



**BOARD OF ETHICS
CITY OF RICHMOND, KENTUCKY**

ANNUAL STATEMENT OF FINANCIAL INTERESTS
(CODE OF ORDINANCES Sec. 33.30- 33.35)

I. WHO MUST FILE AND WHEN TO FILE: This statement is required to be filed annually by:

- (1) **Elected City Officials** (to be filed on or before 4:00 p.m. on April 30 of each year)
- (2) **Persons appointed to fill such elected city positions** (to be filed within 30 days of initial appointment and then annually on or before 4:00 p.m. on April 30 of each year); and
- (3) **Candidates for elected city positions** (to be filed within 30 days of the date on which such person becomes a candidate).

II. TIME PERIOD AS TO WHICH FILING IS APPLICABLE: The information in the filed statement should be accurate for the period of time commencing on January 1 of the year next preceding and ending on the date of the notarization of your signature on this completed Annual Statement of Financial Interests.

In the event that there is a material change in any information contained in an Annual Statement of Financial Interest as filed, you must, no later than 30 days after you become aware of the material change, file an Amended Annual Statement of Financial Interests. Blank forms are available in the office of the City Clerk.

PLEASE PROVIDE THE FOLLOWING INFORMATION. DO NOT LEAVE ANY ITEM BLANK. IF AN ITEM DOES NOT APPLY TO YOU OR YOUR CIRCUMSTANCES, ANSWER WITH "N/A."

1. Information provided herein relates to the period which commenced on **January 1, 2019** and ends on the date of the notarization of my signature below.
2. Filer's name: _____

Filer's home address: _____

Filer's business phone number: _____

Filer's business address: _____

3. Filer's office held or sought: _____

4. Filer's occupation or position of employment:

Filer's spouse/domestic partner occupation or position of employment:

Is the Filer's spouse/domestic partner employed with the City of Richmond: YES NO

if yes, list the position: _____

5. **Filer's** source of income exceeding \$5,000.00 (Do not provide amounts of income, merely the sources of your income, e.g. name of employer or business, etc.):

Salary: _____

Commissions: _____

Dividends: _____

Retirement: _____

Other: _____

6. **Filer's spouse/domestic partner** source of income exceeding \$5,000.00 (Do not provide amounts of income, merely the sources of your income, e.g. name of employer or business, etc.):

Salary: _____

Commissions: _____

Dividends: _____

Retirement: _____

Other: _____

7. Names and addresses of any businesses within Kentucky in which **Filer** has an interest with a worth of \$10,000.00 or more, or as to which Filer has an ownership interest of 5% or more:

8. Names and addresses of any businesses within Kentucky in which **Immediate Family** has an interest with a worth of \$10,000.00 or more, or as to which Filer has an ownership interest of 5% or more:

9. Names and addresses of any businesses **outside of Kentucky** which had business transactions with the City of Richmond within the past three years and in which Filer or Immediate Family has an interest with a worth of \$10,000.00 or more or as to which Filer or Immediate Family has an ownership interest of 5% or more:

10. List the locations and designate the type (i.e., commercial, residential, business, agricultural, or industrial), excluding Filer's personal residence, of all commercial, residential, business, agricultural, and industrial property in Madison County, Kentucky as to which Filer, or any member of Filer's Immediate Family has an interest with a fair market value of \$10,000.00 or more:

TYPE	LOCATION OR ADDRESS
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11. List all gifts received by you, except those from members of your immediate family, which has a value in excess of \$100.00, and identify the donor of any such gift:

GIFT	VALUE	DONOR
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Filer's signature

COMMONWEALTH OF KENTUCKY
COUNTY OF MADISON

The foregoing was subscribed, sworn to, and acknowledged before me by
_____ on this the _____ day of
_____, 20_____.

NOTARY PUBLIC, State at Large
My commission expires:_____