

|   |                   |
|---|-------------------|
| <b>Joint Legislative Ethics Committee</b>   | Official Use Only |
| Office of the Legislative Inspector General   |                   |
| 50 West Broad Street, Suite 1308  |                   |
| Columbus, Ohio 43215  |                   |
| (614) 728-5100 <a href="http://www.jlec-olig.state.oh.us">www.jlec-olig.state.oh.us</a> |                   |

### INITIAL POST EMPLOYMENT DISCLOSURE STATEMENT

**Attention:** Only financial disclosure statement filers leaving public service need file this form. 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. If unknown please check here \_\_\_\_\_ and proceed to Section IV.

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

**III. Identifying Qualifying Sources of Income**

|  |
|--|
| Revised Code §102.021(A)(2) requires 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:  |
| <u>A.</u> an executive agency lobbyist or legislative agent;   |
| <u>B.</u> the employer of an executive agency lobbyist or legislative agent (that is not a state agency or political subdivision of the state);  |
| <u>C.</u> 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. <i>*see further information below</i> |
| <b>If you will receive income from any of the above Qualifying Sources please proceed to Section III A on the following page.</b>  |
| <b>If you will not receive income from any of the sources listed above please check here: _____ and proceed to Section IV on the following page.</b>   |

**III A. Please identify all sources of income to be received from a qualifying source:**

*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: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

**I will be lobbying on behalf of this qualifying source:** \_\_\_\_ (please check here)

**III A. (continued) Additional Qualifying Sources**

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

Name of Qualifying Source: \_\_\_\_\_ Date: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

**I will be lobbying on behalf of this qualifying source:** \_\_\_\_ (please check here)

**IV. Certification**

The undersigned hereby certifies that all reasonable efforts and due diligence have been undertaken in the preparation and completion of this statement and that the contents are true and accurate to the best of his or her knowledge.

The undersigned also acknowledges an affirmative duty to file an Amended Initial Post Employment Disclosure Statement should any of the above information change within two years following public service or public employment. The amended statement must be filed within ten days of obtaining a new qualifying source of income.

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*Please utilize the Controlling Board's website [www.ecb.ohio.gov](http://www.ecb.ohio.gov) under 'Search Requests' and/or contact your new employer to determine if the entity received, or bid on, state contracts that in the aggregate had a value of \$100,000.00 or more in the preceding two years.

For a list of lobbyists and employers of lobbyists, please visit <http://www2.jlec-olig.state.oh.us/olac/>.

Should you have questions regarding Post Employment Disclosure please contact The Office of the Legislative Inspector General at 614.728.5100.