

STATEMENT OF FINANCIAL INTERESTS

For Compensated Filers

FORM	EC OFFICE USE
F-1R	
REV. 3/08	

Please type or print clearly in black ink. Consult Title 74 Oklahoma Statutes, Ch. 62 App., 257:15-1-1 et seq., and Ethics Manual to complete this statement.

1. NAME OF FILER: (No nicknames, please)		BIRTH DATE:
FILER'S COMPLETE MAILING ADDRESS AND WORK PLACE TELEPHONE NUMBER: Mailing address <u>Work place</u> telephone number		
City	State	Zip <input type="checkbox"/> Check for address change
		Number Assigned by Ethics Commission

2. **FILING STATUS:** YEARLY AMENDED Calendar Year Covered: _____
 FINAL (required within 60 days of end of service) Date Service Ended: _____

<input type="checkbox"/> Chief administrative officer or first deputy	Date of appointment, employment or assumed duties	Title of office		Governmental entity served
<input type="checkbox"/> State employee	Date of employment	Job classification		Governmental entity served
<input type="checkbox"/> State officer--Ethics Commissioner--Public Member [compensated]	Date appointed, elected or assumed duties of office	Title of office	Term of office	Governmental entity served
<input type="checkbox"/> Candidate for elective state office	Month/year of General Election or Special General Election	Office sought	Term of office sought	Governmental entity to be served if elected

3. **Prior year income from Oklahoma state governmental entity.** Give the name, mailing address of the entity, and the type of gross income exceeding five thousand dollars (\$5,000) in amount or value received from a state governmental entity by the filer or the filer's spouse or dependents:

Name of governmental entity	Mailing address of entity	Type of income

4. **Prior year income from other sources.** Give the name, mailing address, and a description of the principal business activity of a person from whom income in cash or in-kind exceeding five thousand dollars (\$5,000) in amount or value and the type of income received by the filer [do not deduct losses]:

Name of person/entity	Mailing address of person/entity	Principal business activity	Type of income

5. Doing business with lobbyist or lobbyist principal. Give the name of any registered lobbyist or lobbyist principal with whom the filer has engaged in business from which income exceeding five thousand dollars (\$5,000) in amount or value was received [see manual for exceptions].

6. Honoraria: Give the name of any entity from which an honorarium or honoraria, valued at more than two hundred dollars (\$200) over and above actual expenses paid to the filer, was received and the value of any such honorarium [cash or cash equivalent honoraria to elective officers prohibited unless made as part of the officer's private occupation]:

Name of entity	Value of honoraria

7. Securities held. Give the name of every business or entity in which the filer held securities valued at five thousand dollars (\$5,000) or more during the reporting period; provided, however, mutual funds and similar securities need be identified only by the type of investments made by the mutual fund or similar security:

8. Clients represented before regulatory state government agencies. Give the name and address of all clients represented by the filer or the filer's spouse before a regulatory state governmental agency, as listed in Section 3 of Chapter 23 of this title, for compensation exceeding one thousand dollars (\$1,000) in amount or value during the preceding calendar year:

Name of client	Address of client

9. Fiduciary relationships. List every officership, directorship, trusteeship, or other fiduciary relationship held in an entity doing business with a governmental entity with which the filer is associated during the disclosure period and the term of such officership, directorship, trusteeship, or other fiduciary relationship:

Fiduciary relationship	Name of entity	Term of fiduciary relationship

10. Licenses and permits. List all professional or occupational permits or licenses held by the filer:

11. Certification. I hereby certify that the statements contained herein are true and correct to the best of my knowledge.

FILER'S signature

Date

X