

# FINANCIAL DISCLOSURE STATEMENT

## ETHICS COMMISSION

B-5 State Capitol  
 Oklahoma City, OK 73105  
 (405) 521-3451  
 FAX (405) 521-4905

### INSTRUCTIONS:

Please consult Sections 318 through 322 of Title 51 of the Oklahoma Statutes when completing this statement.

**REPORT PERIOD:** Initial report -- preceding two calendar years.  
 Succeeding reports -- period since most recent F-1 was filed.

<b>WHO MUST REPORT:</b> ELECTED COUNTY OFFICIALS COUNTY CANDIDATES MEMBER BOARD OR COMMISSION	<b>WHEN DUE:</b> on or before the fortieth day after each General Election. by tenth day following the last day for filing declarations of candidacy if activity exceeds \$500. upon initial appointment and by April 30 of each even-numbered year.
--	---

Send Report or Fax to \* Ethics Commission \* 2300 N Lincoln Blvd Rm B5 \* Oklahoma City, Oklahoma 73105-4812 \* Fax (405) 521-4905

**NAME:** (Last, First, Middle) Birth Date

Business Address (Street or Box, City, State, Zip)

Residential Address (Street or Box, City, State, Zip)

<p><b>CHECK YOUR FILING STATUS:</b> (mark only one box)</p> <p><input type="checkbox"/> An elected county official.</p> <p><input type="checkbox"/> A county candidate running in an election: month _____ year _____</p> <p><input type="checkbox"/> A member of a board or commission.</p>	<p><b>POSITION YOU ARE A CANDIDATE FOR, HAVE BEEN ELECTED TO, HOLD OR HAVE BEEN APPOINTED TO:</b> (fill in applicable blanks)</p> <p>Position title: _____</p> <p>County or agency of the office: _____</p> <p>Position number: _____</p> <p>Term begins: _____ ends: _____</p> <p>Appointment date: _____ Employment date: _____</p>
--	---

1. **OCCUPATION OR BUSINESS:** (current or prior to this election or appointment)

2. **PRIOR POSITIONS HELD AS A PUBLIC OFFICIAL:** (List most recent positions first)

3. **SPOUSE AND ADULT CHILDREN:** Give the following information for your spouse and all living adult children (over 18 years of age) if your spouse or children are doing business with the county you are serving or seeking office in.

NAME	RESIDENTIAL ADDRESS	BUSINESS ADDRESS	OCCUPATION

Check here  if continued on attached sheet

