STATE OF OKLAHOMA
INDEPENDENT SCHOOL OR TECHNOLOGY CENTER DISTRICT OF

_____

(NAME OF DISTRICT)

FINANCIAL DISCLOSURE STATEMENT

Attach additional pages as necessary, with reference to item number, to submit all required information.

1. FILER INFORMATION

AMENDED:

Full Name of Filer	Filing Year	Name of Office Held or Sought	
Expiration of Term of Office	Date of Appointment, if applicable	Appointing Authority, if applicable	Filing Status
Work Phone Number (xxx) xxx-xxxx + ext.	Electronic Mail Address	Mailing Address, City, State, Zip Code	

☐ **NO CHANGE FOR INFORMATION FROM PREVIOUS YEAR'S FILING**

☐ **FINAL FORM**
Last Date of Service: _____

2. FILER'S PRIVATE EMPLOYMENT INFORMATION (CURRENT EMPLOYER OR, IF RETIRED, LAST EMPLOYER)

CURRENT ☐ **or RETIRED** ☐

Full Name of Employer	Category of Business, Profession or Industry	Mailing Address of Employer, City, State, Zip Code

3. STATE AGENCY PROVIDING SALARY OR SIMILAR COMPENSATION IN THE AMOUNT OF $5,000.00 OR MORE RECEIVED DURING THE FILING YEAR BY THE FILER, FILER'S SPOUSE OR DEPENDENTS.

Full Name of Governmental Entity	Filer / Spouse / Dependent	Mailing Address of Entity, City, State, Zip Code
Full Name of Governmental Entity	Filer / Spouse / Dependent	Mailing Address of Entity, City, State, Zip Code
Full Name of Governmental Entity	Filer / Spouse / Dependent	Mailing Address of Entity, City, State, Zip Code
Full Name of Governmental Entity	Filer / Spouse / Dependent	Mailing Address of Entity, City, State, Zip Code

4. OTHER ENTITIES PROVIDING INCOME OF ANY KIND WHICH THE FILER, FILER'S SPOUSE OR DEPENDENTS RECEIVED IN THE AMOUNT OF $5,000.00 OR MORE DURING THE FILING YEAR.

Name of Entity	Category of Business, Profession or Industry	Filer / Spouse / Dependent
Name of Entity	Category of Business, Profession or Industry	Filer / Spouse / Dependent
Name of Entity	Category of Business, Profession or Industry	Filer / Spouse / Dependent

5. ENTITIES IN WHICH THE FILER HELD SECURITIES VALUED AT $5,000.00 OR MORE AT ANY TIME DURING THE FILING YEAR.

Type of Security	Category of Business, Profession or Industry	Type of Security	Category of Business, Profession or Industry
Type of Security	Category of Business, Profession or Industry	Type of Security	Category of Business, Profession or Industry
Type of Security	Category of Business, Profession or Industry	Type of Security	Category of Business, Profession or Industry
Type of Security	Category of Business, Profession or Industry	Type of Security	Category of Business, Profession or Industry

6. PROFESSIONAL OR OCCUPATIONAL PERMITS OR LICENSES HELD BY FILER.

Type of Permit/License	Type of Permit/License	Type of Permit/License
Type of Permit/License	Type of Permit/License	Type of Permit/License

7. BUSINESS OR PROFESSIONAL RELATIONSHIPS WITH REGISTERED LOBBYISTS THAT RESULTED IN INCOME IN ANY AMOUNT TO THE FILER, FILER'S SPOUSE OR DEPENDENT DURING THE FILING YEAR. BE SPECIFIC AS TO NATURE OF RELATIONSHIP.

Name of Registered Lobbyist	Nature of Relationship
Name of Registered Lobbyist	Nature of Relationship
Name of Registered Lobbyist	Nature of Relationship
Name of Registered Lobbyist	Nature of Relationship

8. OFFICE, DIRECTORSHIP, TRUSTEESHIP OR SIMILAR POSITION HELD BY THE FILER IN AN ENTITY DOING BUSINESS WITH ANY STATE AGENCY DURING THE FILING YEAR AND THE STATE AGENCY WITH WHICH THE ENTITY WAS DOING BUSINESS.

Office, Directorship, Trusteeship or Similar Position	Name of Entity	Name of Governmental Entity
Office, Directorship, Trusteeship or Similar Position	Name of Entity	Name of Governmental Entity
Office, Directorship, Trusteeship or Similar Position	Name of Entity	Name of Governmental Entity

9. CONTRACTS (OTHER THAN CONTRACT OF EMPLOYMENT) BETWEEN A STATE AGENCY AND THE FILER, THE FILER'S SPOUSE OR DEPENDENTS OR ANY ENTITY IN WHICH THE FILER, THE FILER'S SPOUSE OR DEPENDENTS HAS A MATERIAL FINANCIAL INTEREST.

Type of Contract	Name of Governmental Entity	Filer / Spouse / Dependent
Type of Contract	Name of Governmental Entity	Filer / Spouse / Dependent
Type of Contract	Name of Governmental Entity	Filer / Spouse / Dependent

10. IDENTIFY WHETHER THE FILER, FILER'S SPOUSE, DEPENDENTS, EMPLOYER THEREOF OR ENTITIES IN WHICH THE FILER, FILER'S SPOUSE OR DEPENDENTS HAVE A MATERIAL FINANCIAL INTEREST IS REGULATED OR LICENSED BY THE FILER'S OFFICE.

Name	Mailing Address, City, State, Zip Code	Filer / Spouse / Dependent
Name	Mailing Address, City, State, Zip Code	Filer / Spouse / Dependent
Name	Mailing Address, City, State, Zip Code	Filer / Spouse / Dependent

☐ **Amended Financial Disclosure Statement Certification**. I certify this amendment is not made for the purpose of reporting information that was intentionally omitted or misstated on the original or previously filed Financial Disclosure Statement.

By signing, electronic or otherwise, my name below, I, acknowledge that the information submitted is complete, true and accurate as of the date submitted. I understand the failure to provide such information is a violation of the Laws of Oklahoma. I understand that I can update the information above at any time by filing an amended Financial Disclosure Statement.

_____ _____

Date Filer's signature