

## **OKLAHOMA ETHICS COMMISSION**

PHONE: (405) 521-3451 • FAX: (405) 521-4905 • Website: <u>www.ethics.ok.gov</u>

## FINANCIAL DISCLOSURE STATEMENT FOR APPOINTED STATE OFFICIALS

|              |   |   |  | Amended  |
|--------------|---|---|--|--|
| Full Name o  | f State Officer   | Calendar Year Name                            | of State Office  | First Day in Office                                |
| Electronic M | Iail Address  | Work Phone Number                             | Mailing Address, City, State, Zip Code   |  |
|              | ointed State Official<br>ry or director of an ag                    |   | official who is appointed by the Gover   | nor as either a cabinet                            |
|              |   | hics Commission and                           | icial, as defined above, I am required to that, according to the Oklahoma Supre  | * *  |
|              | as part of the Ethics   | rules I am required to                        | of Interest Rules in Rule 4 of the Ethico comply with more restrictive rules or tive provisions of the statutes of Oklaho  | policies established by                            |
|              | laws of the State of  | Oklahoma and suppounds or administering       | any entity of state government created orted in whole or in part by state funds of state property or otherwise exercising  | s or entrusted with the                            |
|              |   |   | s are available in the Oklahoma Statutission website at <a href="https://www.ethics.ok.gov">www.ethics.ok.gov</a> .  | es at Title 74, Chapter                            |
|              |   | answer questions and                          | vides continuing education programs, provide analysis regarding the applica  |  |
| 1. Pri       | vate Gain.  |   |  |  |
|              | gain; (2) for the end<br>member or person v<br>organizations of whi | lorsement of any processith whom he/she is a  | rial cannot use his/her State office (1) full duct, service or enterprise; (3) for the paffiliated in a nongovernmental capacite or officer; or (4) for the private gain is relations. | rivate gain of a family<br>ty, including nonprofit |
| 2. Sol       | icitation of funds fo   | r civic, community o                          | or charitable organizations.   |  |
|              | community or chari-   | table organizations, itable fund-raising even | under the Ethics Rules, to promote or including those promoting businesses ents provided I receive nothing for doi-raising promotion or event paid for from                            | or industries, or civic, ng so except the costs    |
| 3. Uso       | e of office, title or au  | ithority.                                     |  |  |
|              | authority associated person, including a                            | with his/her state of subordinate, to provide | cannot use or permit the use of his/her<br>fice in a manner that is intended to co-<br>de any benefit, financial or otherwise to<br>person with whom he/she is affiliated              | erce or induce another to the state officer, the   |

|                   | capacity, except to the extent otherwise permitted or authorized by the Constitution, statutes or by the Ethics Rules.  |
|-------------------|---|
| 4. Mat            | terial 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 mate            | rial financial interest ("MFI") 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 of 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 of 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.  |
| to discl          | the box below to indicate you have nothing to disclose, or, use the <i>Material Financial Interest Schedule</i> ose MFIs including the name and address of all entities in which you, your spouse, or your dependents naterial financial interest in the preceding calendar year, and who has the interest.   |
|                   | I do not have any Material Financial Interests required to be disclosed.  |
|                   | Amended Financial Disclosure Statement Certification. Amended Forms Only.   |
|                   | 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.   |
| inform<br>failure | <b>ewledgement:</b> By signing, electronic or otherwise, my name below, I, acknowledge that the ation submitted is complete, true, and accurate as of the date submitted. I understand the to provide such information is a violation of the Ethics Rules of Oklahoma. I understand that date the information above at any time by filing an amended Financial Disclosure Statement.  |

PFDs must be filed by e-mail to <a href="mailto:ethics@ethics.ok.gov">ethics@ethics.ok.gov</a> with subject "PFD Non-Elected Officer". "Cc" the email address on record with the Commission if it is not the one used to file this form.

Date

Filer's Signature

## FINANCIAL DISCLOSURE STATEMENT Material Financial Interest Schedule

| Material Financial Interest Schedule |               |  | <b>Amended</b>      |
|--------------------------------------|---------------|--|---------------------|
|                                      | Calendar Year | Name of State Office                   | First Day in Office |
|                                      |               |  |                     |
|                                      |               |  |                     |
| Work Phone Number                    |               | Mailing Address, City, State, Zip Code |                     |

<u>Directions</u>: This schedule is to be attached to an original or amended *Financial Disclosure Statement* only when it is necessary to disclose all Material Financial Interests held by you, your spouse, or a dependent. Duplicate this page as necessary.

Full Name of State Officer

Electronic Mail Address

| Name and Address of Entity | ial Interests held by you, your spouse, or a dependent. Du | Filer / Spouse / Dependent |
|----------------------------|--|----------------------------|
| Amile and Address of Emily | Description (optional)                                     | Their speaker Septement    |
| 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 |
| 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 |
|                            |  |                            |