

STATEMENT OF ECONOMIC INTERESTS

NAME James L. Kinter		Candidate for Election to this office? ___YES__X__NO	
OFFICE OR POSITION HELD OR SOUGHT Professor			
AGENCY/BUSINESS NAME George Mason University		PHONE 703-993-5700	
AGENCY/BUSINESS ADDRESS 4400 University Drive			
CITY Fairfax		STATE VA	ZIP 22030
NAMES OF MEMBERS OF IMMEDIATE FAMILY Anne D. Selgel, Saul M. Kinter, Sarah J. Kinter			

COMPLETE ITEMS 1 THROUGH 10. REFER TO SCHEDULES ONLY IF DIRECTED.

You may attach additional explanatory information.

1. Offices and Directorships.
Are you or a member of your immediate family a paid officer or paid director of a business?
If yes, complete Schedule A [YES] NO
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
3. 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
5. 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

Institute of Global Environment and Society,

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, excluding activity defined as lobbying in [§ 2.2-419](#), 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, excluding activity defined as lobbying in [§ 2.2-419](#), 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 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 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 immediate family hold an interest, including a partnership interest, or option, easement, or land contract, 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-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.

AFFIRMATION BY ALL FILERS.

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

James L. Kinter (Electronically Signed: 1/3/2014 4:38:17 PM UTC)

SIGNATURE OF FILER

1/3/2014

DATE

Statement of Economic Interests

SCHEDULE A

OFFICES AND DIRECTORSHIPS

NAME:

James L. Kinter

OFFICE OR POSITION HELD OR SOUGHT:

Professor

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
Institute of Global Environment and Society	11300 Rockville Pike, #101, Rockville, MD 20852	Director of COLA

Statement of Economic Interests

SCHEDULE D

PAYMENT FOR TALKS, MEETINGS AND PUBLICATIONS

NAME:

James L. Kinter

OFFICE OR POSITION HELD OR SOUGHT:

Professor

List each source from which you received during the past 12 months lodging, transportation, money, or any other thing of value (excluding meals or drinks coincident with a meeting) with combined value exceeding \$200 for your presentation of a single talk, participation in one meeting, or publication of a work in your capacity as an officer or employee of your agency.

List payments or reimbursements by an advisory or governmental agency only for meetings or travel outside the Commonwealth.

List a payment even if you donated it to charity.

Do not list information about payment if you returned it within 60 days or if you received it from an employer already listed under Item 6 or from a source of income listed on Schedule F.

If no payment must be listed, CHECK HERE .

PAYER	APPROXIMATE VALUE	CIRCUMSTANCES	TYPE OF PAYMENT (E.G. HONORARIUM, TRAVEL REIMBURSEMENT, ETC.)
Univ. Corp. Atmos. Research	\$2300	advisory committee	travel reimbursements (\$600 honoraria)
PRACE	\$160	review committee	honorarium
ORAU	\$500	review committee	honorarium
IC3 (Barcelona)	\$315	advisory committee	travel reimbursement

CWB (Taiwan)	\$820	advisory committee	travel reimbursement
IRI Columbia Univ.	\$460	advisory committee	travel reimbursement

ATTACHMENTS