



STATE ETHICS COMMISSION

State Ethics Commission

2021 Statement of Economic Interest Confirmation

Your SEI was successfully submitted at 6/17/2021 09:25:23 AM.

Your confirmation number is A33E-52DD0D3C31D5.

Your filing consists of the following documents:

Contact Page

SEI

The following documents were attached and have been submitted with this filing:

NONE



STATE ETHICS COMMISSION
**2021 STATEMENT OF ECONOMIC
INTEREST**

CONTACT INFORMATION

This contact information page will not be available on the Commission's website, but it is a public record.

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

Filer's Name (First, Middle, Last)

Prefix	First Name	Middle Name	Last Name	Suffix
Mr.	David	Joseph	Richard	

Mailing Address (Required)

Address	City	State	Zip
6601 Battleford Drive	Raleigh	NC	27613

Daytime Phone Number (Required)

919-500-1596

Alternate Phone Number

919-280-3272

E-Mail Address (Required)

dave.richard@dhhs.nc.gov

Date of Birth (MM/DD/YYYY)

06/24/1957

Please Note: Important notifications will be sent to the email address provided above. They **will not be sent by regular mail**. To receive Commission notifications in a timely manner, please add SEI@ncsbe.gov to your list of e-mail contacts.

Home Address:

Provide your home address only if you are holding or seeking an elected office with a residency requirement. This requirement does not apply to Judicial Officers.

A "Judicial officer" is a Justice or Judge of the General Court of Justice, District Attorney, or Clerk of Court, or any individual elected or appointed to any of these positions prior to taking office.

☐ Same as mailing address

Address	City	State	Zip

This contact information page is a public record.



STATE ETHICS COMMISSION
2021 STATEMENT OF ECONOMIC
INTEREST
ELECTRONIC FILING

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

Filer's Name (First, Middle, Last)				
Prefix	First Name	Middle Name	Last Name	Suffix
Mr.	David	Joseph	Richard	
Current Employer			Job Title	
NC DHHS			Deputy Secretary Medicaid	
Nature or Type of Business				
State Agency				
Reason For Filing (Complete all that apply.)				
State Government Job (Specify agency and position.)			Board/Commission (List complete names of all State boards on which you are serving or are being considered.)	
Health and Human Services, Department of - Deputy Secretary Medicaid			Developmental Disabilities, Council on	
Judicial Officer (Specify office.)			Legislator (Specify House or Senate.)	
A. Do other immediate family members reside in your household? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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) who reside in your household.				
List the full name of all adults and emancipated minors 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 Business
Holly Jane Richard	Spouse	The Arc of NC	Director of Program Development	Non-Profit Agency

B. List **only the initials** of all unemancipated minors in your household below. A minor is a child under 18 years old.

List the full name of each minor child on the Confidential Form at the end.

Initials of Unemancipated Minors	Relationship	Employer	Job Title	Nature of Business

Property Interests

1. As of December 31, 2020, did you or any members of your immediate family:

A. have an ownership interest in North Carolina real estate (including your residence) with a market value of \$10,000 or more?

☒ Yes ☐ No

Owner of Real Estate	% Ownership Interest	Location by City	Location by County
(Self plus Spouse)	100.00%	Raleigh	Wake

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?

☐ Yes ☒ No

Name of Lessor	Name of Lessee (Renter)	If Real Estate, Location by City & County	If Personal Property, Describe

2. 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?

☐ Yes ☒ No

Name of Purchaser	Name of Seller	Type of Property

Financial Interests

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? **List each company individually.**

A. Stock in a publicly owned company?

☐ Yes ☒ No

► Do not list interests in a widely held investment fund (including mutual funds, regulated investment companies, or pension or deferred compensation plans) if:

1. the fund is publicly traded or its assets are widely diversified; and
2. neither you nor an immediate family member are able to control the underlying assets.

Owner of Interest

Full Name of Company or ticker symbol

B. Stock options in a company or business?

☐ Yes ☒ No

Owner of Stock Option

Full Name of Company (Do not use a ticker symbol)

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.

☐ Yes ☒ No - If "No," proceed to question 4.

Owner of Interest

Name of Company or Business Entity

C (1). For each company or business entity identified in question 3.C. (the "Primary Company"), please list the names of *any other* companies or business entities in which the Primary 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**

None or Not Known

C (2). If you know that any entity listed in 3.C or 3.C(1) above has any material business dealings or business contracts with the State of North Carolina, or is regulated by the State, briefly describe that business activity.

Name of Company or Business Entity

Description of Business Activity with the State

None or Not Known

4. As of December 31, 2020, were you or any members of your immediate family the beneficiaries of a vested trust with a value of \$10,000 or more that you created, established, or controlled?

Do not list assets held in blind trusts. See 2021 SEI Helpful Tips for the definition of "Vested Trust" and "Blind Trust." <https://ethics.nc.gov>

☐ Yes ☒ No

Name and Address of Trustee

Description of the Trust

Your Relationship to the Trust

5. 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.

☒ Yes ☐ No

Name of Debtor	Type of Creditor (commercial Bank, credit union, individual, etc.)
David Joseph Richard (Self)	Commercial Bank
Holly Jane Richard (Spouse)	Commercial Bank

6. List each source of income (**not** 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.**

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
David Joseph Richard (Self)	DHHS	Government Agency	Salary

Professional and Civic Relationships

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?

☒ Yes ☐ No - If "No," proceed to question 8.

► Do not list State boards or entities.

► Do not list organizations of which you are a mere member.

Name of Person	Position	Name of Nonprofit Corporation or Organization	Nature or Purpose of Organization
David Joseph Richard (Self)	Board Member	North Carolina Health Quality Alliance	Health Care Policy Organization
Holly Jane Richard (Spouse)	Employee	The Arc of NC	Advocacy and Service provider for people with disabilities

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 Corporation or Organization	Describe State Business
North Carolina Health Quality Alliance	None or Not Known
The Arc of NC	Through contracts with LME/MCO's provides direct service to people with disabilities / Through a contract with Division of Ageing and Adult Services provides services for people with disabilities

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?

☐ Yes ☒ No ☐ Legislator/Judicial Officer - You are not required to complete this question if you are filing because you are a legislator or judicial officer or you are filing as an appointee 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 Person	Name of Society, Organization, or Advocacy Group	Leadership Position (Director, Officer, Board Member)

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 Filer	Name of Company	Role of Person
No Business Associations			

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 Business Activity with the State
None or Not Known	

10. 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 affiliated has earned legal fees of more than \$10,000 during 2020.

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

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 Business	Nature of Services Rendered

12. Are you or your employer, or any members of your immediate family, or their employers currently:

- licensed by the State board or agency with which you are or will be associated **or**
- regulated by the State board or agency with which you are or will be associated **or**
- in a business relationship with the State board or agency 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 one of those offices.

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

13. Have you or a member of your immediate family been registered as a lobbyist or lobbyist principal within the 12 months preceding your filing of this form?

☐ Yes ☒ No

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

Other Disclosures

14. During 2020, 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,
- when both you and those person(s) were outside North Carolina,
- under circumstances that would lead a reasonable person to conclude the gifts were given for lobbying?

To answer Yes, all three conditions must apply

☐ Yes ☒ No

► Do not report gifts given by members of your extended family.

► Do not report gifts you have previously reported on the "Expense Report for Exempted Persons."

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

15. During 2020, after you were appointed, employed, or filed or were nominated as a candidate, did you
- accept a “scholarship” exceeding \$200 related to your public position from a person or group of persons acting together,
 - when those person(s) were outside North Carolina?

To answer Yes, both conditions must apply

A “scholarship” is a grant-in-aid, either direct or indirect, to attend a conference, meeting, or similar event, including tuition, travel, lodging, meals, and other similar expenses.

☐ 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 you have previously reported 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, participant, or affiliate.

Date of Scholarship	Name 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 State member?

Council of State members are:

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

☒ Yes ☐ No

If “Yes,” list all contributions you made in 2020 with a cumulative total of more than \$1,000 to the Council of State member who appointed you. Do not include contributions from immediate family members.

- ▶ Contributions are defined broadly in N.C.G.S. 163-278.6(6) and include “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
No Contributions		

17. Are you an appointee or prospective appointee as:			
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: <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 • Human Resources Commission • Rules Review Commission • Board of Transportation • Utilities Commission • Wildlife Resources Commission 		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," proceed to question 18.	
d. If so, were you appointed or are you being considered for appointment to that position by a Council of State member?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," proceed to question 18.	
Governor			
e. If so, you must indicate whether during 2020 you 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:			
i. Collected contributions from multiple contributors, took possession of such multiple contributions, and transferred or delivered those collected contributions to the candidate or committee?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ii. Hosted a fundraiser at your residence or place of business?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
iii. Volunteered for campaign-related activities, including phone banks, event assistance, mailings, canvassing, surveying, or any other activity that advances the campaign of a candidate?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
18. Have you ever been convicted of a felony for which you have not received either: (i) a pardon; or (ii) an order of expungement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Offense	Date of Conviction	County of Conviction	State of Conviction
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide that information below.			

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

06/17/2021
Date

David Joseph Richard
Printed Name