

STATEMENT OF ECONOMIC INTERESTS

JAN 19 2006 *CSW*

STATE OF VA

NAME <i>Laurie DiRocco</i>		Candidate for Election to this office? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
OFFICE OR POSITION HELD OR SOUGHT <i>Planning Commissioner</i>			
AGENCY/BUSINESS NAME		PHONE	
AGENCY/BUSINESS ADDRESS			
HOME ADDRESS <i>316 Mowfield Rd SW</i>		PHONE <i>703 242-7010</i>	
CITY <i>Vienna</i>		STATE <i>VA</i>	ZIP <i>22180</i>
NAMES OF MEMBERS OF IMMEDIATE FAMILY <i>Robert, Alexandra and Sophia DiRocco</i>			

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 \$10,000 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
1. Securities.
Do you or a member of your immediate family, directly or indirectly, separately or together, own securities valued in excess of \$10,000 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 12 months did you receive lodging, transportation, money, or anything else of value with a combined value exceeding \$200 for a single talk, meeting, or published work in your capacity as an officer or employee of your agency? YES NO
If yes, complete Schedule D
4. Gifts.
During the past 12 months did a business, government, or individual other than a relative or personal friend (i) furnish you with any gift or entertainment at a single event, and the value received by you exceeded \$50 in value or (ii) furnish you with gifts or entertainment in any combination and the value received by you exceeded \$100 in total value; and for which you neither paid nor rendered services in exchange? Account for entertainment events only if the average value per person attending the event exceeded \$50 in value. Account for all business entertainment (except if related to your private profession or occupation) even if unrelated to your official duties. YES NO
If yes, 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 \$10,000 annually. (Exclude state or local government or advisory agencies.) If no reportable salary or wages, check here

NEW Customer Service Company

George Mason University

7. Business Interests. YES NO
 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 \$10,000 in a business?
 If yes, complete Schedule F
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 12 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? (Officers and employees of local governmental and advisory agencies do NOT need to answer this question or complete Schedule G-1.) YES NO
 If yes, complete Schedule G-1
- 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 12 months in excess of \$1,000? (Officers and employees of local governmental and advisory agencies do NOT need to answer this question or complete Schedule G-2.) YES NO
 If yes, complete Schedule G-2
- 8C. Did you or persons with whom you have a close financial association furnish services to businesses operating in Virginia for which total compensation in excess of \$1,000 was received during the past 12 months? YES NO
 If yes, complete Schedule G-3
9. Real Estate.
- 9A. State Officers and Employees. YES NO
 Do you or a member of your immediate family hold an interest, including a partnership interest, valued at \$10,000 or more 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, complete Schedule H-1
- 9B. Local Officers and Employees. YES NO
 Do you or a member of your immediately family hold an interest, including a partnership interest, valued at \$10,000 or more in real property located in the county, city or town in which you serve or in a county, city or town contiguous to the county, city or town in which you serve (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, complete Schedule H-2
10. Real Estate Contracts with Governmental Agencies YES NO
 Do you or a member of your immediate family hold an interest valued at more than \$10,000 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 12 months, with a governmental agency? If the real estate contract provides for the leasing of the property to a governmental agency, do you or a member of your immediate family hold an interest in the real estate valued at more than \$1,000? Account for all such contracts whether or not your interest is reported in Schedule F, H-1, or H-2. 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 exceeds three percent of the total equity of the business.
 If yes, complete Schedule I

Statements of Economic Interests are open for public inspection.

NOTE: You MUST acknowledge your signature below before a Notary Public and the Notary Public must administer an oath and complete the acknowledgment portion of the "Affirmation By All Filers."

AFFIRMATION BY ALL FILERS.

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

Laurie DiRocco 1/19/06
 SIGNATURE OF FILER DATE

COMMONWEALTH OF VIRGINIA

city/county of Gaithersburg to wit:

The foregoing disclosure form was acknowledged before me this 19th day of January, 20 06
 by Laurie DiRocco
 NAME OF FILER

My commission expires 01-31-2008 Carol Waters
 NOTARY PUBLIC

SCHEDULE B

PERSONAL LIABILITIES

NAME: _____

OFFICE OR POSITION HELD OR SOUGHT: _____

Report personal liability by checking each category. Report only debts in excess of \$10,000. 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	
	\$10,001 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.)	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
Individual creditors: (State principal business or occupation for each creditor.)	<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	
	\$10,001 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.)	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
Individual creditors: (State principal business or occupation for each creditor.)	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

