|  |
| --- |
| Commonwealth of KentuckyEXECUTIVE BRANCH ETHICS COMMISSION1025 Capital Centre Drive, Suite 104Frankfort, KY 40601Phone: 502-564-7954, facsimile: (502) 696-5091, or Email: ethicsfiler@ky.gov STATEMENT OF FINANCIAL DISCLOSURE***CANDIDATE FORM******Calendar Year*****CANDIDATES\* FOR CONSTITUTIONAL OFFICE AS DEFINED BY KRS 11A.010(9)(A)-(G) MUST FILE THIS FORM BY THE FEBRUARY 15 THAT FALLS AFTER FILING FOR OFFICE. (KRS 11A.050(1)(c); KRS 11A.010(13)).** **\*ALL INCUMBENT CANDIDATES ALREADY HOLDING OFFICE OR “OFFICERS” AS DEFINED BY KRS 11A.010(7) RUNNING FOR CONSTITUTIONAL OFFICE MUST FILE THE ANNUAL FORM, EBEC-SFD-101, BY THE FEBRUARY 15 THAT FALLS AFTER FILING FOR OFFICE.**“REPORTING YEAR” MEANS THE CALENDAR YEAR PRIOR TO THE CURRENT FEBRUARY 15. ANSWER EVERY QUESTION OR YOUR FORM WILL NOT BE ACCEPTED. |
| 1. Name: Last        First         Middle or Maiden    |
| 2. Home Street Address:   |
|  City:  State:  Zip: **‑** |
|  Home Phone: () ‑ | Home E-mail address:  |
|  Mobile Phone: () ‑ | Alternate Number: () ‑ |
| 3. Check the appropriate box for the constitutional office for which you have filed as a candidate\*:  |
|  [ ]  Agriculture Commissioner [ ]  Attorney General [ ]  Auditor of Public Accounts [ ]  Governor |   [ ]  Lt. Governor [ ]  Secretary of State [ ]  State Treasurer\*Incumbents file the ANNUAL FORM, EBEC-SFD-101  |
| 4. Title of any state jobs or positions you held during the reporting year that do not require filing a form and are not considered “officer” positions, including state government agency name. **None** [ ] Title of Position Agency Name  |
| 5. Name and address of any private employers (including self-employment) during the reporting year: **None** [ ]  |
|  Employer:  Work Address:  |
|  City:   State:  Zip: **-** |
| 6. Marital status:  [ ]  Single  [ ]  Married [ ]  Widowed (if event occurred prior to calendar year \_\_\_\_ skip to Question 10.) [ ]  Divorced (if event occurred prior to calendar year \_\_\_\_ skip to Question 10.) If married, please give spouse's full name (including maiden name where applicable): Last:  First:  Middle:  |
| 7. Spouse's employment position:        **None** [ ] Spouse's current employer and employer's address:  |
|  Employer:       Work Address:       |
|  City:        State:    Zip:      ‑     |
|  Work Phone: **(   )** **‑** | Work E-mail address:  |
| 8. Other employers of Spouse (including self-employment during reporting year) **None** [ ]  |
| 9. List the full name of all dependents, exluding dependents listed above: **None** [ ] [Dependents names are redacted from all responses to open records requests] |
|  |   |
| **FOR ALL REMAINING QUESTIONS:**Reporting Year: Please answer the following questions with information as it applies for the entire calendar year falling prior to February 15, i.e., January 1 through December 31 of the year preceding to the current February 15.  |
| 10. List all positions held by you or your spouse in any business during the reporting year, including the name and address of the business: **None** [ ]  |
| 11. List all positions of a fiduciary nature held by you or your spouse in any business during the reporting year, including the name and address of the business: **None** [ ]  |
| 12. Provide the name and address of all businesses in which you, your spouse, or dependent children has or had an interest of at least ten thousand dollars ($10,000) at fair market value or which equals at least five percent (5%) of the ownership interest in the business durng the reporting year; specify whether you listed the interest because of its fair market value or because it constitutes at least five percent of the business: **None** [ ]  |
| 13. Provide all sources of gross income exceeding $1,000 from any one (1) source not listed above during the reporting year, (including interest, dividends, investment income) to you, your spouse, or a dependent child, indicating the form of the income, the nature of the business, the name and address of the income source.  **None** [ ]  |
| 14. Provide the street address or location and description of all real property in which you, your spouse, or a dependent child holds an interest of at least ten thousand dollars ($10,000) during the reporting year: [if the property is held as a personal residence by the filer, please indicate as such.] None [ ]  |
| 15. List all sources, including name and address, of gifts of money or property with a retail value of more than two hundred dollars ($200) from any one source which were given to you, your spouse, or dependent children by any person or entity other than a member of your family during the reporting year. None [ ]  |
| 16. Identify all creditors, including an address, to whom you owe more than ten thousand dollars ($10,000) except when the debt was incurred for the purchase of consumer goods during the reporting year: **None** [ ] [only list debts incurred for real estate]   |
| 17. List names and addresses of family members of the filer or persons with whom the filer was engaged in a business who are registered as legislative agents under KRS 6.807 or executive agency lobbyists under KRS 11A.211. **None** [ ]  |
| 18.  Are you aware of any business opportunity, investment opportunity, or other benefit, tangible or intangible, received by you or any member of your family which might reasonably be construed as being offered in return for favorable treatment or any other benefit, tangible or intangible, from state government? [PLEASE CONSIDER CAREFULLY BEFORE ANSWERING] NO [ ]  YES [ ]  If yes, attach a description.  |
| I SWEAR OR AFFIRM THAT THE INFORMATION REPORTEDIN THIS STATEMENT OF FINANCIAL DISCLOSUREIS COMPLETE AND ACCURATE. |
| Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Typed or printed name  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Statements of Financial Disclosure Shall be Available for Public Review

**PENALTIES:**

**FINES:** Any officer, public servant, or candidate who fails to file or files a false Statement of Financial Disclosure may be subject to a written, public reprimand, a recommendation from the Commission that the violator be removed or suspended from office or employment, and required to pay a civil penalty of not more than **$5,000**. **KRS 11A.100(3).**

This form may be electronically completed and submitted on the Commission’s website at: <https://secure.kentucky.gov/formservices/Ethics/StatementOfFinancialDisclosure/>

OR

When you have answered every question, PRINT the Disclosure, SIGN it, and SUBMIT it by: ELECTRONIC MAIL: EthicsFiler@ky.gov

FAX: (502) 696-5091

IN PERSON or by U.S. MAIL:

**Executive Branch Ethics Commission**

**1025 Capital Center Drive, Suite 104**

**Frankfort, KY 40601**