|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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  ***NEW HIRE FORM***  ***Calendar Year***  **NEWLY HIRED OFFICERS:**  **NEWLY APPOINTED OR ACTING EXECUTIVE BRANCH OFFICERS\* AS DEFINED BY KRS 11A.010(7) SHALL SUBMIT THIS FORM WITHIN 30 DAYS OF THEIR START DATE IN AN OFFICER POSITION. (KRS 11A.050(1)(A)).** "Start date" means the first date of employment with a state agency in the executive branch. 9 KAR 1:010, Section 1(13).  \*CONSITUTIONAL OFFICERS DO NOT COMPLETE THIS FORM.  “REPORTING PERIOD” means the time from your start date until the date you sign the form. Do not provide information from prior to your start date unless the question specifically instructs you to do so. 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. Title of New Position: | | | | Start Date: | |
| 4. Provide the following information for the New Position you currently hold that requires filing.  NOTE: If you previously held another officer position and did not have a break in service of more than seven (7) days between your former position and your new position, then you are not a NEW HIRE. Please do not complete this form. You will complete an ANNUAL FORM, EBEC-SFD-101, at the beginning of next calendar for the current calendar year. You will list both positions on that form. | | | | | |
| 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: | | | |
| 5. Title of any other state jobs or positions you held during the previous one (1) year that do not require filing, including state government agency name.  **None** | | | | | |
| 6. a. Name and address of any other current private employer(s) (including self-employment): **None** | | | | | |
| Employer:  Work Address: | | | | | |
| City:   State:  Zip: **-** | | | | | |
| 6. b. Name and address of any employer(s) by whom the filer was employed for the one (1) year period immediately prior to becoming an officer: **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 current 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 current employers of Spouse (including self-employment) **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] | | | | | |
|  | | | |  | |
| **FOR ALL REMAINING QUESTIONS:**  Reporting Period: Please answer the following questions with information as it applies during the reporting period (from the start date until the date of signing this form). Do not include information from prior to your start date. | | | | | |
| 11. List all positions held by you or your spouse in any business during the reporting period, including the name and address of the business not already listed above on this form: **None** | | | | | |
| 12. List all positions of a fiduciary nature held by you or your spouse in any business during the reporting period, 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 period; 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, (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 during the reporting period.  **None** | | | | | |
| 15. Describe any representation or intervention performed by you or your spouse during the reporting period 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 period: [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 period. 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 goods during the reporting period:  [only list debts incurred for real estate] **None** | | | | | |
| 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**