

FINANCIAL DISCLOSURE STATEMENT FOR ELECTED OFFICERS

| | | | | | Amended: | | |
|------------------------------|---|---|-------------------------|--|--|--|--|
| Full Name of Elected Officer | | Filing Year | Name of Elective Office | | Term of Office | | |
| Electronic Mail Address | | Work Phone Nu | umber | Mailing Address, City, State, Zip Code | | | |
| | "Elected officer" sh | all mean a mui | nicipal officer w | ho is subject to election | on or retention. | | |
| | Oklahoma Ethics Co | mmission appl | icable to non-st | tate officers concernir | d to comply with the Rules of the ng filing and contents of Financial ourt, those Rules have the "weight | | |
| | I understand the purpose of Financial Disclosure is to assist elected officers in identifying and disclosing potential conflicts of interest between their public duties and private economic interests. | | | | | | |
| | I understand the Ethics Commission rules are available in the Oklahoma Statutes at Title 74, Chapter 62, Appendix I, and on the Ethics Commission website at www.ethics.ok.gov . | | | | | | |
| | I understand the Ethics Commission provides the forms that are required to be filed on the Ethics Commission website at www.ethics.ok.gov and is available to answer questions concerning financial disclosure. | | | | | | |
| | I understand an initial Financial Disclosure Statement is required to be filed with the Municipal Clerk within thirty (30) days of assuming office for a full or partial term covering the <i>prior</i> calendar year if a Financial Disclosure Statement covering the prior year has not already been filed. | | | | | | |
| | I understand that an annual Financial Disclosure Statement is required to be filed with the Municipal Clerk annually between January 1 and May 15 covering the <i>prior</i> calendar year if a Financial Disclosure Statement covering the prior year has not already been filed. | | | | | | |
| | | erstand that, pursuant to Title 19 O.S. § 215.5, I may seek advice from the district attorney or his assistants concerning my duties as an elected officer. | | | | | |
| Mater | rial Financial Interest | | | | | | |

I understand I must disclose, on this form, any material financial interest as defined below, that I, my spouse or my dependent(s) had in the <u>preceding</u> calendar year covering January 1, 20xx through December 31, 20xx.

A material financial interest shall mean one or more of the interests identified below:

• an ownership interest in a private business, including but not limited to, a closely held corporation, limited liability company, Subchapter S corporation or partnership for which I, my spouse or my dependent(s) is a director, officer, owner, manager, employee, or agent or any private business, closely held corporation or limited liability company in which I, my spouse or my dependent(s) owns or has

owned stock, another form of equity interest, stock options, debt instruments, or has received dividends or income worth \$20,000.00 or more;

- an ownership interest of 5% or more in a publicly traded corporation or other business entity;
- an ownership interest in a publicly traded corporation or other business entity from which dividends or income, not to include salary, of \$50,000.00 or more were derived during the preceding calendar year;
- an interest that arises as a result of service as a director or officer of a publicly traded corporation or other business entity;
- income derived from employment, other than compensation pertaining to the office subject to election or retention, in the amount of \$20,000.00 or more.

Disclose in the table below the name and address of all entities in which you, your spouse or your dependents had a material financial interest in the preceding calendar year, and who has the interest.

| Name and Address of Entity | Description (optional) | Filer / Spouse / Dependent |
|---------------------------------|--|---------------------------------------|
| Name and Address of Entity | Description (optional) | Filer / Spouse / Dependent |
| Name and Address of Entity | Description (optional) | Filer / Spouse / Dependent |
| Name and Address of Entity | Description (optional) | Filer / Spouse / Dependent |
| Name and Address of Entity | Description (optional) | Filer / Spouse / Dependent |
| | | |
| | tre Statement Certification. I certify the contract was intentionally omitted or missing ement. | |
| submitted is complete, true and | electronic or otherwise, my name below, accurate as of the date submitted. I use of Oklahoma. I understand that I call Disclosure Statement. | understand the failure to provide suc |
| ,g | | |
| Date | | Signature |