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| Commonwealth of Kentucky  EXECUTIVE BRANCH ETHICS COMMISSION  1025 Capital Centre Drive, Suite 104, Frankfort, KY 40601  Phone: 502-564-7954, facsimile: (502) 696-5091, or Email: [ethicsfiler@ky.gov](mailto:ethicsfiler@ky.gov)  STATEMENT OF FINANCIAL DISCLOSURE  ***LEAVER FORM***  ***Calendar Year***  **CONSITUTIONAL OFFICERS AS DEFINED BY KRS 11A.010(9)(A)-(G) AND OFFICERS AS DEFINED BY KRS 11A.010(7) MUST FILE THIS FORM WITHIN 30 DAYS OF LEAVING STATE SERVICE AS AN OFFICER. (KRS 11A.050(1)(a)).**  “REPORTING YEAR” MEANS THE PORTION OF THE CURRENT CALENDAR YEAR IN WHICH YOU SERVED AS AN OFFICER PRIOR TO LEAVING THE OFFICER POSITION.  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 your constitutional office or check “Other Officer Position”: | | | | | |
| Agriculture Commissioner  Attorney General  Auditor of Public Accounts  Governor | | | | Lt. Governor  Secretary of State  State Treasurer  Other Officer Position | |
| 4. a. Provide the following information for the Position you have left that requires filing. NOTE: If you held more than one position in the current calendar year that requires filing, please use additional pages to provide the title and the information requested in answer to Question 4 for each additional position.  Title of Position:  Start Date:  Do you still occupy this position? Yes\*  No  If no, ending date:  \*If “yes” and you still occupy an officer position, please STOP COMPLETING THIS LEAVER FORM and submit an ANNUAL form, EBEC-SFD-101, after the end of the current reporting year. | | | | | |
| State Agency for position listed above:  Cabinet: Choose an item.  Department or Office:  Division: | | | | | |
| Work Street Address: | | | | | |
| City:       State:    Zip:      ‑ | | | | | |
| Work Phone: **(   )    ‑**  Ext. | | Work E-mail address: | | | |
| 4. b. If no longer employed by state agency, list current employer:  **None**  Work Address: | | | | | |
| City:   State:  Zip: **‑** | | | | | |
| 5. Title of any other state jobs or positions you held during the reporting year that do not require filing and are not considered “officer” positions, including state government agency name.  **None** | | | | | |
| 6. Name and address of any other employers (including self-employment) during reporting year: **None** | | | | | |
| Employer:  Work Address: | | | | | |
| City:   State:  Zip: **-** | | | | | |
| 7. 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: | | | | | |
| 8. 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: | | |
| 9. Other employers of Spouse (including self-employment during reporting year) **None** | | | | | |
| 10. List the full name of all dependents, exluding dependents listed above: **None**  [Dependents names are redacted from all responses to open records requests] | | | | | |
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| **FOR ALL REMAINING QUESTIONS:**  Reporting Year: Please answer the following questions with information as it applies for that portion of the current calendar year you occupied the position from January 1 up until the date you left the position. | | | | | |
| 11. List all positions held by you or your spouse in any business, including the name and address of the business during the reporting year not already listed on this form: **None** | | | | | |
| 12. 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** | | | | | |
| 13. 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 during 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** | | | | | |
| 14. 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** | | | | | |
| 15. Describe any representation or intervention performed by you or your spouse during the reporting year for any person or business for compensation before a state agency for which you work or supervise or before any entity of state government for which you would serve in a decision-making capacity, and include the name and address of that person or business. None | | | | | |
| 16. 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 | | | | | |
| 17. 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 | | | | | |
| 18. 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 goodsduring the reporting year: **None**  [only list debts incurred for real estate] | | | | | |
| 19. 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** | | | | | |
| 20.  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 REPORTED  IN THIS STATEMENT OF FINANCIAL DISCLOSURE  IS COMPLETE AND ACCURATE. | | | | | |
| Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Typed or printed name | | | | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Statements of Financial Disclosure Shall be Available for Public Review

**PENALTIES:**

WITHHELD SALARY: Any officer, public servant, or candidate required to file a statement of financial disclosure under KRS 11A.050 who does not file the statement by a date specified in that section shall have his salary withheld from the first day of noncompliance until he shall have completed the action required by law. The amount withheld shall be deducted from his overall pay and allowances and shall be recoverable upon the filing of the statement of financial disclosure. The commission may grant a reasonable extension of time for filing a statement of financial disclosure for good cause shown. KRS 11A.990(2).

**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](mailto: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**