



**NORTH CAROLINA STATE ETHICS COMMISSION  
2011 STATEMENT OF ECONOMIC INTEREST**

919-715-2071

www.ethicscommission.nc.gov

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MAR 30 2011

COMPLETE THIS FORM AND MAIL SIGNED, ORIGINAL TO  
STATE ETHICS COMMISSION, 1324 MAIL SERVICE CENTER, RALEIGH, NC 27699-1324

1. STATEMENT TYPE (SELECT ONE)				<b>STATE ETHICS COMMISSION</b>	
<input checked="" type="checkbox"/> NEW		<b>Deadline for filing Statement of Economic Interest</b>			
<input type="checkbox"/> AMENDED		<b>Newly Appointed/Employed:</b> Generally prior to your appointment/employment <b>All Others:</b> Generally April 15 of current year			
2. FILER'S NAME (FIRST, MIDDLE, LAST)					
First Name		Middle Name	Last Name		Suffix
Kelly		Eugene	Hastings		
3. MAILING ADDRESS, CITY, STATE, ZIP+4 <sup>1</sup>					
Address 1		Address 2		City	State
405 Jane Street				Cherryville	NC
ZIP			28021		
4. EMPLOYER			5. TITLE OR POSITION SOUGHT		
Self			REALTOR		
6. DAYTIME PHONE NUMBER (10-digit number no spaces, no characters.)			7. ALTERNATE PHONE NUMBER (10-digit number no spaces, no characters.)		
(704) 473-3468					
8. E-MAIL ADDRESS			9. REASON FOR FILING (SELECT ALL THAT APPLY)		
kelly@kellyhastings.com			<input checked="" type="checkbox"/> STATE GOVERNMENT JOB <input type="checkbox"/> BOARD/COMMISSION APPOINTMENT		
10. EMPLOYED BY (IF FILING BASED ON EMPLOYMENT)					
House of Representatives Members, NC					
11. BOARD(S) SERVED - Select up to 11 Boards					
12. <b>HOUSEHOLD MEMBERS:</b> Please provide the following information concerning your spouse and other members of your immediate family <b>RESIDING IN YOUR HOUSEHOLD.</b> <sup>2</sup> If the information requested does not apply, please indicate "none."					
<input type="checkbox"/> No other household members.					
Full Name <sup>3</sup>		Relationship	Occupation/Employer		Nature of Business
Anika Howell Hastings		Wife	Dentist - Brown and Howell		Dentistry
Sophia Hastings		Daughter	Student		Learning

<sup>1</sup>With the exception of judicial officers (including Justices or Judges of the General Court of Justice, district attorneys, and clerks of court), persons holding or seeking an elected office with a residency requirement must provide a home address.

<sup>2</sup>Immediate family includes your spouse (unless legally separated), minor children, and members of your extended family (your and your spouse's adult children, grandchildren, parents, grandparents, and siblings, and the spouses of each of those persons) that reside in your household.

<sup>3</sup>Filers may use the initials of unemancipated children instead of those children's names. If initials are used, the children's names should be provided on a (non-public) supplement form available from the Commission upon request.

**I. \$10,000 PLUS DISCLOSURES**

If you, your spouse, or other 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 12/31/10 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<sup>4</sup> established by or for the benefit of you or an immediate family member.

**1. NORTH CAROLINA REAL ESTATE OWNED:** 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 If "Yes", please list below.

Owner of Real Estate	% Ownership Interest	Location by County and City
Kelly and Anika Hastings	100%	Cleveland, Shelby
1210 E. Marion Street, LLC	100%	Cleveland, Shelby

**2. NORTH CAROLINA REAL ESTATE RENTED:** Do you, your spouse, or members of your immediate family rent North Carolina real estate with a market value of \$10,000 or more to or from the State?

Yes  No If "Yes", please list below and identify the State agency involved in the property lease.

Identity of Lessor	Identity of Lessee (Renter)	Location by County and City

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

Yes  No If "Yes", please list below and identify the State agency involved in the purchase or sale.

Identity of Purchaser	Identity of Seller	Nature and Location of Property

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

Yes  No If "Yes", please list below and identify the State agency involved in the property lease.

Identity of Lessor	Identity of Lessee (Renter)	Nature and Location of Property

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

Yes  No If "Yes", please list below.

- ▶ 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.
- ▶ You may use three-letter ticker symbol to identify stocks.

Owner of Interest	Name of Company

<sup>4</sup> A "blind trust" is a trust that meets all of the following criteria: (a) the owner of the trust's assets is unaware of the trust's holdings and sources of income, (b) the individual or entity managing the trust's assets ("the trustee") is not a member of the covered person's extended family and is not associated with or employed by the covered person or his or her immediate family, and (c) the trustee has sole discretion to manage the trust's assets. G.S. 138A-3(1).

5(d). **OPTIONS:** Do you, your spouse, or members of your immediate family hold stock options in a publicly owned company valued at \$10,000 or more?

Yes  No If "Yes", please list below.

Owner of Stock Option	Name of Company

6(a). **NON-PUBLIC COMPANIES:** 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 "Yes", please list below and complete 6(b) and 6(c).

Owner of Interest	Name of Business Entity
Kelly Hastings	Kelly Hastings, REALTOR
Anika Howell Hastings	Alan Brown, D.D.S. and Anika Howell, D.M.D.
Anika Howell Hastings	1210 E. Marion St., LLC

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 checked="" 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 or relationship.

Identify Company or Business Entity	Nature of Business Relationship with the State
<input type="checkbox"/> None or Not Known	
Alan Brown, D.D.S. and Anika Howell, D.M.D.	Regulated by the state
Kelly Hastings, REALTOR	Regulated by the state
1210 E. Marion, L.L.C.	Regulated by the state

7. **TRUSTS:** 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 If "Yes", please list below.

► **Do not list blind trusts.** A "blind trust" is a trust that meets all of the following criteria: (a) the owner of the trust's assets is unaware of the trust's holdings and sources of income, (b) the individual or entity managing the trust's assets ("the trustee") is not a member of the covered person's extended family and is not associated with or employed by the covered person or his or her immediate family, and (c) the trustee has sole discretion to manage the trust's assets. G.S. 138A-3(1).

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

8. **LIABILITIES:** 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?

Yes  No If "Yes", please list below. Examples include credit card debts, auto loans, and student loans.

Name of Debtor (You, Spouse, Immediate Family Member)	Type of Creditor (Commercial Bank, Credit Union, Individual, etc.)
Kelly and Anika Hastings	First National Bank; Alliance Bank and Trust; SECU (Credit Union)

**II. OTHER DISCLOSURES**

**9. NONPROFIT INTERESTS:** At any time during 2010, were you, your spouse or other 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 "Yes", provide the following information.

- ▶ 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.
- ▶ 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 which with due diligence could reasonably be known.

Identify Person and His/Her Position	Name of Nonprofit Corporation or Organization	Nature of Business or Purpose of Organization	Describe State Business or State Funding
Anika Howell Hastings	St. John's Lutheran Church	Evangelical Christianity	None known - Served on the church council

**10. INCOME:** List all sources of income (not amounts) of more than \$5,000 received by you, your spouse, or other members of your immediate family during 2010. 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	Business or Industry	Type of Income
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I had no reportable income over \$5,000 in 2010.

Anika	Patients/Insurance	Dentistry	Wages
"	Investments	Mutual funds and investment accounts	Interest and dividends
"	1210 E. Marion St., LLC	Real Estate	Rent
Kelly Hastings	Investments	Mutual funds and investment accounts	Interest, dividends, capital gains
"	Rent and/or sales	Real estate	Rent and/or commissions

**11. PRACTICING ATTORNEY:** If you are a practicing attorney 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 2010:

I am not a practicing attorney.

- |   |  |   |                                   |
|---|--|---|-----------------------------------|
| <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 |                                   |

**12. LICENSED PROFESSIONAL:** 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 2010?

Yes  No If yes, please provide the following information.

Type of Business	Nature of Services Rendered
Real estate licensee and licensed to teach	Sales, rent and education (less than \$10,000 for teaching)

13. **BUSINESS RELATIONSHIPS:** As of December 31, 2010, were you or your employer, or your spouse or other members of your immediate family, or their employer, licensed or regulated by, or have a business relationship with, your State board or employing entity?

Yes  No  Legislator / Judicial Officer. If "Yes", provide the following information.

▶ You are not required to complete this question if you are filing because you are a legislator or a judicial officer ("judicial officer" is defined in footnote 1) or you are filing as an appointee to those offices. Please indicate if this is the case.

Identify Person	Identify Employer (if applicable)	Licensing, Business or Regulatory Relationship

14. **INTEREST IN AGENCY OR BOARD ISSUES:** As of December 31, 2010, were you, your spouse, or other members of your immediate family a director, officer, or governing board member of any society, organization, or advocacy group which has an interest in issues over which your agency or board may have jurisdiction?

Yes  No  Legislator / Judicial Officer. If "Yes", provide the following information.

▶ 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. Please indicate if this is the case.

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

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

15. **FELONY CONVICTION:** 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 If "Yes", please provide the following information.

Offense	Date of Conviction	County and State of Conviction

16. **RECEIPT OF GIFTS OUTSIDE OF NORTH CAROLINA:** 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 (1) receive any gift(s) exceeding \$200 per quarter from a person or group of persons acting together, and (2) when both you and those person(s) were outside North Carolina at the time you accepted the gift(s), and (3) the gift(s) were given under circumstances that would lead a reasonable person to conclude that they were given for lobbying?

Yes  No If yes, please provide the following information.

▶ 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 or Persons Not Covered."

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

17. **ACCEPTANCE OF SCHOLARSHIP:** During the preceding year (but only the time period after you were appointed, employed, or filed or were nominated as a candidate) have you (1) accepted a "scholarship" exceeding \$200 from a person or group of persons acting together and (2) those person(s) were outside North Carolina and (3) 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  I am a Legislator / Judicial officer. If yes, please provide the following information.

▶ 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 or Persons Not Covered."

▶ You are not required to complete this question if you are a judicial officer or you are filing as a Judicial officer appointee. Please indicate if this is the case.

▶ 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. **LOBBYIST:** Are you or a member of your immediate family currently registered as a lobbyist or lobbyist principal or were you registered as such during 2010?

Yes  No If "Yes", please provide the following information.

Name of Lobbyist	Lobbyist's Principal	Date of Registration	Registration Expiration

19(a). **BUSINESS ASSOCIATIONS:** List the name of each business with which you are associated (sole proprietorships, partnerships, limited partnerships, joint ventures, limited liability companies, limited liability partnerships, and closely held corporations, publicly-held or privately-held) where you or a member of your immediate family is an employee, director, officer, partner, proprietor, or member or manager.

No Business Associations

Identify Person	Relationship to Filer	Company	Role of Person
Anika Howell Hastings	Wife	Alan Brown D.D.S. and Anika Howell, D.M.D.	Officer
"	Wife	1210 E. Marion, LLC	Manager
Kelly Hastings	Self	REALTOR	Proprietor

19(b). **COMPANY OR BUSINESS DEALINGS WITH STATE:** 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 or relationship.

Identify Company or Business Entity	Nature of Business Relationship with the State
<input type="checkbox"/> Not applicable (No entities listed on #19a) <input type="checkbox"/> No relationship / Not known	
All companies and professions listed	Regulated by the state in some capacity

20(a). **APPOINTMENT TO BOARDS COVERED BY STATE GOVERNMENT ETHICS ACT, CHAPTER 138A OF THE GENERAL STATUTES:** Did a Council of State member appoint you to or recommend you for appointment to a board covered by the Ethics Act? The 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, or Commissioner of Insurance.

Yes  No If "Yes", proceed to question 20(b). If "No", proceed to question 21.

20(b). **CAMPAIGN CONTRIBUTIONS:** In the preceding calendar year did you (not immediate family members) make contributions with a cumulative total of more than \$1,000 to the Council of State member (see list above) 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."

Yes  No If "Yes", list all such contributions. If "No", proceed to question 21.

Date	Amount	Contributed to

<b>21. CAMPAIGN ACTIVITIES:</b> Are you now, or are you a prospect to be:	
<p>a. the head of a principal state department (e.g. cabinet secretary) appointed by the Governor; or</p> <p>b. a North Carolina Supreme Court Justice; Court of Appeals, Superior or District Court Judge; or</p> <p>c. a member of any of the following boards:</p> <ul style="list-style-type: none"> <li>• ABC Commission</li> <li>• Coastal Resources Commission</li> <li>• State Board of Education</li> <li>• State Board of Elections</li> <li>• Employment Security Commission</li> <li>• Environmental Management Commission</li> <li>• Industrial Commission</li> <li>• State Personnel Commission</li> <li>• Rules Review Commission</li> <li>• Board of Transportation</li> <li>• UNC Board of Governors</li> <li>• Utilities Commission</li> <li>• Wildlife Resources Commission</li> </ul>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>If "No", proceed to question 22.</b>
<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>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>If "No", proceed to question 22.</b>
<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>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>ii. Hosted a fundraiser at your residence or place of business?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<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>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**22. OTHER INFORMATION:** 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 If "Yes", please provide that information.

I need constant advice to make sure that I don't violate the law.

Please ensure that you have responded to all questions and that you have stated "None" in response to those questions in which you have nothing to disclose. In the event you fail to answer a question, you will be provided with a supplement to complete, sign and return. Your SEI is not deemed "filed" until complete answers are submitted for every question.

**\*\* North Carolina law establishes a fine of \$250 for failure to timely file a complete Statement of Economic Interest. In addition, it is a Class 1 misdemeanor to knowingly conceal or fail to disclose required information, and a Class H felony to provide false information on a Statement. Such actions can also subject you to disciplinary action in connection with your employment.\*\***

**AFFIRMATION**

I swear or 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

Kelly Eugene Hastings  
PRINTED NAME

**\*\* Notarization is no longer required. \*\***

Kelly Eugene Hastings  
SIGNATURE

3-26-2011  
DATE

Submit SIGNED, ORIGINAL documents.