

FINANCIAL DISCLOSURE STATEMENT

Acknowledgement: This Franklin County Financial Disclosure Statement is based upon the Ohio Ethics Commission's Financial Disclosure Form (OEC-2013.)

This statement is to be filed on April 15th each year for the preceding calendar year or for newly hired employees within ninety days of hiring whichever is later.

Please type or print clearly in blue or black ink.

I. ALL FILERS COMPLETE THIS ENTIRE SECTION

Name (Last):	First:	Middle:	
Street Address:	City:	State:	Zip:
County:		Office Telephone Number:	

II. COMPLETE THIS SECTION: Please include start and end dates.

A. COUNTY DEPARTMENT OR AGENCY

Titles or positions:
Name of County departments or agencies:
Appointments or Hire Date:
End Dates if Applicable:

List each if you held more than one position during the reporting period. However, you only need to submit one Financial Disclosure Statement.

B. LIST OTHER PUBLIC POSITIONS YOU HOLD

Titles or positions: _____

If you need help completing this form, contact the Office of the Franklin County Administrator -- (614) 525-4132.

Answer every question. If the answer to any question is omitted, the statement is incomplete, **and will be returned to you for completion.** When you have nothing to list in a given question, check the box indicating that you have nothing to list. You may be required to list the same information under more than one question. If you need more space to fully answer any question attach additional sheets with your name and the applicable question number(s) on each sheet.

1. INCOME: List **every source of income**, of any amount, that you received in the period covered. Following each source of income, briefly **describe** the services for which the income was received. **Remember to list your employment as a source of income.** "Income" includes gross income for federal income tax purposes, and interest and dividends on all governmental securities. Income also includes sources of income received by another person for your use or benefit. *You are not required to list the sources of income of your spouse, unless the income was received specifically for your use or benefit. You are not required to list the individual items of income to your business or profession except as described below. You are not required to list your spouse's income solely because it is deposited in an account you held jointly or it was used for family expenses. You are not required to disclose the amount of income you received from a particular source, including income from clients and patients, except in the following situations: (1) Income you received from a person or entity that is doing or seeking to do business with the public agency you serve (such as listed in example F below**); or (2) Income you received, or shared with a partner in your business or profession, that is attributable to services or goods provided to a client or customer who seeks business from the County for themselves, their business or who is compensated to seek such business on behalf of another party. You do not need to list the names of individuals to whom you provided legal, medical, health or other licensed professional, personal services. However, you should not provide such services if it would create a real or perceived conflict of interest.*

EXAMPLE

	SOURCE OF INCOME	Service Provided	Amount** (Amount of Income must be listed in two situations. See explanation above.)
A	Your Public Employer	Your Position	
B	Smith & Jones Co., L.P.A.	Private law practice	
C	Aggressive Growth Fund	Mutual fund	
D	Johnson Brokerage Firm	CD and money market interest	
E	ABC Pension Fund	Retirement	
F	XYZ Corporation	Stock dividends	\$45.00 (see above **)
G	Friendly National Bank	Interest on savings account	

I HAVE NO SOURCES OF INCOME.

	SOURCE OF INCOME	Service Provided	Amount** (Amount of Income must be listed in two situations. See explanation above.)
A			
B			
C			
D			
E			
F			
G			
H			

2. GIFTS: List **each source of gifts** of over **seventy-five dollars (\$75)** received by you in your own name or by any other person for your use or benefit in the covered period. You are required to list each source of gifts totaling more than **\$75**. If the source of a gift valued at over \$75 is a **group** of persons, you are required to disclose the group as the source of the gift. **Listing a gift does not establish your right to accept it. Any gift that can be seen as a way to influence your official duties cannot be accepted.** **EXAMPLE:** You received a gift valued at \$100 from your staff. You must list the staff as the source of the gift. **EXAMPLE:** You received two gifts, each valued at \$60, during the year from the same person. You must disclose this person as the source of gifts totaling more than \$75. *You are not required to list the nature of the gift. You are not required to list gifts that were received in the covered period: (1) By will or by inheritance; (2) By distribution from a trust established by a spouse or ancestor; or (3) From your spouse, parents, grandparents, children, grandchildren, siblings, nephews, nieces, uncles, aunts, brothers-in-law, sisters-in-law, sons-in-law, daughters-in-law, fathers-in-law, mothers-in-law, or any person to whom you stand in loco parentis.*

I HAVE NO SOURCES OF GIFTS THAT I AM REQUIRED TO LIST.

SOURCE OF GIFTS	
A	G
B	H
C	I
D	J
E	K
F	L

3. MEALS, FOOD, OR BEVERAGES: List **any source** of payment of **expenses for meals, food, or beverages**, received in connection with your **official duties**, if the source paid for more than **one hundred dollars (\$100)** for meals, food, or beverages in the covered period. Remember to list the public agency you serve if it was the source of expense payments or reimbursements for meals, food, or beverages totaling more than \$100 during the year. *You are not required to list any party that provided meals, food, or beverages to you: (1) In connection with a meeting at which you participated in a panel, seminar, or speaking engagement; (2) At a meeting or convention of a national or state organization to which any state, agency, legislative agency, state institution of higher education, political subdivision, or office or agency of a political subdivision pays membership dues; or (3) Which you list under Question #4 as travel expenses paid by your county agency.*

I HAVE NO SOURCES OF MEALS, FOOD, OR BEVERAGES THAT I AM REQUIRED TO LIST.

SOURCE OF MEALS, FOOD, OR BEVERAGES	
A	G
B	H
C	I
D	J
E	K
F	L

4. TRAVEL EXPENSES: List the **source and amount of every payment of travel expenses** received in the covered period. Travel expenses include any payments or reimbursements to you, or any other person for your use or benefit, for travel in connection with your **official duties**. You must list every payment or reimbursement for travel both inside and outside of Ohio. You must also list travel payments or reimbursements made to you, or on your behalf, by the public agency with which you are connected. Each source and amount of expenses must be disclosed separately, even if one source provided more than one payment. You may attach copies of reports filed with your public agency that itemize travel expenses for which you have been paid or reimbursed, if those reports list every payment of travel expenses from your public agency as required by law. *You are not required to list the payment of travel expenses if the travel was in connection with a meeting or convention of a national or state organization to which any state agency, legislative agency, state institution of higher education, political subdivision, or office or agency of a political subdivision, pays membership dues.* **EXAMPLE:** You received four travel expense payments from your public agency during the covered period. You must disclose the name of your agency and the amount of each payment as four separate entries.

I HAVE NO SOURCES OF TRAVEL EXPENSES THAT I AM REQUIRED TO LIST.

SOURCE OF TRAVEL EXPENSES	Amount of Travel Expenses
A	
B	
C	
D	
E	

5. IMMEDIATE FAMILY MEMBERS: List the name of your spouse residing in your household. "Immediate family" is defined as your spouse residing in your household.

I HAVE NO FAMILY MEMBERS THAT I AM REQUIRED TO LIST.

IMMEDIATE FAMILY MEMBERS
A) Name of Spouse residing in household:
B) Dependent Children:

6. BUSINESS NAMES: List the names under which you or members of your immediate family do business. Examples would include businesses in which you or your family members are an owner or a partner; a closely held corporation in which you or your family members are a significant shareholder; and, any other businesses in which you or your family members are sole proprietors or otherwise self-employed. **EXAMPLE:** Your spouse, who resides with you, owns an accounting firm called Accurate Accounting. You should list "Accurate Accounting," as a name under which a member of your immediate family does business.

THERE ARE NO BUSINESS NAMES THAT I AM REQUIRED TO LIST.

BUSINESS NAMES	
A	C
B	D

7. INVESTMENTS AND FIDUCIARY INTERESTS: List the names of each **corporation** incorporated or authorized to do business in Ohio, and each **trust, business trust, partnership, or association** transacting business in Ohio:

(1) In which you or any other person for your use or benefit had an investment of more than *one thousand dollars (\$1,000)* during the covered period (at fair market value as of December 31st, or the date of disposition, whichever is earlier). Include all investments even if they also constitute a source of income; or

(2) In which you held an **office** or had a **fiduciary relationship during the covered period** (regardless of monetary investment, including **holding office in a not-for-profit corporation**).

For each listing, give a brief description of the investment, office, or relationship. *You do not have to list accounts with banks, building and loan associations, savings and loan associations, or credit unions, if the accounts are deposit or withdrawable share accounts. You are not required to disclose personal identifying information, such as your social security number, credit card numbers, or bank account numbers. If you choose to do so, this information may become public record.*

EXAMPLE

CORPORATION, ETC.	<i>Nature of Investment, Office, etc.</i>
A XYZ Corporation	Common Stock
B Aggressive Growth Fund	Mutual Fund
C Johnson Brokerage Firm	Certificate of Deposit
D Johnson Brokerage Firm	Money Market Account
E Solidarity Fund	Deferred Compensation Mutual Fund
F Federated Investment Corp.	Individual Retirement Account
G Municipality Bond Fund	Tax Deferred Mutual Fund
H Top Investment Company	401 (k) Account
I ABC Enterprises	President, Board of Directors
J Smith & Jones Co., L.P.A.	Partner
K Smith Cleaning Company	Member, Board of Directors
L Smith Family Trust	Trustee
M United Community Chest	Board Member

I HAVE NO INVESTMENTS OR FIDUCIARY INTERESTS THAT I AM REQUIRED TO LIST.

CORPORATION, ETC. Please use one line for each investment/office. Attach additional sheets as needed.	<i>Nature of Investment, Office, etc.</i>
A	
B	
C	
D	
E	
F	
G	
H	
I	
J	
K	

8. CREDITORS: List the names of all of your **creditors** residing or transacting business in Ohio to whom you owe, or owed at anytime during the covered period, more than **one thousand dollars (\$1,000)** in your own name or in the name of any other person. Include auto loans, credit card accounts, and all other accounts if the balance exceeded \$1,000 at any time during the covered period, **even if no balance is currently outstanding**. *You do not have to list debts on your residence or real estate used primarily for personal recreations, or debts resulting from the ordinary conduct of a business or profession. You are not required to disclose personal identifying information, such as your social security number, credit card numbers, or bank account numbers. If you choose to do so, this information may become public record.*

I HAVE NO CREDITORS THAT I AM REQUIRED TO LIST.

CREDITORS	
A	F
B	G
C	H
D	I
E	J

9. DEBTORS: List the names of all of your **debtors** residing or transacting business in Ohio who owe you, or have owed you at anytime during the covered period, more than **one thousand dollars (\$1,000)** in your own name or in the name of any other person for your use or benefit. *You are not required to list: (1) Banks, building and loan associations, savings and loan associations, or credit unions as debtors if the only moneys owed to you by them are moneys that you deposited with such institutions or which are in a withdrawable share account; (2) The names of persons indebted to you if the debt results from the ordinary conduct of your business or profession; or (3) The names of your clients or patients, if you are an attorney, a doctor, or a psychologist. You are not required to disclose personal identifying information, such as your social security number, credit card numbers, or bank account numbers. If you choose to do so, this information may become public record.*

I HAVE NO DEBTORS THAT I AM REQUIRED TO LIST.

DEBTORS	
A	C
B	D

10. REAL ESTATE: List all of your leasehold and ownership interests in land or real estate located in Ohio. List by address or, if address is unavailable, legal description and county. *You are not required to list your personal residence or any real estate used primarily for personal recreation.*

I HAVE NO REAL ESTATE THAT I AM REQUIRED TO LIST.

REAL ESTATE
A
B
C

11. SIGNATURE: By signing below, I swear or affirm that this statement and any additional attachments have been prepared or carefully reviewed by me, and constitute my complete, truthful, and correct disclosure of all required information, and that the address listed on page 1 is my correct mailing address.

By signing below, I also acknowledge and understand that knowingly filing a false statement is a violation of Franklin County Financial Disclosure Policy and may be cause for disciplinary action up to and including termination of employment.

Before signing this statement, check every question to make certain you have listed the necessary information. If you have nothing to list in a given question, be sure to check the appropriate box. If a response to any question is omitted, the statement is incomplete and will be returned to you. Once filed, statements become public record and subject to any public records requests. **Persons who fail to file a complete statement by the appropriate deadline may be subject to disciplinary action. Any person who files a false statement may be subject to criminal prosecution.**

If you have any questions before signing this form, please contact the Office of the Franklin County Administrator at (614) 525-4132.

AFFIRMATION: To the best of my knowledge I had no conflict of interest in the performance of my official duties as an employee of Franklin County and my personal financial interest.

YOUR SIGNATURE IS REQUIRED: _____ **DATE:** _____

Send the completed form to:

**The Office of the Franklin County Administrator
373 South High Street - 26th Floor
Columbus, Ohio 43215-6273
(614) 525-4132**

FOR OFFICE USE ONLY

REVIEWED BY: _____

COMPLETE

INCOMPLETE QUESTIONS: _____

DATE FORM RETURNED TO FILER ____ / ____ / ____

DATE COMPLETED FORM RECEIVED AT OFFICE OF THE FRANKLIN COUNTY ADMINISTRATOR ____ / ____ / ____