

<p>Joint Legislative Ethics Committee Office of the Legislative Inspector General 50 West Broad Street, Suite 1308 Columbus, Ohio 43215 (614) 728-5100 www.jlec-olig.state.oh.us</p>	<p>Official Use Only</p>
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INITIAL POST EMPLOYMENT DISCLOSURE STATEMENT

Attention: This Statement must be filed with the Joint Legislative Ethics Committee no later than the last day of public service or public employment. There is no fee to file this Statement.

I. General Information **If this is an amended statement, please check here:** _____

Name: _____ Agency/Office of Public Employment: _____ Last Date of Public Service/Employment: _____ Home Address: _____ _____ City: _____ State: _____ ZIP: _____ Phone: (_____) _____ Email: _____

II. Employer: If known, please indicate your place of employment following State Service/Employment

Name of New Employer: _____ Date of Employment: _____ Street Address: _____ City: _____ State: _____ ZIP: _____

III. Identifying Qualifying Sources of Income

Provisions contained in Ohio Revised Code §102.021(A)(2) require that sources of income received in your own name, or by any other person for your use or benefit, from any of the following categories be disclosed:

- A.** an executive agency lobbyist or legislative agent;
- B.** the employer of an executive agency lobbyist or legislative agent (that is not a state agency or political subdivision of the state);
- C.** any entity, association or business that, at any time during the two immediately preceding calendar years, was awarded one or more contracts by one or more state agencies that in the aggregate had a value of \$100,000 or more, or bid on one or more contracts to be awarded by one or more state agencies that in the aggregate had a value of \$100,000 or more. **see further information below*

If you will receive income from any of the above Qualifying Sources please proceed to Section III A.
If you will not receive income from any of the sources listed above please check here: _____ and proceed to Section IV.

III A. Please identify all sources of income received from any of the above Qualifying Sources

If this Qualifying Source is the same as listed in Section II please check here _____. Please indicate the type of Qualifying Source and provide the source's contact person and telephone number.

Type of Qualifying Source: A. _____ B. _____ C. _____ (please check all that apply)

Name of Qualifying Source: _____ Date: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Contact Person: _____ Telephone: (_____) _____

