



**OHIO ETHICS COMMISSION  
FINANCIAL DISCLOSURE STATEMENT**

This statement is to be filed in **2008**

Please type or print clearly in blue or black ink.

For the calendar year of **2007**

**I. ALL FILERS COMPLETE THIS ENTIRE SECTION:** Please check the box next to your preferred mailing address.

Name (Last)	First	Middle	
<input type="checkbox"/> Home Street Address	City	State	Zip
County	Home Telephone Number		
Current Employer Name			
<input type="checkbox"/> Employer Street Address	City	State	Zip
County	Employer Telephone Number		

For office use only:

nc

wi

io

**II. COMPLETE THE SECTION(S) BELOW THAT APPLY TO YOU:** Please include start and end dates.

**A. STATE DEPARTMENT, AGENCY, BOARD, COMMISSION, OR RETIREMENT SYSTEM:**

<input type="checkbox"/> Director or equivalent rank	<input type="checkbox"/> Board, Commission, or Retirement System Chief
<input type="checkbox"/> Assistant Director or equivalent rank	<input type="checkbox"/> Board Member or designee
<input type="checkbox"/> Deputy Director or equivalent rank	<input type="checkbox"/> Schedule "E-2" employee
<input type="checkbox"/> Division Chief or equivalent rank	<input type="checkbox"/> Other (Title) _____

Name of state department, agency, board, commission, or retirement system: \_\_\_\_\_

Appointment or Hire Date: MM/DD/YYYY      End Date if Applicable: MM/DD/YYYY

**B. SCHOOL DISTRICT BOARD OF EDUCATION OR EDUCATIONAL SERVICE CENTER:** Check appropriate box.

Superintendent

Treasurer

Business Manager

Name(s) of District(s) or Service Center(s) where you serve in the position(s): \_\_\_\_\_

Appointment or Hire Date: MM/DD/YYYY      End Date if Applicable: MM/DD/YYYY

**C. OTHER PUBLIC POSITIONS:** Check appropriate box.

Public College or University President — Name of Academic Institution: \_\_\_\_\_

Voluntary Filer — Name of Public Agency and Position: \_\_\_\_\_

**D. MULTIPLE FILING POSITIONS:** If you are **required** to file a financial disclosure statement for **any other** public position that you held at any time during 2007 or 2008, or for which you are currently a candidate, list the position. Contact the Ethics Commission if you need help in determining which form to file (2007-01 or 2007-02). General Assembly candidates or members do not file this form. (Contact JLEC at (614) 728-5100 to obtain correct form).

Public Position: \_\_\_\_\_ Start Date: MM/DD/YYYY

Agency Name: \_\_\_\_\_ End Date: MM/DD/YYYY

If you need help completing this form, contact the Ohio Ethics Commission -- (614) 466-7090.

# GENERAL INFORMATION - FORM NO. OEC-2007-01

For assistance in completing this form or to download a blank statement, visit [www.ethics.ohio.gov/fds.html](http://www.ethics.ohio.gov/fds.html)

## AM I REQUIRED TO FILE THIS FORM?

You must file this form if you served, at any time in 2007 or 2008, in any of these positions:

- Director, assistant director, deputy director, division chief, or person of equivalent rank of a state department
- Member or chief executive officer of a state board or commission whose members are required to file, including the state boards created pursuant to R.C. 105.41, 183.04 and 183.12
- State employee paid according to pay schedule "E-2" or "C"
- Member of the Supreme Court's Board of Commissioners on Grievances and Discipline or the Ohio Ethics Commission
- Public college or university president
- Board member, chief executive officer, or licensed investment officer of any of the five state retirement systems
- Member of the Ohio Retirement Study Council appointed under R.C. 171.01(C) or designated Council employee and each voting member of the Workers' Compensation Oversight Committee
- Business manager, treasurer, or superintendent of a city, local, exempted village, joint vocational, or cooperative education school district, or educational service center

You must file a statement reflecting financial information for each year that you served in any of these positions.

If you are an elected official, or were appointed to or are a candidate for elected office, including judicial office, or are a college or university trustee, this is NOT the statement that you are required to file. The correct statement is the OEC-2007-02, which is available from a county board of elections and on the Ohio Ethics Commission's website.

## WHY MUST I FILE?

Filing a financial disclosure statement is required by law. Disclosure assists public servants in positions of public trust with identifying potential conflicts of interest between their public responsibilities and private pursuits. Disclosure also increases public awareness of potential conflicts and reassures Ohio citizens in the integrity of government. Please note that disclosure itself does not constitute compliance; it does not replace Ethics Law restrictions on public transactions or improper gifts.

- No person is required to file more than one financial disclosure statement for any given calendar year.
- By law, a public agency or appointing authority must notify new employees or appointees of the requirement to file a statement.
- You must file a statement in the calendar year after you leave your public position, because the form reflects information for the previous year's service.

## WHAT IS MY FILING DEADLINE?

The filing deadline is **TUESDAY, APRIL 15, 2008, UNLESS:**

- You were hired or appointed after February 15, 2008, in which case you must file **within 90 days** after your hire or appointment date; or
- You have been certified by a board of elections as a candidate for elected office, including judicial office, or you were appointed to an unexpired term of elected office, in which case your deadline may be **earlier**. See instructions on the OEC-2007-02 form.

**The Ohio Ethics Commission must receive the statement, or the statement must have a U.S. postmark, by the deadline.**

**Faxed statements are not accepted.**

## WHAT ARE THE FILING FEES AND PENALTIES?

Each filer must pay a filing fee based on public position. Filing fees are listed on page 8.

Checks should be made payable to "Ohio Ethics Commission." **DO NOT SEND CASH.**

State agencies are required to pay the filing fee for their officials and employees who file this form, and may do so through ISTV.

**There are penalties if you do not file your complete, factual statement by the applicable deadline.**

Late filing fee: \$10 for **each day** the statement is late (\$250 maximum).

Any person who fails to file a statement or who files a false statement may be subject to criminal prosecution.

## WHERE DO I SEND MY COMPLETED FORM?

**OHIO ETHICS COMMISSION**

**8 East Long Street, 10<sup>th</sup> Floor**

**Columbus, Ohio 43215-2940**

**Telephone: (614) 466-7090**

**Answer every required question.** If the answer to any question is omitted, the statement is incomplete under the law, and **will be returned to you for completion.** When you have nothing to list in a required 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. **Please do not list or attach any personal data that contain Social Security numbers, bank account numbers, etc.**

**1. INCOME:** List every source of income, of any amount, that you received in 2007. 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. **If you are the beneficiary of a trust, and you or the trust received income in 2007, you must disclose the trust and sources of income to the trust.** *You are not required to disclose trust income if you are only a contingent or remainder beneficiary. (If you have questions as a beneficiary of a trust, contact the Ohio Ethics Commission.) 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 disclose the individual items of income to your business or profession or 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 is a "legislative agent." *Please see Revised Code 101.70 for the definition of "legislative agent," or contact the Joint Legislative Ethics Committee (JLEC).*

The law provides limited exceptions to the disclosure of the names of clients or patients as required by both of these provisions. Please see Revised Code 102.02 or contact the Ohio Ethics Commission for more information.

**EXAMPLE:**

<b>SOURCE OF INCOME</b>	<b>Service Provided</b>	<b>Amount**</b> <i>(Amount of income must be listed in two situations. See explanation above.)</i>
<b>A</b> Your Public Employer	Your position	
<b>B</b> Smith & Jones Co., L.P.A.	Private law practice	
<b>C</b> Aggressive Growth Fund	Mutual fund	
<b>D</b> ABC Pension Fund	Retirement	
<b>E</b> XYZ Corporation	Stock dividends	\$45.00 (see above **)
<b>F</b> 123 Corporation	Stock dividends from Brokerage Account	
<b>G</b> Friendly National Bank	Interest on savings account	
<b>H</b> Smith Family Trust	Income received from trust	
<b>I</b> MNO Corporation	Investment dividends paid to trust	

**I HAVE NO SOURCES OF INCOME.**

<b>SOURCE OF INCOME</b>	<b>Service Provided</b>	<b>Amount**</b> <i>(Amount of income must be listed in two situations. See explanation above.)</i>
<b>A</b>		
<b>B</b>		
<b>C</b>		
<b>D</b>		
<b>E</b>		
<b>F</b>		

**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 2007. 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.

**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 disclose the nature of the gift. You are not required to list gifts that were received in 2007: (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.**

<b>SOURCE OF GIFTS</b>	
<b>A</b>	<b>G</b>
<b>B</b>	<b>H</b>
<b>C</b>	<b>I</b>
<b>D</b>	<b>J</b>
<b>E</b>	<b>K</b>
<b>F</b>	<b>L</b>

**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)** of meals, food, or beverages in 2007. **Remember to list the public agency you serve** if it was the source of payments or reimbursements for meals, food, or beverages totaling over \$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 public agency.*

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

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

**4. TRAVEL EXPENSES:** List the **source and amount** of **every payment of travel expenses** received in 2007. Travel expenses include any payments or reimbursements to you, or any other person for your use or benefit, for travel expenses, such as lodging, airline tickets, or mileage reimbursements, 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 the same 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:** If you received four travel expense payments from your public agency during 2007, you must disclose each of the four payments separately.

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

<b>SOURCE OF TRAVEL EXPENSES</b>	<i>Amount of Travel Expenses</i>
<b>A</b>	
<b>B</b>	
<b>C</b>	
<b>D</b>	
<b>E</b>	

**5. IMMEDIATE FAMILY MEMBERS:** List the names of the members of your immediate family. “Immediate family” is defined as your spouse residing in your household and any dependent children.

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

<b>IMMEDIATE FAMILY MEMBERS</b>	
<b>A</b>	<b>C</b>
<b>B</b>	<b>D</b>

**6. BUSINESS NAMES:** List the names under which you or members of your immediate family (listed in response to Question 5) do business. Examples would include businesses in which you or a family member is an owner or a partner; a closely held corporation in which you or a family member is a significant shareholder; and, any other businesses in which you or a family member is a sole proprietor 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.**

<b>BUSINESS NAMES</b>	
<b>A</b>	<b>C</b>
<b>B</b>	<b>D</b>

**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 2007 (at fair market value as of December 31, 2007, 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 2007** (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 investments in a trust where your interest is only as a contingent or remainder beneficiary. 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:**

<b>CORPORATION, ETC.</b>	<i>Nature of Investment, Office, etc.</i>
<b>A</b> Aggressive Growth Fund	Mutual Fund
<b>B</b> XYZ Corporation	Common Stock
<b>C</b> 123 Corporation	Stock Held in Investment Account
<b>D</b> Solidarity Fund	Deferred Compensation Mutual Fund
<b>E</b> Federated Investment Corp.	Individual Retirement Account
<b>F</b> Municipality Bond Fund	Tax Deferred Mutual Fund
<b>G</b> Top Investment Company	401(k) Account
<b>H</b> MNO Corporation	Common Stock (held in 401(k) account)
<b>I</b> Smith Family Trust	Beneficiary
<b>J</b> Everyone's Savings Bank	Certificate of Deposit (held by trust)
<b>K</b> Buckeye Friends Trust	Trustee
<b>L</b> Smith & Jones Co., L.P.A.	Partner
<b>M</b> Smith Cleaning Company	Member, Board of Directors
<b>N</b> United Community Chest	Board Member

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

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

**8. CREDITORS:** List the names of all of your **creditors** residing or transacting business in Ohio to whom you owe, or owed at any time during calendar year 2007, 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 2007, **even if no balance is currently outstanding**. *You do not have to list debts on your residence or real estate used primarily for personal recreation, or debts resulting from the ordinary conduct of a business or profession. Do not disclose or attach any 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.

<b>CREDITORS</b>	
<b>A</b>	<b>F</b>
<b>B</b>	<b>G</b>
<b>C</b>	<b>H</b>
<b>D</b>	<b>I</b>
<b>E</b>	<b>J</b>

**9. DEBTORS:** List the names of all of your **debtors** residing or transacting business in Ohio who owe you, or have owed you at any time during calendar year 2007, 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. Do not disclose or attach any 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.

<b>DEBTORS</b>	
<b>A</b>	<b>C</b>
<b>B</b>	<b>D</b>

**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. **EXAMPLE:** If you are a member of a limited liability company, or a partner in a partnership, that owns or leases real property in Ohio, you must disclose the property owned or leased by the company. *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.

<b>REAL ESTATE</b> (List address or, if address is unavailable, legal description and county)
<b>A</b>
<b>B</b>
<b>C</b>

**11. NON-DISPUTED INFORMATION:** If you received a statement from a legislative agent, executive agency lobbyist, or employer, which contains information described in Revised Code 101.73(F)(2) or 121.63(G)(2), and you do not dispute the information contained in the statement, attach a copy of the statement or list the non-disputed information below. *If you have any questions about these provisions, please see Revised Code 101.70 for the definitions of “legislative agent” and “employer,” and Revised Code 121.60 for the definitions of “executive agency lobbyist” and “employer,” or contact the staff of the Joint Legislative Ethics Committee--(614) 728-5100.*

I HAVE NO NON-DISPUTED INFORMATION THAT I AM REQUIRED TO LIST.

<b>NON-DISPUTED INFORMATION</b>
<b>A</b>
<b>B</b>

**12. 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 a correct mailing address.

By signing below, I also acknowledge and understand that, among other potential violations and penalties, knowingly filing a false statement is a criminal misdemeanor of the first degree, in violation of Sections 102.02(D) and 2921.13(A)(7) of the Revised Code, punishable by a fine of not more than \$1,000, imprisonment of not more than six months, or both. I also acknowledge and understand that filing a false statement may be grounds for removal from public office or dismissal from public employment, pursuant to Sections 3.04 and 124.34 of the Revised Code.

By signing below, I further acknowledge that I served during 2007 or 2008 in one of the following positions (please check the appropriate box):

- Superintendent, Treasurer, or Business Manager** of a city, local, exempted village, joint vocational, or cooperative education school district, or educational service center. *My \$20.00 filing fee is enclosed.*
- State official or employee** required to file Form No. OEC-2007-01. *My public agency is required to pay my \$40.00 filing fee.*
- Voluntary filer.** *My \$40.00 filing fee is enclosed.*

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 under the law and will be returned to you. Once filed, most statements become public record (some statements are confidential by law) and subject to any public records requests. **Persons who fail to file a complete statement by the appropriate deadline will be assessed a late filing fee and may be subject to criminal penalty.**

*If you have any questions before signing this form, please contact the Ohio Ethics Commission at (614) 466-7090.*

**YOUR SIGNATURE IS REQUIRED** \_\_\_\_\_ Date \_\_\_\_\_

*SEE PAGE 2 FOR DETAILS ON WHERE TO FILE THIS STATEMENT.*



**FOR OFFICE USE ONLY** REVIEWED BY \_\_\_\_\_

COMPLETE  INCOMPLETE QUESTIONS: \_\_\_\_\_

DATE FORM RETURNED TO FILER \_\_\_\_/\_\_\_\_/\_\_\_\_

DATE COMPLETED FORM RECEIVED AT OHIO ETHICS COMMISSION \_\_\_\_/\_\_\_\_/\_\_\_\_