e. If so, you must indicate whether during the preceding calendar year you (not immediate family members) engaged in any of the following activities with respect to or on behalf of the candidate or campaign committee of the Council of State member who appointed you to your public position:</p> <p>i. Collected contributions from multiple contributors, took possession of such multiple contributions, and transferred or delivered those collected contributions to the candidate or committee? Contributions are defined in N.C.G.S. 163-278.6(6) and include, but are not limited to, “any advance, conveyance, deposit, distribution, transfer of funds, loan, payment, gift, pledge or subscription of money or anything of value whatsoever.”</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>ii. Hosted a fundraiser at your residence or place of business?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>iii. Volunteered for campaign-related activities, which include, but are not limited to, phone banks, event assistance, mailings, canvassing, surveying, or any other activity that advances the campaign of a candidate?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |

22. Are you aware of any other information that *you believe* may assist the State Ethics Commission in advising you concerning your compliance with the State Government Ethics Act?

Yes No

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 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. (2006-201, s. 1.)

§ 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. (2006-201, s. 1.)

I Agree. It is my intention that this check box constitutes my electronic signature. By checking this box I certify 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.

Margaret Elizabeth Peal

Printed Name

****Notarization is no longer required****

Filed Electronically

Signature

8/5/2013

Date



**NORTH CAROLINA STATE ETHICS COMMISSION
2013 STATEMENT OF ECONOMIC INTEREST**

CONFIRMATION

Your SEI was successfully submitted at 8/5/2013 3:03:48 PM.

Your confirmation number is 915a-cbb4a105806a.