

General Assembly of Virginia <b>STATEMENT OF ECONOMIC INTERESTS</b>		CHECK SCHEDULES ATTACHED: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D-1 <input type="checkbox"/> D-2 <input type="checkbox"/> E <input checked="" type="checkbox"/> F-1 <input type="checkbox"/> F-2 <input type="checkbox"/> G-1 <input type="checkbox"/> G-2 <input type="checkbox"/> G-3 <input type="checkbox"/> H <input type="checkbox"/> I		SENATE CLERK'S OFFICE MAR 24 2015
NAME <u>Barbra Jill McCabe</u>				
OFFICE OR POSITION HELD OR SOUGHT <input type="checkbox"/> HOUSE OF DELEGATES <input checked="" type="checkbox"/> SENATE		DISTRICT NO <u>13</u>	CANDIDATE FOR ELECTION TO THIS OFFICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
STREET [REDACTED]		TELEPHONE [REDACTED]		
ADDRESS CITY [REDACTED] STATE [REDACTED]		OFFICE (703) 858-6041 [REDACTED]		
NAMES OF MEMBERS OF IMMEDIATE FAMILY [REDACTED]				

COMPLETED ITEMS I THROUGH II. REFER TO SCHEDULES ONLY IF DIRECTED. You may attach additional explanatory information.

#### I. 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 is checked, 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 is checked, 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 is checked, complete Schedule C

#### 4. PAYMENTS FOR TALKS, MEETINGS, AND PUBLICATIONS

During the past six months did you receive in your capacity as a legislator lodging, transportation, money, or anything else of value with a combined value exceeding \$200 (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 a legislator, including issues faced by your constituents, or (b) enhance your knowledge and skills relative to your duties as a legislator? Do not include payments and reimbursements from the Commonwealth for meetings attended in your capacity as a legislator; see Question II and Schedule D-2 to report such meetings

☐ YES ☒ NO

If yes is checked, complete Schedule D-1

#### 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 \$100 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 is checked, complete Schedule E

#### 6. SALARY AND WAGES

List each employer that pays you or a member of your immediate family salary or wages in excess of \$5,000 annually. (Exclude any salary received as a member of the General Assembly pursuant to § 30-19.1.)

Commonwealth Emergency Physicians, Inova Health System

If no reportable salary or wages, check here ☐

**7. BUSINESS INTERESTS AND LOBBYIST RELATIONSHIPS**

7A. Do you or a member of your immediate family, separately or together, operate your own business, or own or control an interest in excess of \$5,000 in a business?

If yes is checked, complete Schedule F-1

☒ YES ☐ NO

7B. Do you have a lobbyist relationship as that term is defined above?

If yes is checked, complete Schedule F-2.

☐ YES ☒ NO

**8. PAYMENTS FOR REPRESENTATION AND OTHER SERVICES**

8A. Did you represent any businesses before any state governmental agencies, excluding courts or judges, 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?

If yes is checked, complete Schedule G-1

☐ YES ☒ NO

8B. Subject to the same exceptions as in 8A, did persons with whom you have a close financial association (partners, associates or others) represent any businesses before any state governmental agency for which total compensation was received during the past six months in excess of \$1,000?

If yes is checked, complete Schedule G-2

☐ YES ☒ NO

8C. Did you or persons with whom you have a close financial association furnish services to businesses operating in Virginia, pursuant to an agreement between you and such businesses, or between persons with whom you have a close financial association and such businesses for which total compensation in excess of \$1,000 was received during the past six months? Services reported under this provision shall not include services involving the representation of businesses that are reported under question 8A or 8B above.

If yes is checked, complete Schedule G-3.

☐ YES ☒ NO

**9. REAL ESTATE**

Do you or a member of your immediate family hold an interest, including a partnership interest, valued at more than \$5,000 in real property (other than your principal residence) for which you have not already listed the full address on Schedule F? Account for real estate held in trust.

If yes is checked, complete Schedule H.

☐ YES ☒ NO

**10. REAL ESTATE CONTRACTS WITH STATE GOVERNMENTAL AGENCIES**

Do you or a member of your immediate family hold an interest valued at more than \$5,000 in real estate, including a corporate, partnership, or trust interest, option, easement, or land contract, which real estate is the subject of a contract, whether pending or completed within the past six months, with a state governmental agency? If the real estate contract provides for the leasing of the property to a state governmental agency, do you or a member of your immediate family hold an interest in the real estate, including a corporate, partnership, or trust interest, option, easement, or land contract valued at more than \$1,000? Account for all such contracts whether or not your interest is reported in Schedule F or H. 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.

If yes is checked, complete Schedule I.

☐ YES ☒ NO

**11. PAYMENTS BY THE COMMONWEALTH FOR MEETINGS**

During the past six months did you receive lodging, transportation, money, or anything else of value with a combined value exceeding \$200 from the Commonwealth for a single meeting attended out-of-state in your capacity as a legislator? Do not include reimbursements from the Commonwealth for meetings attended in the Commonwealth.

If yes is checked, please complete Schedule D-2

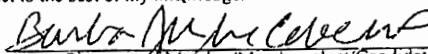
☐ YES ☒ NO

**This Statement of Economic Interests is open for public inspection.**

**AFFIRMATION**

In accordance with the rules of the house in which I [shall] serve, if I receive a request that this disclosure statement be corrected, augmented, or revised in any respect, I hereby pledge that I shall respond promptly to the request. I understand that if a determination is made that the statement is insufficient, I will satisfy such request or be subjected to disciplinary action of my house.

I swear or affirm that the foregoing information is full, true and correct to the best of my knowledge.



Signature of Member/Member-elect/Candidate

(Such signature shall be deemed to constitute a valid notarization and shall have the same effect as if performed by a notary public.)

General Assembly of Virginia  
Statement of Economic Interests

**SCHEDULE A**  
**OFFICES AND DIRECTORSHIPS**

NAME: Barbra J. McCabe

Identify each business of which you or a member of your immediate family is a paid officer or paid director.

NAME OF BUSINESS	ADDRESS OF BUSINESS	POSITION HELD AND BY WHOM
Commonwealth Emergency Physicians	44045 Riverside Parkway Lansdowne, VA 20148	Medical Director, Pediatric Services Barbra J. McCabe
Inova Loudoun Hospital Medical Staff/Medical Executive Committee	44045 Riverside Parkway Lansdowne, VA 20148	Vice President, Medical Staff

(Return only if needed to complete Statement.)

RETURN TO ITEM 2

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**SCHEDULE C**  
**SECURITIES**

NAME: Barbra J. McCabe

"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
American Funds Vesp	Mutual fund	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
College America		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advisor - Truist College	Mutual fund	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Savings Program		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T Rowe Price	401K Money market	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Money market		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thrift Savings	Federal 401K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Plan		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wells Fargo Advisors	Mutual Fund	<input type="checkbox"/>	<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"/>

(Return with Statement.)

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**SCHEDULE F-1**  
**BUSINESS INTERESTS**

NAME: Barbra J. McCabe

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		
			\$5001 TO \$50,000	\$50,001 TO \$250,000	MORE THAN \$250,000
Commonwealth Emergency Physicians	Lansdowne (Landon) Virginia	Medical Practice	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>

(Return only if needed to complete Statement.)

RETURN TO ITEM 8