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Joint Legislative Ethics Committee

Office of the Legislative Inspector General 100 East Broad Street, Suite 1910 Columbus, Ohio 43215 (614) 728-5100 www.jlec-olig.state.oh.us

Official Use Only

INITIAL POST EMPLOYMENT DISCLOSURE STATEMENT

Attention:	Only financial disclosure statement filers leaving public service need file this for	m.
	There is no fee to file this Statement.	

I. General Information	If this is an amended s	statement, please check here:
Name:		
Agency/Office of Public Emp	oloyment:	
Last Date of Public Service/E	mployment:	
Contact Address:		
	State:	
Phone: ()	Email:	
	please indicate your place of employment followik hereand proceed to Section IV.	ing State Service/Employment. If
Name of New Employer:		Date of Employment:
Street Address:		
City:	State:	ZIP:
III. Identifying Qualifyin		
		own name, or by any other person for
<u>А</u> . <u>В</u> . <u>С</u> .	(A)(2) requires that sources of income received in your own name, or by any other person for any of the following categories be disclosed: A. an executive agency lobbyist or legislative agent; the employer of an executive agency lobbyist or legislative agent (that is not a state agency or political subdivision of the state); 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 inc to Section III A on the	come from any of the above Qualifying e following page.	g Sources please proceed
	ve income from any of the sources and proceed to Section IV on the	

III A. Please identify all qualifying sources of income:

If this Qualifying Source is the same as listed in Secti the source's contact person and telephone number.	on II please check here	Please indicate the typ	ne of Qualifying Source and provide
Type of Qualifying Source: A B.	C (ple	ase check all that apj	ply)
Name of Qualifying Source:			Date:
Type of Business:			
Street Address:			
City:	State:		ZIP:
Contact Person:	Telephone	: ()	
I will be lobbying on behalf of this qualify	ing source:(J	olease check here)	
II A. (continued) Additional Qualifying So			
Type of Qualifying Source: A B.	C (ple	ase check all that app	ply)
Name of Qualifying Source:			Date:
Type of Business:			
Street Address:			
City:	State:		ZIP:
Contact Person:	Telephone:	()	
I will be lobbying on behalf of this qualify	ing source:(J	olease check here)	
V. Certification			
The undersigned hereby certifies that all reaso completion of this statement and that the con-		0	* *
The undersigned also acknowledges an affirm should any of the above information change vamended statement must be filed within ten of	within two years following	ng public service or pul	blic employment. The
Type or Print Name	Signature		Date
*Dlagg utilize the Controlling Road's websit	o www.oob objectore	lon (Coanal Doorsont-) -	-1/

*Please utilize the Controlling Board's website 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 two years prior to your departure date.

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.

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